Party-N-Play and Gay and Bisexual Men:

Critical Discourse Analysis Study

by

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A thesis submitted in conformity with the requirements

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ABSTRACT

Party-n-Play (PNP) is a social practice of gay and bisexual men, which refers to sex that occurs under the influence of drugs. This dissertation approached this social practice from a socio-linguistic perspective by examining the discourses of gay and bisexual men who PNP. The dissertation investigated: 1) how discourses on HIV and pleasure influence the sexual practices of gay and bisexual men who PNP, 2) how gay and bisexual men who PNP make sense of the various forms of social exclusion, stigma, and resilience in their lives, and 3) the role that online information and communication technologies play in the lives of gay and bisexual men who PNP.

The study utilized a critical discourse analysis methodology and was conceptualized using critical theory and Foucauldian frameworks of biopolitics and governmentality. In-depth 1-hour interviews were conducted between October 2016 and January 2017, with 44 gay, bisexual, queer, and Two-Spirit men who were living in Toronto, and who used drugs (crystal methamphetamine, GHB, cocaine, ketamine, MDMA/ecstasy, or poppers) before or during sex with another man. Recruitment took place through social media, online ads, and flyers distributed through community-based organizations.
The findings from this dissertation indicated that HIV discourses have a powerful influence on the normalization of condomless anal intercourse among many study participants. However, HIV treatment optimism has not translated into a unifying disposition among all study participants. The findings also demonstrated that gay and bisexual men knowingly give in to their pleasures with awareness of the HIV risks associated with PNP. Furthermore, the dissertation findings revealed that while social exclusion and stigma were perpetuated through multiple discourses of gay and bisexual men who PNP, these men also evoked resilience discourses, and described social bonds, friendships, and relations of care in their PNP networks. Finally, this dissertation identified that PNP as a subculture provided a set of shared discourses, social languages, values, and ideologies for a diverse group of gay and bisexual men who were connected to this subculture through online information and communication technologies.

This dissertation provided recommendations with regard to HIV prevention and culturally sensitive interventions for this population.
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CHAPTER 1

INTRODUCTION

Party-n-Play (PNP) is a social practice of gay and bisexual men,¹ which refers to sex that occurs under the influence of drugs, particularly crystal methamphetamine and gamma-hydroxybutyric acid (GHB) (Bourne, Reid, Hickson, Torres Rueda, & Weatherburn, 2014; 2015; Bourne, Ong, & Pakianathan, 2018; Deimel, Stöver, Hößelbarth, et al., 2016; Grov, DeBusk, Bimbi et al., 2007; Halkitis, Parsons, & Stirratt, 2001; Halkitis & Singer, 2018; Hegazi, Lee, Whittaker et al., 2017; Pollard, Nadarzynski, & Llewellyn, 2018; Parsons, Kelly, & Weiser, 2007; Race, 2015a; 2015b; Semple, Patterson, & Grant, 2002; Stardust, Kolstee, Joksic, Gray, & Hannan, 2018). The terms “chemsex” and “wired play” are also used to refer to the same social practice, but these terms are often used in Western Europe and Australia, respectively (Bourne et al., 2014; McCall, Adams, Mason, & Willis, 2015; Race, 2015a; 2015b).

Gay and bisexual men often use crystal meth and GHB in combination, in order to facilitate sexual sessions lasting several hours or days with multiple sexual partners (McCall,

¹ Throughout this manuscript the term “gay and bisexual men” is mostly used instead of “men who have sex with men” primarily for convenience but also because the terms “gay” or “bisexual” man is understood as an identity to which the culture of gay and bisexual men’s community is attached. However, the author kept unique sexual identification labels of all study participants in the findings section to highlight and affirm the heterogeneity of identities of individuals who took part in this study.
Adams, Mason, & Willis, 2015). Crystal meth can also be injected – a practice known as slamming (Bourne et al., 2015). In addition, research on PNP documents that other substances may also be involved, including gamma-butyrolactone (GBL)\textsuperscript{2}, mephedrone, cocaine, MDMA, ketamine, and/or poppers (Bourne et al., 2015; Deimel et al., 2016).

Few studies on PNP account for the socially constructed nature of the sex and drug-related practices of gay and bisexual men. It is argued that sexual and drug-related practices among gay and bisexual men are socially produced (Doswett, 2005; Green and Halkitis, 2006; Kippax, 2008), as well as contingent upon cultural, political, and social contexts (Husbands, 2013; Parker, 2009). For instance, the PNP practices of gay and bisexual men may be affected by the values, beliefs, and meanings that society and gay and bisexual men themselves assign to them (Race, 2015a; 2015b). PNP as a practice is organized and patterned by culture – the forms that PNP takes are, to a large degree, organized by discourses as well as the cultural, social, economic, and political contexts in which these discourses are situated (Race, 2015a; 2015b). These discourses may also have powerful influences on gay and bisexual men who PNP by reproducing the social norms that regulate sexual and drug-use practices in the context of PNP. For example, the discourses that circulate within PNP may play a central role in the maintenance of sexual practices (i.e., use of condoms, use of HIV pre-exposure prophylaxis therapy, serosorting), drug-related practices (i.e., injecting drugs) or have an effect on other values, beliefs, and forms of consciousness among these men (Kippax, 2008). Therefore, the aim of this study was to critically investigate the discourses of gay and bisexual men who PNP and to examine how the practices of gay and bisexual who PNP are concomitantly constituted and reproduced through these discourses.

\footnote{\textsuperscript{2} GBL is a substance, which is similar to GHB.}
The Problem

Six specific problems are identified in this dissertation regarding the available knowledge on PNP. First in the past decade important research on PNP has proliferated; however, this has primarily been research that is focused on quantitative methods (Grov, 2010; Halkitis, Shrem, & Martin, 2005; Kelly, Carpiano, Easterbrook, & Parsons, 2012; Mimiaga et al., 2008). For example, quantitative studies show an association between the use of drugs (specifically methamphetamines) and condomless anal intercourse among gay and bisexual men (Grov & Parsons 2006; Pufall, Kall, Shahmanesh, et al., 2018). Despite the ever-increasing number of studies on this topic, few are qualitative. Given this gap in qualitative work, it is important to complement the extensive quantitative research on PNP and to contribute to the limited qualitative data on this topic. Qualitative methods are particularly relevant when studying the sexual and drug-related practices of gay and bisexual men, as they move beyond questions of quantification to questions of how and why these practices occur from the perspective of study participants (O’Byrne & Holmes, 2011a). Qualitative methods are also well suited to examine the discourses of gay and bisexual men who PNP for the purposes of informing HIV/STI prevention initiatives.

Second, among the existing research that discusses the relationship between PNP and HIV transmission (i.e., Parsons, Kelly, & Weiser, 2007; Semple, Patterson, & Grant, 2002), very few studies have focused on this topic from a sociological perspective. In addition, some recent scholarship (i.e., Deimel et al., 2016) is not taking into account how medical advances in HIV treatment and prevention may have influenced discourses, values, or social norms regarding sexual and drug-related risk practices among gay and bisexual men who PNP. Halkitis and Singer (2018) urge scholars to acknowledge how examination of the sexual and drug-related
practices of gay and bisexual men should take into account the development of biomedical HIV prevention strategies and advances in HIV management in the last two decades. Indeed, biomedical innovations such as PrEP, or other advances in HIV treatment and prevention are part of a continually evolving field of practice, which demands careful monitoring, tracking and ongoing education by scholars (Race, 2012). For the purpose of informing HIV/STI prevention initiatives, empirical research is needed to examine the discourses of men who PNP and investigate how advances in HIV prevention science influence the sexual risk practices of these men, in particular their perceptions of sexual risks, dispositions regarding condomless anal intercourse or biomedical prevention methods like PrEP, as well as their fears regarding HIV.

Third, previous research has barely accounted for the role of pleasure in explaining sexual and drug-related risks among men who PNP. As such, very little is known about the relationship between discourses on pleasure and the cultural processes structuring sexual and drug-related risks for gay and bisexual men who PNP. With the exception of some scholarship (Race, 2008; 2009; 2017), research with this group tends to leave the topic of pleasure underexamined. Empirical work needs to provide a more nuanced understanding of how the risk practices of gay men who PNP are entangled with their search for pleasure.

Fourth, stigma, social exclusion, and various forms of social oppression can add an additional layer of complexity to the lives of gay and bisexual men who PNP, particularly those men who also live with HIV (Frederick & Perrone, 2014). No studies have been conducted that look at the intersecting forms of stigma and social exclusion among this population. Examining the intersection of stigmas, social oppressions and various forms of social exclusion (HIV-related stigma, homophobia, heteronormativity, drug-related stigma) is particularly relevant in the context of PNP. Furthermore, while scholars have identified that social exclusion and stigma
may operate through societal-level conditions, cultural norms, and institutional practices that constrain the opportunities, resources, and wellbeing of stigmatized populations (Corrigan, Kerr, & Knudsen, 2005; Link & Phelan, 2001), little work has examined how the social exclusion of gay and bisexual men who PNP can be perpetuated through discourses.

Fifth, discourses on social exclusion (as well as stigmatizing discourses) can also render other discourses (i.e., discourses on resilience) less salient. Scholars have argued that researchers need to pay more attention to resilience among gay and bisexual men (Herrick, Lim, Wei, et al., 2011), specifically among those who PNP (Halkitis & Singer, 2018). Research into PNP practices among gay and bisexual men may be overlooking opportunities to understand the role of resilience in the lives of this marginalized and stigmatized population.

Finally, research is starting to document the role that online technologies play in the lives of gay and bisexual men who PNP (Race, 2015a; 2015b). For instance, research has shown that the Internet is an important space for gay and bisexual men who seek illicit drugs and condomless sex (Ashford, 2009; Benotsch, Kalichman, & Cage, 2002; Berg, 2008; Carpiano, Kelly, Easterbrook, & Parsons, 2011; Grov, 2010; 2012; Klein, 2011; McKirnan, Houston, & Tolou-Shams, 2007). Nevertheless, there has been limited effort to examine if the existing discourses of gay and bisexual men who PNP are altered or affected by online communication mediums. With the exception of a few studies (Race, 2015a; 2015b; Frederick & Perrone, 2014) research typically tends to leave the relationship between PNP, communication, and online technologies under-analyzed. Empirical work is needed to supplement this gap in knowledge.

**Literature Review**

This section presents a review of the research literature needed to contextualize the overall dissertation. Because this study was conducted in Canada, the review presents research
(when available research exists) that is situated in Canadian contexts. It should be noted that chapters 2 – 4 in this dissertation also contain literature review sections, because each chapter focused on specific elements associated with PNP and had unique study aims, which necessitated a more tailored literature review.

**Party-n-Play and The Social Organization of Gay and Bisexual Men's Lives**

PNP is a practice of gay and bisexual men that refers to sex (often involving condomless anal intercourse), which occurs under the influence of drugs, specifically crystal methamphetamine and GHB (Bourne et al., 2014; Bourne et al., 2015; Deimel et al., 2016; Grov et al., 2007; Halkitis & Singer, 2018; Race, 2015a; 2015b). PNP as a social practice incorporates cultural elements associated with gay and bisexual men’s communities (Dowsett, Wain, & Keys, 2005; Green, 2003; Green & Halkitis 2006; Kelly et al., 2012; Race, 2009; 2015a; 2015b) because it often occurs in situations of sex-based sociality among gay and bisexual men – typically in groups, and in places where sexual expression and activity have a central role, such as bathhouses, clubs, or private sex parties (Dowsett, 2005; Green, 2003; Green & Halkitis, 2006; Race, 2009).

Scholars argue that PNP provides gay and bisexual men an escape from oppression and stigma (Frederick & Perrone, 2014; Pollard et al., 2018), opportunities for self-expression and pleasure (Race, 2009; 2015a; 2015b; 2017), as well as a means of producing new socio-sexual arrangements and interactions (Green, 2003; Green & Halkitis 2006; Race, 2015a; 2015b). Gay and bisexual men may also engage in PNP to manage negative feelings, such as a lack of confidence and self-esteem, internalized homophobia, and HIV-related stigma (McCall et al., 2015).

For gay and bisexual men living in urban areas, PNP may also represent a strategic
adaptation to the institutional conditions in which these men find themselves. For instance, Hakim (2018) conducted interviews with gay and bisexual men in London, UK (n = 15), and argued that the rise of PNP can be interpreted as a response to institutional conditions shaped by neoliberalism in society. Hakim (2018) argued that the desire for an intimate social mode of collectivity such as PNP is taking place at a historical juncture when collectivity itself is heavily influenced by competitive individualism and neoliberalism.

The focus on the institutional conditions that shape various sexual practices among gay and bisexual men is not a new trend. For instance, multiple scholars also highlight the important role of masculinity in the lives of gay and bisexual men (Fischgrund, Halkitis, & Carroll, 2012; Grov, Parsons, & Bimbi, 2010; Haig, 2006; Levine, 1984; McInnes, Bradley, & Prestage, 2009). According to Levine (1984) discourses on masculinity influence gay and bisexual men to stay unattached or only briefly become involved in impersonal, anonymous sexual encounters because masculinity structures the sexual lives of gay and bisexual men in such a way that these men are socialized to learn that it is manly to have frequent, impersonal sex (Levine, 1984). The sexualized settings where gay and bisexual men congregate (private sex parties, gay nightclubs, clubs, and bathhouses) are organized to maximize opportunities for impersonal and concurrent sexual partner change with minimal investment in time and resources (Achilles, 1967; Green & Halkitis, 2006; Rushing, 1995; Tewksbury, 1995).

An important study by Green and Halkitis (2006) conducted in New York City among gay and bisexual men (n = 49) argued that the basis for drug use in sexual contexts lies in an important dimension of the social organization of urban gay life, specifically sexual sociality. These scholars suggested that within large urban centers, specific drugs like crystal methamphetamine possess properties that are tailor made for the sexualized interactional patterns
of gay subcultures (Green & Halkitis, 2006). In the context of gay bars, bathhouses, gyms, and even streets, gay and bisexual men encounter prominent modes of social interaction that hinge on casual sex, sexual competition, and a sense of collective membership (Green & Halkitis, 2006). By affording spaces for sexual sociality, drugs may enable gay and bisexual men to convene in various locations and build a sense of instant community (Green & Halkitis, 2005). Indeed, gay and bisexual men in that study embedded the myriad positive effects of methamphetamine use in particular social settings where sex with multiple partners was anticipated (Green & Halkitis, 2006). Participants in that study also talked about how drug use transformed the impersonality of anonymous sexual encounters into more intimate experiences, and at times provides sexual attraction toward partners for whom little or no attraction existed, enabling longer lasting sex, making anal intercourse less painful and more pleasurable, and allowing longer lasting sexual exchanges (Green & Halkitis, 2006). With these benefits in mind, gay and bisexual men strategically schedule their drug use in order to improve their pleasure and performance in the context of anonymous sexual sociality (Green & Halkitis, 2006). Drug use among these men contributed to building a sense of community and provided the necessary affective transformation for prolonged sexual sociality and instantaneous collective intimacy (Green & Halkitis, 2006). From this perspective it can be argued that drug use among gay men is not a manifestation of characteristics essential to gay and bisexual men, but instead, an outgrowth of institutional configurations, where anonymous sexual sociality is an institutionalized feature of social life for gay and bisexual men (Green, 2003; Green & Halkitis, 2006).

Many other scholars similarly suggested that the way social life is organized in gay and bisexual men’s communities has a significant effect on drug use among gay and bisexual men in sexualized contexts (Bourne et al., 2014; Deimel et al., 2016; Dowsett et al., 2005; Southgate &
Hopwood, 2001). Dowsett, Wain, and Keys (2005) reported on an ethnographic exploration of gay men (n = 30) who use drugs in Australia and argued that community plays a crucial part in gay and bisexual men’s accounts of drug use, as well as that drugs may enhance socialization and connectedness for some gay and bisexual men. Dowsett, Wain, and Keys (2005) wrote:

Drug use for some gay and bisexual men is part and parcel of doing gay socially and sexually, of forming an attachment to a gay community specifically, and of developing that pervasive sense of belonging that many gay men pursue. (p.31)

In a Canadian study, gay and bisexual men (n = 24) indicated that they used crystal methamphetamine and ecstasy to enhance socialization and connectedness within group settings (Schilder, Lampinen, Miller, & Hogg, 2005). Another Canadian study of gay and bisexual men (n = 74) who used party drugs in Toronto’s gay dance scene found that these men experienced a sense of community that is facilitated to some extent by using drugs (Husbands et al., 2004). That study suggested that a clubbing environment provided gay and bisexual men with a sense of inclusion (Husbands et al., 2004).

**Party-n-Play and Sexual Health**

PNP has received a significant amount of attention in research on gay and bisexual men’s sexual health in part because as a consequence of the prolonged nature of PNP sessions (which often involve mucosally traumatic and condomless anal intercourse) there is an increased risk of transmission of HIV, hepatitis C virus (HCV) and other STIs (Hagan, Jordan, Neurer, & Cleland, 2015; Vosburgh, Mansergh, Sullivan, & Purcell, 2012; Weatherburn, Hickson, Reid, Torres-Rueda, & Bourne, 2016).

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3 Some drugs (like crystal meth) can also be injected, a practice known as slamming, which brings additional risks of HIV and HCV infection if needles or other injecting equipment is shared (Bourne et al., 2015).
As a matter of fact, a plethora of studies on gay and bisexual men that focused on the connection between drug use (like crystal meth and GHB), condomless anal intercourse, and HIV seroconversion, suggested that drug use during sex is closely associated with bacterial STI and hepatitis C transmission, and is a prevalent driver of HIV among this group (Colfax et al., 2004; Grov & Parsons, 2006; Halkitis et al., 2001; 2005; Husbands et al., 2004; Klein, 2011; Kurtz, 2008; Mimiaga et al. 2008; Parsons et al., 2007; Rose, Raymond, Kellogg, & McFarland, 2006; Semple et al., 2002; Trussler, Marchand, & Gilbert, 2006). For instance, in the United States, Colfax and colleagues (2004) found that the use of poppers, methamphetamines, and cocaine, by gay and bisexual men (n = 4,295) before or during sex was significantly associated with condomless anal intercourse with an HIV-positive or unknown-serostatus partner (Colfax et al., 2004). In a Canadian study with gay and bisexual men (n = 2,605), researchers also corroborated the link between crystal meth use, condomless anal intercourse and HIV seroconversion (Trussler, Marchand, & Gilbert, 2006).

However, it should be noted that the link between methamphetamine use and condomless anal intercourse among gay and bisexual men is a complex phenomenon, with facilitators of methamphetamine use among gay and bisexual men existing on psychosocial (i.e., disinhibition, increased libido), physiological (i.e., decreased fatigue), and contextual (i.e., venues, sexual networks) levels (Vosburgh et al., 2012). Halkitis, Levy, Moreira, and Ferrusi (2014) argue that research efforts must consider methamphetamine use more holistically within the larger framework of health disparities faced by gay and bisexual men, which includes, but is not limited to, HIV, and which seeks to address the psychosocial vulnerabilities as well as structural barriers experienced by these men.

In addition, the link between HIV, drug use, and condomless anal intercourse is a
complex phenomenon because many gay and bisexual men engage in PNP practices after seroconversion (Carrico, Zepf, Meanley, Batchelder, & Stall, 2016; Pufall et al., 2018), with scholars arguing that due to HIV-related stigma PNP may also present a space of refuge for gay and bisexual men who live with the virus (Frederick & Perrone, 2014; Race, 2015a; 2015b).

Furthermore, since the advent of effective antiretroviral therapies and HIV treatments, as well as the proliferation of strategic applications of antiretroviral therapy like PrEP, researchers are also starting to consider how factors beyond condom use (i.e., non-condom-based seroadaptive risk-reduction strategies) may affect the HIV risk perceptions of gay and bisexual men who PNP (Race, 2015b). For instance, the ethnographic work of Race (2015b) showed that some gay and bisexual men who PNP were appropriating viral load test results to constitute new HIV prevention identities related to being HIV-undetectable.

In the era of advancements in HIV prevention and treatment, research on this topic has also begun to illuminate a more complex picture of the connection between PNP and HIV (Deimel et al., 2016; Pufall et al., 2018; Pollard et al., 2018). Deimel and colleagues (2016) conducted interviews with gay and bisexual men \((n = 14)\) in Germany and suggested that while these men engaged in condomless anal intercourse as a result of drug use, their acceptance of condoms overall was extremely low, and often these men compensated for condomless anal intercourse with different risk-minimizing strategies (sex with known persons, serosorting, limiting consumption of crystal meth during sex, not sharing syringes or needles, regular STI testing).

Pufall and colleagues (2018) examined PNP practices among gay and bisexual men \((n = 392)\) in the United Kingdom and identified that 30% of the sample engaged in PNP practices,

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4 Detailed literature review on the topic of advances in biomedical HIV science is presented in Chapter 2.
with 10.1% of that sample also engaging in injection drug use. PNP engagement was significantly associated with increased odds of serodiscordant condomless anal intercourse with a partner who had a detectable HIV viral load,\(^5\) hepatitis C and bacterial STI diagnosis (Pufall et al., 2018). Injection drug use in the context of PNP was associated with increased odds of condomless anal intercourse, hepatitis C and bacterial STI diagnosis (Pufall et al., 2018).

Pollard and colleagues (2018) conducted interviews with gay and bisexual men \((n = 15)\) who had experienced a recent risk of HIV infection related to PNP and who attended sexual health clinics for PEP following these PNP events. The scholars suggested that while some gay and bisexual men in their study sought to minimize their risks in the context of PNP, others stated their inability to manage HIV prevention during PNP, which often left them resigned to contracting HIV (Pollard et al., 2018).

**Party-n-Play and Online Information and Communication Technologies\(^6\)**

Research is starting to document the role that online information and communication technologies (specifically geo-social networking applications/apps and websites) play in the lives of gay and bisexual men who PNP (Race, 2015a; 2015b). Race (2015a; 2015b) suggests that the sexual relations of gay and bisexual men may be taking new forms and possibly assuming new genres of communication because of digital media. According to Race (2015a; 2015b), online technologies are active, generative elements that participate in the shaping of sexual relations among gay and bisexual men who PNP.

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\(^5\) Detectable HIV viral load in that study was defined as \(>50\) HIV RNA copies/mL.

\(^6\) In this dissertation online information and communication technologies refer to Internet websites and mobile applications because these are the venues that are frequently utilized by gay and bisexual men for seeking PNP. The author acknowledges that the umbrella category of online information and communication technologies may also refer to many other online platforms, however these are beyond the focus of this dissertation.
Similarly, other research has shown that the Internet is an important space for gay and bisexual men who seek illicit drugs and condomless sex (Ashford, 2009; Benotsch et al., 2002; Berg, 2008; Carpiano et al., 2011; Grov, 2010; 2012; Klein, 2011; McKirnan et al., 2007). Some studies argue that PNP’s existence is linked to online information and communication technologies (specifically, Internet websites and mobile applications; apps) because they offer gay and bisexual men opportunities to anonymously seek PNP (Frederick & Perrone 2014; Race 2015b). One qualitative study of gay and bisexual men who PNP ($n = 30$) and who lived in the United Kingdom suggested that websites and sexual networking apps normalized PNP practices within the gay and bisexual community (Bourne et al., 2014).

Additionally, given that stigma is a significant issue for gay and bisexual men who PNP (Bourne et al., 2014), some research also proposed the idea that for gay and bisexual men who PNP the use of online mediums provides opportunities to anonymously seek out certain drug- and sex-related practices without being stigmatized (Frederick & Perrone, 2014; Grov, 2010, 2012; Grov et al., 2007; Solomon, Halkitis, Moeller, et al., 2011). For instance, Frederick and Perrone (2014) drew on subcultural theory to understand PNP among gay and bisexual men and described how these men used various colloquial languages and argots on the Internet to seek PNP anonymously because of the stigma associated with PNP. Frederick and Perrone (2014) suggested that the use of vernacular language that is primarily understood within PNP subculture can leave outsiders confused, and unable to understand its meaning. These scholars argued that because some institutions like police and public health may have perpetuated social stigma by positioning the practices of gay and bisexual men who PNP as risky or deviant, these men are
using an online realm to escape this stigmatization,\textsuperscript{7} criminalization, and pathologization of their practices (Frederick & Perrone, 2014).

**Study Objectives**

The overarching goal of this study was to critically examine the discourses of gay and bisexual men who PNP and to investigate how the practices of gay and bisexual who PNP are concomitantly constituted and reproduced through these discourses. The specific study aims are:

1. To examine the role of HIV discourses\textsuperscript{8} on the sexual risk practices of gay men who PNP.
2. To investigate the role of pleasure discourses on sexual and drug-related risks among gay and bisexual men who PNP.
3. To investigate how gay and bisexual men who PNP speak about and make sense of various forms of social exclusion affecting them and other men who PNP.
4. To investigate how gay and bisexual men who PNP speak about and make sense of various forms of resilience in their lives and in their communities.
5. To examine discourses which organize online communication between gay and bisexual men who PNP.

**Research Questions**

The research questions presented below consolidate all three manuscripts. Each manuscript also focuses on specific research questions, which are articulated in chapters 2-4. The research questions that consolidate all three manuscripts include:

1. What is the role of HIV discourses in the sexual risk practices of gay and bisexual men

\textsuperscript{7} Research also documents that stigma and social exclusion in the health and social services sector is an issue for gay and bisexual men who Party-n-Play (Bourne et al., 2014). Detailed literature review on this issue is presented in Chapter 3.

\textsuperscript{8} HIV discourses can include discourses on HIV prevention, treatment, care, HIV risk, among many others.
who PNP?

2. What is the role of pleasure discourses in explaining sexual and drug-related risks among gay and bisexual men who PNP?

3. How do gay and bisexual men who PNP speak about, and make sense of the various forms of social exclusion affecting them and other men who PNP?

4. How do gay and bisexual men who PNP speak about, and make sense of various forms of resilience in their lives and in their communities?

5. What discourses and social languages organize online communication between gay and bisexual men interested in PNP?

**Theoretical Frameworks**

Several, interconnected conceptual elements operate within the theoretical model of this study: subcultural theory, poststructuralist theory and Foucauldian frameworks of biopolitics and governmentality.

**Subcultural Theory and Poststructuralism**

Subcultural theory may be useful in understanding the discourses of gay and bisexual men. In this thesis, subculture is understood in the same sense as Hebidge (1977), which refers to a group of persons within a culture who seek to divide themselves from the rest of normative society, without necessarily directly challenging the core values of that society as many countercultures do. Subcultural theory argues that drug use occurs as individuals conform to the subcultures in which they are embedded (Becker, 1963; Cohen, 1965; Short & Strodtback, 1965). Subcultural theory also posits that the concentration of individuals sharing particular lifestyles enables the development of subcultures that serve as meaningful community environments (Fischer, 1995). According to Fischer (1995) subcultures provide a set of
languages, beliefs, values, norms, and customs for those connected to them. For example, when viewed from a subcultural perspective, the Internet allows gay and bisexual men who PNP to anonymously seek out certain drug- and sex-related practices with less chance of being stigmatized (Frederick & Perrone, 2014; Grov, 2010, 2012; Grov et al., 2007). PNP as a subculture may also provide a set of shared values and norms for gay and bisexual men who PNP.

There has been previous research into how subcultures come into being through organizing around the use of drugs (Redhead, 1993). However, this study approached PNP subculture from a different vantage point – through poststructuralist ontology with a focus on language. Post-structuralism is an intellectual movement that studies how social structures, institutions, or practices are constructed through knowledge creation (Fairclough, 1992; 1995; 2003). It employs a way of theorizing that borrows equally from linguistics, philosophy, sociology, psychology, anthropology, and critical theory (including discourse analysis and ideology critique) (Fairclough, 1992; 1995; 2003). The starting point for a post-structural theoretical vision within this enormous terrain of interdisciplinary scholarship is language (Fairclough, 1992). The post-structural ontological framework conceives that PNP subculture and the practices associated with this subculture come into being through organizing around the language of gay and bisexual men.

In addition, the ontological framework of this study draws upon elements of symbolic interactionism theory (Atkinson, 2003; Blumer, 1962), which suggests that individuals interact with one another to create symbolic worlds, and in return these worlds shape individual practices. It also draws upon Bourdieu's (1992) sociology, specifically the assumption that actual linguistic/textual practices and interactions become embodied forms of cultural capital with
exchange value in particular social fields.

Furthermore, this poststructuralist ontology conceives that discourses have a constructive function in forming and shaping human identities and actions (Fairclough, 1992), and also draws on an assumption borrowed from cultural theory, specifically that discourses produce and articulate broader ideological interests and social formations (Hall, 1996). Therefore, in this study the discourses and social languages of gay and bisexual men who PNP will be explained using an ontological framework, which recognizes the communication (i.e., discourses, social languages) between gay and bisexual men as the organizing structure of PNP subculture.

Biopolitics and Discourses

Foucault’s framework (1976; 1978) of biopolitics can be used as a set of tools to examine social aspects of PNP. Foucault’s work in biopolitics (1976; 1978) suggested that people’s lives are permeated and regulated by a power structure in the form of discourses, institutionalizations, and social relations. Foucault called this structure “biopower” (Foucault, 1978). Discourses on PNP can serve as a power structure that regulates the sexual lives of gay and bisexual men who PNP. Discourses act as an agent of meaning derived and exercised through social relationships, which then produce a socially recognized reality (Foucault, 1976; 1978). Foucault’s (1991) concern is to provide a critique of the way society regulates populations by sanctioning particular knowledge claims and disciplines. According to Foucault (1976), the domains of sexuality, sex, and drug use are governed by institutions like public health, educational systems, families, media, religion, laws, the criminal justice system, and ultimately by the self. For instance, Foucault (1976) highlights that the notion of homosexuality as something abnormal was instilled into people’s mindsets in the nineteenth century through discourses perpetuated by medical, psychiatric and legal institutions. Similarly, from this viewpoint, discourses on PNP, gay and
bisexual men who PNP, or drug use and sexuality in general, can be seen as products of modern forms of biopower.

In addition, the regulation of subjects (in this case gay and bisexual men who PNP) through stigmatizing discourses and exclusionary moral ideologies is one of the essential characteristics of modern biopolitics, illustrating a constant need to redefine the boundary in life that distinguishes and separates what is considered normal (abstinence, monogamy, heteronormativity) and what is abnormal (drug use, non-normative intimacy, queerness/otherness). Foucault's concept of “biopower” will be used as a methodological tool to examine how the social exclusion and stigmatization of gay and bisexual men who PNP is discursively promoted through the strategic deployment of knowledge.

**Governmentality and Discourses**

Foucault’s framework of “governmentality” (Foucault, 1991) can be used to unsettle and destabilize the taken-for-granted discourses of gay and bisexual men who PNP, to critically analyze how these discourses influence the sexual practices of these men, as well as examine what effects these discourses have on their subjectivities (socially situated identities). The study of discourses of gay men who PNP can uncover the processes behind the formation of these subjectivities (Van Dijk, 1993; 2003). Foucault's notion of governmentality designates the ways in which individuals engage in the constitution of themselves as subjects, endowed with the capacity to reflect and act (Foucault, 1991). The core idea of governmentality problematizes how societies produce citizens who are able to conduct their lifestyle in accordance with various forms of knowledge (O’Malley 2000; O'Malley, Weir, & Clifford 1997; Rose 1996; 2006; Rose & Miller 1992).

As a concept, governmentality identifies the mechanisms for the subject’s government of
the self through the practice of becoming responsible for one’s own health (Rose and Miller, 1992; Rose, 1996). Governmentality highlights how the exercise of biopower depends on the formation of human subjects; that is, the ways in which governing practices contribute to the creation of reflexive beings with the will and capacity to attend to their own health and well-being and to take care of themselves, in accordance with societal norms of health and well-being (Foucault, 1991; Rose, 1996).

One of the formative principles underlying writings on governmentality is the rejection of the state as a centralized locus of rule (Foucault, 1991). Instead, governmentality identifies programs and practices of rule within micro-settings, including those found within the subject itself, molding power into discourses, political rationalities, governmental programs, technologies and techniques of government (O’Malley et al., 1997). The issue that becomes problematized using these theoretical concepts is how societies produce citizens who are able to conduct their lifestyle in accordance with various discourses and forms of knowledge (O’Malley, 2000). Governmentality may require new ways of understanding and acting upon the population of gay and bisexual men who PNP in terms of discourses on HIV, sex, drugs, stigma, risk and responsibility, among many other discourses. For example, HIV discourses (discourses on HIV risk, fear of HIV, HIV treatment, HIV prevention) reproduced by gay and bisexual men who PNP may entail particular ways for these men to understand sexual and drug-related practices which may be considered high risk for HIV seroconversion, and act in ways that incorporate new and emerging knowledge from HIV biomedical sciences in order to counter these risks.

**Subjectivity Formation and Post-Structuralism**

The post-structural Foucauldian frameworks of biopower and governmentality are relevant in understanding how the subjectivities of gay and bisexual men who PNP are formed
and reproduced through discourses. Subjectivities are defined as socially situated identities (Foucault, 1980; 1982). One of the central concerns of Foucault’s work is to produce a history of the different methods by which human beings are made “subjects” (Foucault, 1982). Foucault (1980; 1982) theorized subjectivity formation as the process of social construction and suggested that power is exercised by discourses in the ways in which they constitute and govern individual subjects. Thus, the Foucauldian perspective views social identities as products of the position of the subjects within discourses (Foucault, 1971; 1980; 1982). One of the adherents of this perspective, Stuart Hall (1996) describes this concept of socially situated identity in the following way:

I use “identity” to refer to the meeting point, the point of suture, between on the one hand the discourses and practices which attempt to “interpellate”, speak to us or hail us into place as the social subjects of particular discourses, and on the other hand, the processes which produce subjectivities, which construct us as subjects which can be “spoken”. Thus, identities are points of temporary attachment to the subject’s positions which discursive practices construct for us (Hall, 1966, p. 5).

According to Foucault, one’s subjectivity originates through the process of the “interpellation”/internalization of discourses (Foucault, 1980). Foucault’s work (1976; 1978; 1980; 1982) focused on three inter-related modes of subjectivity formation: 1) modes of scientific inquiry which produce the human subject as an object of knowledge, 2) the power of discourses to divide the subject from other subjects according to a binary logic of norm or deviance, and (3) the practices of self-governance by which the subject reproduces and transforms themself as the subject. By focusing on these areas, Foucault developed analytical tools to examine a form of power whose effect is to attach the subject to their own identity – “a
form of power which makes individuals subjects” (Foucault, 1980, p.212). The analysis of this subjectifying power may open ways to examine how discourses reproduce the socially situated identities of gay and bisexual men who PNP.

**Methodology**

**Study Design**

This project is designed as a qualitative study employing critical post-structural epistemology and CDA techniques to identify and critically analyze the discourses of gay and bisexual men who PNP. Discourse refers to socially accepted ways of using language and non-language (ideologies, social norms, values, beliefs, practices) in the right places and at the right times (Bhuyan, 2008; Cheek 2004; Gee, 2005; Foucault, 1985; Smith, 2007; Wetherell, Taylor and Yates; 2001). Critical discourse analysis (CDA) is a type of discourse analysis that primarily studies the way the abuse, dominance, and inequality of social power is enacted, reproduced, and resisted by text and talk in social and political contexts (Agger, 1991; Blommaert & Bulcaen 2000, Chouliaraki & Fairclough, 1999; Staller, Block, & Horner, 2009; Threadgold, 2003; van Dijk, 2003; 2009). CDA focuses on investigating how discourses reproduce or challenge hegemonic social power relations (van Dijk, 1993, 2009; Wodak & Meyer, 2001), and interrogates the political significance of discourses by articulating how discourses privilege these social relations (Fairclough, 2003; Foucault, 1976; 1978; 1991). A CDA perspective suggests that discourses do not just contribute to the shaping and reshaping of social structures and social practices but also reflects them (Jørgensen & Phillips, 2002), and actively contributes to the construction of our knowledge and the construction of our social world (McGhee, 2001; Seale, 1998), as well as helping to sustain networks of social meaning which regulate and control people in ways that appear natural or true (Parker, 1999; Foucault, 1971).
The rationale for choosing CDA for this project was to uncover the multiplicity of discourses surrounding PNP, and to realize CDA’s potential as a practical tool in critically examining the ideologies implicit in these discourses, as well as the latent power structures of institutions which perpetuate these discourses. Interrogating the political significance of discourses (as it is done in CDA) is necessary for the reproduction of liberatory and emancipatory social arrangements in the lives of gay and bisexual men who PNP.

The study investigated discourses of gay and bisexual men who PNP, and how these discourses were concomitantly constituted and reproduced through broader social structures, institutions, and people’s daily practices (Rogers, Malancharuvil-Berkes, Mosley, Hui, & Joseph, 2005; van Dijk 2003; 2009). The interview data in this study were approached as discursive artifacts (Atkinson, 1990; Rogers et al., 2005). The study’s design viewed the current reality of PNP as the outcome of various competing discourses of gay and bisexual men through which power relations were exercised. The project bridged micro-level interaction and macro-level social practices, and elucidated the ways in which privileged systems and dominant ideologies were constructed and reproduced (Rogers et al., 2005; van Dijk, 2008). Given that research design should align with the research question and its theoretical positioning (Morse & Richards, 2002; Patton, 2002), critical qualitative methodology using CDA and interviewing methods were aligned and complemented each other well to inquire about PNP, and were therefore used in this study.

**Recruitment, Eligibility, and Sampling**

Recruitment took place through social media (Facebook), online classified-type ads (Craigslist), flyers in Toronto’s gay village, as well as through AIDS service agencies and other community-based organizations serving gay men in Toronto. To facilitate recruitment, a
telephone line with voicemail, a study e-mail address and a website (www.pnpstudy.com) were established. Participants expressed their interest, discussed their availability and eligibility by either contacting the investigator via the study email or study telephone line. To be eligible to participate in the study, participants had to meet the following criteria:

1. Self-identify as a cis- or transgender gay, bisexual, two-spirit, queer man, or “MSM” (men who have sex with men);
2. Self-report use of drugs for sex in the last month (including crystal meth, GHB, cocaine, ecstasy, ketamine, poppers);
3. Live in the Greater Toronto Area;
4. Be 18 years of age or older;
5. Speak and read English.

In order to achieve a diverse sample, purposive sampling (Patton, 2002) was used to select men across important characteristics (i.e., types of substances, drug administration methods, HIV status, sexual orientation identity, race and ethnicity) to make sure the study was representative of the diverse groups of gay and bisexual men who PNP. This strategy allowed the voices of marginalized communities of gay and bisexual men who PNP to be represented, including men who inject drugs, men of colour, and men living with HIV. The recruitment of participants continued across these important characteristics until data saturation occurred, and no new data emerged from the interviews. Participants were offered a cash honorarium of 50.00 Canadian dollars. The study flyer is presented in Figure 1.
Ethical Considerations

Research ethics approval was obtained from the Office of Research Ethics at the University of Toronto prior to initiating study recruitment. The type of data collected was
sensitive. In addition, there were pre-existing group vulnerabilities for this population, such as stigmatization and marginalization due to drug use, sexuality, and the illicit nature of various drugs. Research ethics took these factors and vulnerabilities into account. All data were kept completely confidential. Informed consent was obtained from all participants.

**Data Collection**

Data were collected through one-hour semi-structured in-person interviews, which elicited participants’ perspectives and expressions of events, experiences, and points of view (Patton, 2002). The semi-structured format allowed the participants and the researcher the flexibility to expand upon questions proposed in the interview protocol. The interview flowed from initial, general accounts of experience to detailed retrospective accounts of thoughts and feelings. The interview guide was pilot tested, by interviewing two peer outreach workers who conducted harm reduction work with gay and bisexual men through a Toronto-based AIDS service organization. The interviews were completed at the Faculty of Social Work at University of Toronto.

The interview consisted of a set of 15 core open-ended questions. Probes were also used with some questions to ensure that particular topics were fully covered. Core interview questions and probes are listed in Appendix A. A few demographic questions were asked in the form of a questionnaire. These demographic questions are presented in Appendix B. It was important to ask these demographic questions to contextualize the interviews and aid in the purposive sampling. The demographic questions were asked following the interviews. Interviews were audio-recorded in their entirety (with the participant’s permission) and transcribed verbatim. Audio recordings were destroyed following transcription and verification.
Data Analysis

All transcripts were imported into MAXQDA (VERBI, 2018) qualitative data analysis software to aid in data management and analysis. After the initial data collection (20 interviews) preliminary analyses were carried out, finding salient concepts, expanding concepts into categories and, on the basis of these preliminary results, further data (24 interviews) were collected. In this mode of procedure, data collection was an iterative process. Coding occurred iteratively within and across the interviews to test emerging ideas about the connections between concepts and to identify new discourses (Gee, 2005; 2011; van Dijk, 1993; 2003).

CDA of these data proceeded through a detailed analysis of patterns in the language used by participants during their interviews (Fairclough, 1992; 1995). By using CDA, this study focused on the rhetorical means and collective symbolism of language (Jäger & Maier, 2009), concentrated on lexical style and semantics (van Dijk, 2003; 2009), as well as examined participants’ ways of speaking about experiences, feelings, thoughts, and behaviors (Fairclough, 1992; 2000; 2003). The CDA in this study was also informed by Gee’s (2005; 2011) discourse analysis that focused on multiple elements: the actual language in talk, the knowledge being produced and circulated in talk, the systems of thoughts, assumptions and talk patterns that dominate a particular area, and the social practices associated with discourses.

All three manuscripts in this dissertation utilized CDA and the data analysis methods had some commonalities. For example, in all three manuscripts I identified and described how discourses are embodied and resisted by gay and bisexual men who PNP and how these discourses take on various meanings in diverse contexts. I also examined how the subjectivities of gay and bisexual men who PNP may be created through the internationalization of these discourses. Finally, I deconstructed these discourses and analyzed their significance in relation to
social, cultural and political contexts. Common CDA methods utilized across three manuscripts included (Gee, 2005; 2011):

1. **Semiotic building.** Semiotic building is the process where the social languages and socially situated meanings of the words of study participants (i.e., “to party”) were examined. The guiding question was: what social languages were relevant to study participants when they talk about PNP?

2. **World building.** The world building process involved the exploration of discourses, socially situated meanings, institutions, and values attached to the discourses of gay and bisexual men who PNP. The guiding question for this stage was: what discourses and elements of discourse other than language (social norms, values, ideologies) are relevant to study participants when they talk about PNP?

3. **Subjectivity building.** For subjectivity building the task was to identify how socially situated identities (subjectivities) relevant to PNP were being stabilized through the speech of study participants. The guiding question was: what subjectivities are being enacted by the discourses of gay and bisexual men who PNP?

Beyond these similarities, the data analytic methods also had differences between three manuscripts. These differences are articulated in three distinct sections below, corresponding to each manuscript.

**Specific Data Analytic Methods: Chapter 2**

Chapter 2 focused on the discourses of gay and bisexual men who PNP (particularly on HIV discourses) to examine how advances in HIV prevention science influence the sexual risk practices of gay and bisexual men who PNP, in particular their dispositions regarding condomless anal intercourse, as well as their fears regarding HIV. This manuscript also focused
on the role of pleasure discourses in explaining the sexual and drug-related practices of gay and bisexual men who PNP.

In this manuscript, the social languages of study participants and the socially situated meanings and values attached to places, objects, or scientific artifacts (such as HIV antiretroviral therapy), as well as the social institutions relevant to gay men who PNP were explored. The guiding research questions in Chapter 2 were: 1) What is the role of HIV discourses on the sexual risk practices of gay and bisexual men who PNP? 2) What is the role of pleasure discourses in explaining sexual and drug-related risks among gay and bisexual men who PNP?

**Specific Data Analytic Methods: Chapter 3**

Chapter 3 examined: 1) the particular ways in which gay and bisexual men who PNP represented, constituted, and thus made sense of various forms of social exclusion affecting them and other men who PNP, and 2) the resilience discourses of gay and bisexual men who PNP; that is, the particular ways in which participants spoke about, represented, constituted, and thus made sense of resilience in their lives and communities. Data analysis in this manuscript also focused on exploring the meanings and significance such representations of social exclusion and resilience might have for the social identities (subjectivities) of gay and bisexual men who PNP.

Reading of the interview data for the second manuscript was predicated upon the Foucauldian conception of discourse that refers both to the way that language systematically organizes knowledge and experience and to the ways in which it excludes alternative forms of knowledge (Foucault, 1976; 1978; 1991). Data analysis on how discourses perpetuated the stigmatization and on social exclusion of gay and bisexual men who PNP was guided by Foucauldian conceptualizations of biopolitics (Foucault, 1976; 1978).

The analysis also focused on how participants spoke about, represented, and made sense
of resilience in their lives and communities. The critical, constructionist approach to analyzing resilience in this chapter privileged the localized discourses of gay and bisexual men who PNP to define concepts of resilience. Specific research questions in Chapter 3 were: 1) How gay and bisexual men who PNP speak about and make sense of various forms of social exclusion affecting them and other men who PNP? 2) How gay and bisexual men who PNP speak about and make sense of various forms of resilience in their lives and in their communities?

**Specific Data Analytic Methods: Chapter 4**

The CDA of the data for manuscript three was primarily influenced by the work of Fairclough (1992, 1995, 2001, 2003) and began with a detailed analysis of the patterns in the language used by participants in their interviews. The aim of the third manuscript was to enhance the developing understanding of the socio-sexual practices of gay and bisexual men who use the Internet to seek PNP.

The specific focus of the data analysis method of this manuscript included the identification and examination of discourses that study participants “deployed” (Foucault, 1987) when seeking PNP online. Beyond focusing on discourses, analysis in the third manuscript also examined the social languages of study participants. The analysis examined how different “social languages” (different styles of language used for different purposes and occasions) were connected in complex ways with different discourses (Gee, 2005). Furthermore, the analysis identified various “situated meanings” (situation specific meaning of words); which are a range of possible meanings that a word can take on in different contexts of use (Gee, 2005). Finally, the analysis also focused on identifying what subjectivities were enacted by discourses of gay and bisexual men who were seeking PNP online. The research question guiding data analysis in the third manuscript was: What discourses and social languages organize online communication
between gay and bisexual men seeking PNP?

**Reflexivity**

Coming from a critical paradigm, my epistemological standpoint is rooted in the belief that the production of knowledge starts with acknowledging that I come with particular biases and subjectivities. Indeed, I began writing this dissertation from the perspective of a gay man living in Toronto (Ontario, Canada), who started work in the field of HIV prevention in 2007. I was ushered into the HIV field by educators and allies who recognized my passion for the wellbeing of socially marginalized gay, bisexual, Two-Spirit, and queer men that are disproportionately impacted by HIV. I realize that my standpoint has affected the way I have approached my area of inquiry, and the way I utilized self-reflexivity. For example, a lot of my assumptions about why gay and bisexual men who PNP were at risk of HIV (and other blood-borne infections like hepatitis) were informed by my front-line work as a harm reduction outreach worker in the gay community in Toronto through an AIDS service organization.

I also understood reflexivity as a professional approach that questions how knowledge is generated in a particular discipline (D’Cruz et al., 2007). When I started conceptualizing this project, the social work profession had already undergone a paradigm shift towards embracing resilience and strength-based approaches (Guo & Tsui, 2010; Hammond & Zimmerman, 2012; Saleebey, 1996). In addition to my profession advocating for approaches that are not pathologizing, stigmatizing, and that capitalize on the resiliencies of populations, I was also aware of scholars (Herrick et al., 2011; Race, 2015a; 2015b) who argued that existing research on PNP did not take into account the resiliencies of gay and bisexual men who PNP. As a social worker, I was interested and motivated to explore the resilience and strengths of gay and bisexual men who PNP.
Through the whole research process (but in particular during the data collection and
analysis stages) I was conscious of my social, political and value positions in relation to how
these might have influenced the interview process and the interpretation of data. When the
interviews were being conducted I wanted participants to open up about their practices (some of
which are heavily stigmatized in society, such as injection drug use). In order to achieve that, I
was careful not to make any judgment statements, or react through my body language to what
participants were saying. This allowed participants to really open up about their risk practices
and provide rich details and contexts to their interviews. Partially, my own background in social
work, and harm reduction outreach facilitated the interviews, by my adoption of a non-
judgmental stance and my validation of participants’ narratives. In addition, I always disclosed
my own background with study participants by letting them know at the beginning of the
interview that I did work as an outreach worker in Toronto’s gay community, and that I was
myself a gay man. After the interviews, participants often commented on my interviewing skills,
and thanked me for providing spaces for them to share their stories. Some participants also
commented that the interview was the first opportunity for them to share the details of their PNP
practices, because of the fear and stigma they could face if they were to share with their
counselors or doctors.

Study Sample

The final sample included 44 men. Among these participants, the average age was 37
(range = 20 – 69), 30 (68%) self-identified as gay (the remaining as bisexual, queer, or Two-
Spirit), and 38 (86%) reported having sex with men only.

Thirty men (68%) had some college/university education, 18 (40%) were men from
different ethnoracial groups (Black and Caribbean, Latino American, South Asian, East Asian, as
well as Indigenous men) and 34 (78%) were born in Canada. Among 44 men, 23 (53%) self-reported HIV-positive serostatus, 20 (43%) self-reported HIV-negative serostatus, and 1 participant was unaware of his HIV status.

The most commonly reported substances used were: crystal meth, which was used by 31 (70%) participants and gamma-hydroxybutyric acid (GHB) used by 24 (55%), followed by crack/cocaine 18 (41%), marijuana 17 (38%), MDMA/ecstasy 16 (36%), poppers 16 (36%), and ketamine 12 (27%). Almost all men (43 out of 44 participants) reported co-use or poly-use of substances, with crystal meth and GHB being the most common combination. In a few instances, participants also commented on their use of cannabis, alcohol, as well as erectile dysfunction-type medications in the context of PNP. Fourteen men (32%) administered substances via intravenous injections (slamming) of crystal meth, and 2 men among these 14 also injected heroin and morphine. Finally, 19 (44%) men had an STI diagnosis in the last month, with gonorrhea, chlamydia, and syphilis being the most prevalent.

Subsequent Chapters

Findings from this dissertation study will be described over subsequent chapters, with a discussion section that consolidates the findings from this dissertation. In accordance with a three-paper dissertation, the subsequent three chapters should be considered as independent manuscripts, each containing the following sections: literature review, methodology, results, discussions, and implications.

Chapter two is entitled “The Evolving Nature of HIV Discourses and The Role of Pleasure in Structuring Sexual and Drug-Related Risks for Gay and Bisexual Men who Party-n-Play.” This chapter explores the discourses of gay and bisexual men who PNP and showcases how scientific artifacts such as HIV antiretroviral therapy mediate and shape the sexual and
drug-related practices of these men. The findings highlighted how biomedical HIV discourses participate in the emergence of risk compensation practices among gay and bisexual men who PNP and provided a more nuanced understanding of the role of pleasure in explaining sexual and drug-related risks among these men. This chapter contributes to the existing knowledge on PNP and HIV prevention among gay and bisexual men.

Chapter three is entitled “Social exclusion, resilience, and social worker preparedness: Providing services to gay and bisexual men who Party-n-Play.” This chapter reports findings on how gay and bisexual men who PNP made sense of the various forms of social exclusion and stigma affecting them and other men who PNP, as well as the various forms of resilience in their lives and in their communities. The findings revealed that social exclusion was perpetuated through discourses of stigma, deviance, morality, heteronormativity, homophobia, racism, classism, risk, and policing. These discourses negatively affected participants’ interactions with healthcare providers. However, many gay and bisexual men who PNP also evoked resilience discourses, and described social bonds, friendships, and relations of care in their networks. Importantly, this chapter presented recommendations for social work practice and service provision, advocacy, policy, and research.

Chapter four is entitled “Party-n-Play and the Internet: A Socio-Linguistic Perspective.” This chapter reports on findings associated with the role of online information and communication technologies in the lives of gay and bisexual men who PNP. The findings showcased the different social languages used by study participants to describe their sexual and drug-related interests in online profiles, the multiple situated meanings attached to discourses on “partying”, and how online technologies facilitated the reproduction of hegemonic discourses and anonymous sexual sociality among gay and bisexual men who PNP. This chapter contributes
to sociological understanding of PNP subculture, specifically the various elements of online communication among gay and bisexual men who PNP.

**Chapter five** consolidates the findings from chapters 2-4 and integrates previous conceptual frameworks with data from this study to present an updated understanding of PNP among gay and bisexual men, as well as an updated understanding of how the subjectivities of gay and bisexual men who PNP are formed through discourses. This chapter will conclude with the implications of this study for practice, research, and policy.
CHAPTER 2

THE EVOLVING NATURE OF HIV DISCOURSES AND THE ROLE OF PLEASURE IN STRUCTURING SEXUAL AND DRUG-RELATED RISKS FOR GAY AND BISEXUAL MEN WHO PARTY-N-PLAY
Party-n-Play (PNP) is a social practice of gay and bisexual men, which refers to sex that occurs under the influence of drugs. Little is known about how advances in HIV biomedical science affect the sexual lives of gay and bisexual men who PNP. This study explored the discourses of gay and bisexual men who PNP, in order to examine how scientific artifacts such as antiretroviral therapy mediates sexual encounters and shapes the sexual practices of gay and bisexual men who PNP. In addition, previous research has not considered the role of pleasure in explaining sexual and drug-related risks among gay and bisexual men who PNP. While PNP is primarily portrayed as a risky practice, this chapter instead aims to provide a more nuanced understanding of how risk practices are entangled with the search for pleasure for gay and bisexual men who PNP.

The study was framed within critical discourse analysis methodology. In-depth 1-hour interviews were conducted between October 2016 and January 2017, with 44 self-identifying gay, bisexual, queer, and Two-Spirit men who were living in Toronto, and who used crystal methamphetamine, GHB, cocaine, ketamine, MDMA/ecstasy, and poppers before or during sex with another man. Recruitment took place through social media, online ads, and flyers distributed through community-based organizations.

The study findings indicate that while biomedical HIV discourses participated in the normalization of condomless anal intercourse and the routinization of HIV prevention methods
among study participants, HIV treatment optimism has not translated into a unified disposition among all gay and bisexual men who PNP. In addition, while participants often interpreted PrEP use and having an undetectable viral load as markers of safety in order to rationalize condomless sex, many participants suggested that HIV is still the most terrifying thing that could happen to them. At the same time, the findings demonstrate that for many participants pleasure was attributed to condomless anal intercourse, and that gay and bisexual men knowingly give in to their pleasures with awareness of the HIV risks associated with PNP.

The study findings showcase the unfinalizability of gay and bisexual men’s dispositions regarding condom use due to PrEP, the undetectable status of HIV-positive sex partners, and the pleasures associated with sex and drug-related practices. Harm-reduction interventions for gay and bisexual men who PNP require a more nuanced understanding of the ways in which both pleasure and safety may be intertwined with the harms and risks within constructed experiences of PNP.

Keywords: Party-n-Play, gay and bisexual men, HIV, risk, pleasure, critical discourse analysis.
Introduction

Party-n-Play as a Social Practice of Gay and Bisexual Men

PNP is a term that is used to refer to sex between gay and bisexual men that occurs under the influence of drugs (Bourne et al., 2014; Bourne et al., 2015; Deimel et al., 2016; Grov et al., 2007; Race, 2015a; 2015b). Drugs like crystal methamphetamine and gamma-hydroxybutyric acid (GHB) are most commonly associated with gay and bisexual men’s PNP practices in a North American context, however other substances can also be involved, including cocaine, MDMA, ketamine, heroin, and even poppers, marijuana, and alcohol (Bourne et al., 2015; Deimel et al., 2016).

PNP as a social practice occurs in contexts of sex-based sociality (often in groups), and in places where sexual expression and activity have a central role, such as bathhouses, clubs, or private sex parties (Dowsett et al., 2005; Green, 2003; Green & Halkitis, 2006; Race, 2009). Scholars suggest that PNP provides an escape from the overbearing normative standards of life and offers opportunities for self-expression (Race, 2009), as well as a means of producing new socio-sexual arrangements, sexual intimacies, social connectedness, and interactions among gay and bisexual men that might otherwise be too difficult to achieve without drugs (Green, 2003; Green & Halkitis, 2006). In addition, PNP’s existence is also linked to the Internet, because online hook-up apps and Internet websites offer gay and bisexual men who want to PNP opportunities to find each other (Frederick & Perrone, 2014; Race, 2015b).

Multiple research studies suggest that drug use (particularly the use of crystal methamphetamines) during sex is closely associated with bacterial STI and hepatitis C transmission, and is a prevalent driver of the HIV epidemic among gay and bisexual men (Carrico et al., 2016; Colfax et al., 2004; Deimel et al., 2016; Grov & Parsons, 2006; Halkitis, et
Importantly, sexual practices among gay and bisexual men are fluid and contingent upon cultural, political, and social contexts (Husbands et al., 2013; Parker, 2009). However, few studies on PNP account for the socially constructed nature of sex or drug-related practices among gay and bisexual men. Sexual and drug-related practices have been argued to be socially produced (Kippax, 2008). In other words, as a practice PNP is organized and patterned by social structures and reproduced by cultural, economic, and political discourses. The discourses that circulate within PNP may play a central role in the maintenance of HIV and STI-related sexual practices (i.e., normalization of condomless anal intercourse, routinized use of HIV prevention methods), and have an effect on values, beliefs, and dispositions among these men. Therefore, it is important to investigate the discourses of gay and bisexual men who PNP and to examine how the practices of these men are concomitantly constituted and reproduced through these discourses.

**Gay and Bisexual Men’s Sex Practices and Advances in HIV Biomedical Science**

Studying the discourses of gay and bisexual men who PNP could uncover some common patterns that may be traced to reveal information about the changing nature of gay and bisexual men’s sexual communities, in particular, changes due to advances in HIV biomedical science. The advances refer to the proliferation of strategic applications of antiretroviral therapy methods and procedures for the purposes of HIV treatment and prevention (Spieldenner, 2016). Biomedical prevention models, whether recent such as pre-exposure prophylaxis (PrEP), or more well established as such post-exposure prophylaxis (PEP) have been progressively introduced across the world (Dieffenbach & Fauci, 2011; Grant et al., 2010; Spieldenner, 2016).
Since the advent of effective antiretroviral therapies and HIV treatments, the improvements in the health and survival of people living with HIV and AIDS may also have had an effect on gay and bisexual men’s beliefs about HIV transmission and sexual risks, including HIV treatment optimism. HIV treatment optimism broadly reflects favorable feelings about the multiple outcomes from the use of HIV treatments, such as beliefs regarding the severity of HIV and AIDS, reduced risks of HIV transmission, as well as less need to use condoms (Brennan et al., 2010; Peterson, Miner, Brennan, & Rosser, 2012). HIV treatment optimism and biomedical HIV prevention and treatment exert their effects by redefining sexual practices among gay and bisexual men (Brennan et al., 2010; Kippax & Holt, 2016).

Halkitis and Singer (2018) urge scholars to acknowledge how examination of the sexual and drug-related practices of gay and bisexual men should take into account the development of biomedical HIV prevention strategies and advances in HIV management in the last two decades. This is of great importance because preventative biomedical interventions are also cultural interventions (Race, 2012). Due to biomedical innovations such as PrEP, or advances in treatment, HIV prevention among gay and bisexual men is a continually evolving field of practice, which demands careful monitoring, tracking and ongoing education by scholars (Race, 2012). For instance, Holt (2017) considers the ways in which ideas around safe sex within biomedical HIV prevention science are being conceptualized within ontology that he coined as “antiretroviral sex”, which is characterized by a reliance on antiretroviral drugs to protect people from HIV. Scholars have also argued that advances in treatment and prevention are undermining the consistent use of condoms among gay and bisexual men and may eventually hinder the wider HIV response (Matthews, Baeten, Celum, & Bangsberg, 2010; Paz-Bailey et al., 2016). Other researchers have documented an increase in various non condom-based seroadaptive risk-
reduction strategies (i.e., taking into account viral load) that are based on knowledge of one’s own HIV status and the status of sexual partners (McFarland et al., 2012).

Recent work on this topic also uncovered a very complex picture with regard to HIV risks (Pollard et al., 2018). Pollard and colleagues (2018) conducted interviews with 15 gay and bisexual men who had experienced recent risks for HIV infection related to chemsex (another term for PNP) and who attended sexual health clinics for PEP following these chemsex events. The scholars suggested that while some gay and bisexual men in their study sought to minimize their risks in the context of chemsex, others state their inability to manage HIV prevention during chemsex, which often leaves them resigned to contracting HIV (Pollard et al., 2018). This complexity evokes Bakhtin’s conception of “unfinalisability” (Bakhtin 1984), which refers to the idea that individual’s dispositions regarding various things cannot be finalized because they are in a constant flux.

Indeed, gay and bisexual men’s dispositions regarding HIV risks or biomedical advancements are complex and can vary. To understand the dispositions of gay and bisexual men who PNP regarding HIV risks concerning advancements in HIV prevention and treatment it is necessary to examine discourses that circulate within PNP. Such examination is also needed in order to understand the role of discourses in the maintenance of HIV and STI-related sexual practices. Little is known about how the discourses of gay and bisexual men who PNP have been affected by medical advances in HIV treatment and prevention. This study aims to address this knowledge gap.

**Party-n-Play, Risk, and Pleasure**

The increasing complexity and diversity of research dealing with PNP (Green, 2003; Green & Halkitis, 2006; Frederick & Perrone, 2014; Race, 2015a; 2015b; 2017) has called into
question the dominant risk discourses of PNP. Kane Race’s (2015a; 2015b) important work on this topic highlights that scholarly discourse which continues to address PNP solely from a deficit paradigm (that focuses primarily on HIV risk and transmission as correlates of PNP) may inadvertently overlook opportunities for understanding the role of pleasure and other important elements in the decision-making processes of men who PNP.

Regardless of various attempts to urge scholars to acknowledge the role of pleasure associated with substance use among gay and bisexual men (Race 2008; 2009; 2017), previous research has not accounted for the role of pleasure in explaining sexual and drug-related risks among gay and bisexual men who PNP. PNP can be argued to be a “desubjectivating” (Halperin, 1995) experience in which gay and bisexual men can claim spaces for pleasure and self-expression (Race, 2009). For instance, Green (2003) argued that sex-based sociality permits gay and bisexual men who PNP to pursue pleasure outside traditional sexual scripts and moralizing proscriptions.

Research on PNP has rarely examined the relationship between discourses on pleasure and the cultural processes structuring sexual and drug-related risks for gay and bisexual men who PNP. However, there is other research from which we can extrapolate some important points. For instance, Hoppe (2011) uses the term “pleasure/risk dilemma” to refer to situations in which public health scripts about safer sex are juxtaposed with sexual scripts about pleasure, and argues that gay and bisexual men give into their pleasures while being aware of the existing HIV risks. Another qualitative study showed gay and bisexual men who use club drugs reported that they wanted to push and explore their limits, but did so while still being cognizant not to harm their health (O’Byrne and Holmes, 2011a).

With the exception of a few scholars (Frederick & Perrone 2014; Race 2008; 2009; 2017)
research on gay and bisexual men who PNP tends to leave the topic of pleasure associated with sex or drugs under-analyzed. While PNP is often portrayed as a risky and deviant practice, empirical work needs to provide a more nuanced understanding of how the risk practices of gay men who PNP are entangled with their search for pleasure.

**Theoretical Framework**

The discourses of gay and bisexual men who PNP can serve as a power structure; one that controls and regulates the sexual lives of gay and bisexual men who PNP. Discourses act as agents of meaning derived and exercised through social relationships, which then produce a socially recognized reality (Foucault, 1976; 1978). Michel Foucault’s framework (1991) on “governmentality” can be used to unsettle and destabilize the taken-for-granted discourses of gay and bisexual men who PNP. Foucault's notion of governmentality designates the ways in which individuals engage in the composition of themselves as subjects, endowed with the capacity to reflect and act (Foucault, 1991). The core idea of governmentality problematizes how societies produce citizens who are able to conduct their lifestyle in accordance with various forms of knowledge (O’Malley, 2000; O'Malley et al., 1997; Rose, 1996; 2006; Rose & Miller, 1992). Biomedicine, public health and psychology, as well as other disciplines or institutions may produce and organize knowledge on HIV (in clinics, research laboratories, or counseling offices). HIV discourses (discourses on HIV risk, fear of HIV, HIV treatment, HIV prevention) reproduced by subjects may entail particular ways for gay and bisexual men to understand sexual and drug-related risks for HIV transmission, and act in ways that incorporate the emerging knowledge from HIV biomedical science into their sexual lives.

The framework of governmentality also highlights how discourses of drug use typically frame drug consumption as being characterized by compulsion and pathology, and remain
unattached to discourses of pleasure (O’Malley & Valverde, 2009). The work of Foucault (1976; 1985) and more recently the work of Race (2008; 2009; 2017) highlighted the capacity of individuals to resist the political deployment of sexuality by experimenting with pleasures, and enabled connections to be made between pleasure and knowledge.

At the same time, Foucault’s (1976; 1985) work highlighted the power of pleasure discourses as catalysts for resistance of hegemonic discourses of risk or fear. In that sense, pleasure discourses allow gay and bisexual men who PNP to circumvent oppressive risky subjectivities. The problematization of pleasure within the narratives of gay and bisexual men on PNP is also important in order to maintain a critical awareness of knowledge that positions the pleasures of gay and bisexual men who PNP (and their pleasures) in a manner that stigmatizes and pathologizes their desires.

Finally, the concept of “edgework” borrowed from Lyng (1990; 2004), which was initially used to conceptualize and understand voluntary risk-taking can be applied in this work to interpret the connections between discourses of risk and pleasure in the constructed experience of PNP. Edgework entails using skills to push the capacity of oneself in order to manage risk (Lyng, 1990). Given that gay and bisexual men live in increasingly risk-conscious institutional environments, their lives may be regulated by a set of ideological forces that on one hand caution them to exercise self-control in relation to safe sex and drug use to maintain their well-being, but on the other hand encourage these men to give in to their pleasures, desires and fantasies (O’Byrne and Holmes, 2011b).

**Methodology**

**Research Design**

This project was framed using a critical discourse analysis methodology (CDA;
CDA is a type of discourse analysis that primarily studies the way abuse of social power, as well as dominance and inequality are enacted, reproduced, and resisted by text and talk in social and political contexts (van Dijk, 2003). CDA focuses on investigations of how discourses reproduce or challenge hegemonic social power relations (van Dijk, 1993; Wodak & Meyer, 2009), and interrogates the historical, epistemological, and political significance of discourses by articulating how discourses privilege these social relations (Foucault, 1976; 1978; 1991). CDA can account for the socially constructed nature of sexual practices among gay and bisexual men (Rowe & Dowsett, 2008), and the situated nature of these practices within the confines of structural oppressions in society (Connell, Davis & Dowsett, 1993).

This study investigated how the discourses of gay and bisexual men who PNP were concomitantly constituted and reproduced through broader social structures, institutions, and people’s daily practices (Rogers et al., 2005; van Dijk, 2003; 2009). Theoretically, this CDA study design is rooted in Foucauldian discourse analysis (Foucault, 1976; 1978; 1991). This study’s approach to CDA conceived the current reality of PNP as the outcome of various competing discourses, and uncovered how power relations were exercised through discourses. Thus, the spoken data were approached as discursive artifacts, which produce power relations (Fairclough, 2003; Rogers et al., 2005).

This study’s goals focused on examination of the discourses of gay and bisexual men who PNP in order to understand: 1) how advances in HIV prevention science affect the sexual risk practices of gay and bisexual men who PNP, in particular their dispositions regarding condomless anal intercourse, as well as their fears regarding HIV; 2) the role of pleasure discourses in structuring sexual and drug-related risks among gay and bisexual men who PNP.
Recruitment, Eligibility and Sampling

Recruitment took place through social media (Facebook), online classified-type ads (Craigslist), flyers in Toronto’s gay village, as well as through AIDS service agencies and other community based organizations serving gay and bisexual men’s communities. Participants expressed their interest, discussed their availability and eligibility by contacting the investigator via either the study email or study telephone line.

To be eligible to participate in the study, participants had to meet the following criteria: 1) self-identify as a cis- or transgender gay, bisexual, two-spirit, queer man, or “MSM” (men who have sex with men); 2) self report use of drugs for sex in the last month (including crystal meth, GHB, cocaine, ecstasy, ketamine, poppers); 3) live in the Greater Toronto Area; (4) be 18 years of age or older; and (5) speak and read English. In order to achieve a diverse sample, purposive sampling (Patton, 2005) was used to select men across these important characteristics (i.e., types of substances, drug administration routes, HIV status, sexual orientation identity, race and ethnicity) to make sure the study was representative of the diverse groups of gay and bisexual men who PNP. Participants were offered a cash honorarium of 50.00 Canadian dollars. The University of Toronto research ethics board approved this study.

Data Collection

Data were collected through one-hour semi-structured interviews, which elicited participants’ perspectives and expressions of events, experiences, or points of view (Patton, 2005) related to PNP. The interviews consisted of a set of 15 core open-ended questions. Some of the interview questions included: “Tell me about the experiences you may have had when you used drugs for sex?” “Can you tell me about your most pleasurable experience?” “What is the best thing about using drugs during sex?” “How do you think drugs allow you to do or feel
things you would not do or feel if you were not using?” The semi-structured format allowed participants and the researcher the flexibility to expand upon the specific questions proposed in the interview protocol. The interview flowed from initial, general accounts of experience to detailed retrospective accounts of thoughts and feelings.

**Data Analysis**

In accordance with CDA, interview data were analyzed inductively, with an emphasis on discourses emerging from the data (Gee, 2005). After the initial data collection (20 interviews) preliminary analyses were carried out, finding salient concepts, expanding concepts into categories and, on the basis of these preliminary results, further data (24 interviews) were collected. In this mode of procedure, data collection was an iterative process. All transcripts were imported into MAXQDA (VERBI, 2018) qualitative data analysis software to aid in data management and analysis. Using CDA, data were organized into discourses (Gee, 2005; 2011; van Dijk, 1993; 2003).

Using a CDA tool known as “world building” (Gee, 2005), the social languages of study participants and the socially situated meanings and values attached to places, times, bodies, objects, biomedical artifacts such as antiretroviral therapy, and institutions relevant to gay and bisexual men who PNP were explored. Particular focus was paid to how gay and bisexual men talked about advances in HIV prevention science, and how they talked about pleasurable experiences associated with PNP. The guiding research question was: “What discourses and elements of discourse other than language (forms of consciousness, values, contexts, activities) are relevant to gay and bisexual men who PNP?” Next, the roles of social institutions that were relevant to understand the sexual lives of gay and bisexual men who PNP were examined, by asking “How are discourses of gay and bisexual men who PNP connected to larger contexts and
institutions organizing the lives of gay and bisexual men who PNP?” Finally, to examine the subjectivity formation among gay and bisexual men who PNP in relation to HIV discourses, or discourses on pleasure by asking the following research question: “What subjectivities are being enacted by the discourses of gay and bisexual men who PNP in relation to HIV?”

**Study Sample**

The final sample included 44 men. Among these participants, the average age was 37 (range = 20 – 69), 30 (68%) self-identified as gay (the remaining as bisexual, queer, or two-spirit), while 38 (86%) reported having sex with men only. Thirty men (68%) had some college/university education, 18 (40%) were men from different ethnoracial groups (Black and Caribbean, Latino American, South Asian, East Asian, as well as Indigenous men) and 34 (78%) were born in Canada.

Among 44 men, 23 (53%) self-reported HIV-positive serostatus, 20 (43%) self-reported HIV-negative serostatus, and 1 participant was unaware of his HIV status. The most commonly reported substances used were: crystal meth, which was used by 31 (70%) participants and gamma-hydroxybutyric acid (GHB) used by 24 (55%), followed by crack/cocaine 18 (41%), marijuana 17 (38%), MDMA/ecstasy 16 (36%), poppers 16 (36%), and ketamine 12 (27%). Almost all men (43 out of 44 participants) reported co-use or poly-use of substances, with crystal meth and GHB being the most common combination. In a few instances, participants also commented on their use of cannabis, alcohol, as well as erectile dysfunction-type medications in the context of poly-substance use. All 14 men (32%) who administered substances via intravenous injections used crystal meth, and 2 men among these 14 also injected heroin and morphine. Finally, 19 (44%) had an STI diagnosis in the last month, with gonorrhea, chlamydia, and syphilis being the most prevalent.
Findings

The findings are organized into five sections: 1) Party-n-Play and PEP; 2) Party-n-Play and PrEP; 3) Party-n-Play and HIV-undetectability; 4) Party-n-Play, risk and fear of HIV; 5) Party-n-Play and pleasure.

Party-n-Play and PEP

The findings in this section suggest that reliance on anti-retroviral therapy has been solidified as a routinized practice among gay and bisexual men who PNP. The quotes in this section speak of sexual risks in the era of HIV treatment advancements. Specifically, the quotes highlight how the introduction of PEP and the awareness, belief, and trust in HIV treatments has had the effect of eroding the use of condoms as an HIV prevention strategy among some HIV-negative men who PNP. For instance, the following quote from a 21-year old, HIV-negative, gay man speaks of PEP routinization as a replacement for condoms: “There were three of us. I didn’t use protection, and I went to the hospital and I got... What’s that prescription called? It’s... PEP. And then after that I stopped doing cocaine and I didn’t have sex... Then I realized that I was okay. I didn’t have HIV, which is good, and then I went back on to it.”

Similarly, while PEP can reduce HIV susceptibility for HIV-negative men, they may also increase the frequency of sexual and drug-related practices. The following quote from a 47 year old, HIV-negative, gay man highlights how discourses of self-control and risk were evoked when participants talked about PEP and emphasized the frequency of instances when it was hard to maintain control over sexual risks when under the influence of substances: “I’ve been on PEP five times, and then I stopped going to my doctor about it because I felt embarrassed about the number of times I had to go on the post-exposure because he gave it to me for free. So, as my drug use increased, the frequency increased, that’s when I started to have the slips...Well, unsafe
practices and the higher risk behaviours within that unsafe sex...Well, if I was passive, unprotected, or if the guy ejaculated inside me without a condom, but I didn’t know his status.”

**Party-n-Play and PrEP**

During the interview, some men also revealed their optimism about biomedical HIV prevention methods, in particular of PrEP. The following quote from a 42-year old, HIV-negative gay man exemplifies the rationale of some men to engage in condomless anal intercourse because of PrEP: “Before I was on PrEP, this was December last year, I was with him and he invited his friend, so we had a threesome. But prior to this intercourse, he told me that this guy was POZ. I wasn’t on PrEP then. He didn’t come inside me, but as soon as that ended, everything just came back to sobriety and I immediately thought maybe I needed to get tested, which I did. It came back negative, so then I started thinking of taking PrEP, which I started May last year.”

The following quote from a 35-year-old HIV-negative participant portrayed a more complex picture with regards to their rationales for condom use: “I’m on PrEP so it depends on how well I know the person or not is my factor for that. If it’s a person that I know and know their status, or know they’re on PrEP, or know a bit more about their sexual history, then I’m more willing to not use a condom for them. But usually if it’s someone that I don’t know, we’ll use a condom, but I wouldn’t say it’s 100%.”

This participant spoke about how their decision to use condoms was contingent on multiple elements: their own and their sexual partner’s PrEP use, as well as the knowledge of their sexual partner’s HIV status and sexual history. But even with all these elements present, the statement “I wouldn’t say it’s 100%” at the end, represents participant’s recognition that this self-imposed norm regarding condom use is not strict, and can be broken if necessary.
Party-n-Play and HIV-Undetectability

This section reports findings on how participants talked about HIV-undetectability and its intersection with PNP. The excerpt below from a 58-year old gay man evoked biomedical discourse and shed light on the social languages that gay and bisexual men who PNP use when they talk about HIV-undetectability: “I have HIV and my friends have HIV and we’re all on medications, and with the new ‘U equals U’ [undetectable equals uninfectious] thing, other people are beginning to understand that if you are on medications, chances of infecting somebody are like five billion to one. So, I do get a lot of new guys who understand that…and I never bareback on the first occasion, I want them to really see what goes on and see us in our setting.”

The next two quotes highlight how some gay and bisexual men who PNP were appropriating viral load test results to constitute new HIV prevention identities related to being undetectable. The following two quotes presented under this section also stand in juxtaposition to each other and show how knowledge about HIV (or lack thereof) has a significant effect on the sex practices of gay and bisexual men who PNP. The first quote from a 25-year-old HIV-negative gay man highlights the fear associated with the lack of knowledge on HIV transmission and undetectability: “He was undetectable; I didn’t really know what that meant at the time, it took a bit of months of research to calm down the anxiety that came over me.”

On the other hand, the next quote from a 42-year-old HIV-negative gay man shows how with the advent of effective HIV treatments, the knowledge around HIV and the reliance on undetectable viral load gets incorporated into gay and bisexual men’s sex practices: “When the conversation happened we’re all high, and…he told me that he is POZ, and he also told me he’s undetectable. I let him fuck me anyway because I had knowledge of undetectable prior to this.”
Finally, the findings also show that some gay and bisexual men may not be fully realize the meaning of having an undetectable viral load, as suggested by the quote from a 23-year old HIV-positive gay man about his peers: “I’m 23. And I find a lot of the younger guys don’t understand HIV or what it means to be undetectable, so they kind of throw you off into a corner.”

In summary, this section highlights the influence of biomedical discourses of HIV treatment and prevention on the subjectivities and sexual practices of gay and bisexual men who PNP.

**Party-n-Play, Risk and Fear of HIV**

This section presents findings with regards to risk and fear discourses surrounding HIV. For some participants, the connection between HIV seroconversion risk and PNP was simple and clear: “I’m sure the two are connected. Crystal is causing all the outbreaks of STIs and increases in HIV” (35, HIV-undetectable, gay man).

A number of participants in the study often linked discourses on HIV (or more generally discourses on blood-borne viruses) and PNP when they talked about their personal experiences of HIV seroconversion. In these instances, they were able to directly attribute risk practices within PNP to their HIV seroconversion: “Party-n-Play is how I contracted HIV and hepatitis C. I was unaware sexually, I wasn’t taught about HIV and hepatitis risks” (40, HIV-positive, Two-Spirit man).

Many participants shared their fears with regards to contacting HIV. For example, a 21-year old HIV-negative bisexual man commented: “I was pretty stupid that time because I didn’t use protection. I stopped doing cocaine. I didn’t have sex for, like, three weeks because I was so scared.” One 44-year old, HIV-negative gender-fluid person framed their fears as a nightmare:
“I use a condom. I’m too terrified of HIV and stuff. I’ve seen people die from it. It’s a nightmare.”

Furthermore, a 39-year old, HIV-positive Two-Spirit man who moved to Toronto from a smaller Canadian town commented on how scared he was of HIV: “Coming to Toronto to a bigger city and having more drugs that are available in bathhouses, it’s risky, because there is a lot of HIV. You don’t hear about syphilis or those kinds of diseases... it’s scary.” A 22-year old, HIV-negative gay man talked about HIV as the scariest thing that could happen to him and that he would do anything possible to avoid it, but at the same time admitted that he was not certain this would be feasible: “I don’t want that to happen again, and I just think HIV would be the scariest thing, so I just think I want to do anything possible to not get that. I figure, if this is my lifestyle, and I drink, and do cocaine, I think that might happen again.”

Similarly, the following 25-year old HIV-negative gay man talked about HIV as the worst thing in the world that could happen to a gay man, evoking a multiplicity of discourses on fear, risk, responsibility, and morality: “I’m always very cautious no matter if I’m drunk or on drugs or sober or whatever...I guess growing up and being gay, people talked about HIV like it was the worst thing in the world that could happen to a gay man. I just always had people talking about how important it was to always use condoms, and I was always really scared of catching any kind of diseases. I’ve always been really open sexually with strangers, but just that’s the one kind of limit...I’ve had condomless sex before when I’ve been in relationships and there’s been that trust and the testing and the assumption of monogamy, but with a stranger, no.”

Overall, data under this section highlighted how discourses of fear and risk were exerting their influence and preventing gay and bisexual men who PNP from engaging in condomless
anal intercourse.

Party-n-Play and Pleasure

This section highlights the role of pleasure associated with participants’ PNP experiences. For many participants, ideas about risk were connected to sexual scripts about pleasure; specifically when gay and bisexual men who PNP talked about how they give in to their pleasures while being aware of the sexual risks: “I’m sure that I wouldn’t be HIV-positive if I didn’t do it [condomless sex]. When I was going to have sex with a guy who was going to meet me at the bathhouse, who was going to fuck me bareback and he was positive, it was a real turn-on. That was only months from having another guy’s semen on me that I didn’t think that was disgusting” (57, HIV-positive, bisexual man).

Another participant suggested that the PNP experience was now more pleasurable to him because PrEP offered him an opportunity to enjoy “sex on substances” without worrying about HIV risks associated with condomless sex: “Knowing that you are protected, knowing that you’re enjoying sex on substances, and at the same time because of my PrEP use, that becomes more pleasurable, I guess. There is no more hurdle that previously, before I was on PrEP, I’d be worried when I was using substance and having condomless sex” (31, HIV-negative, gay man).

One 32-year old, HIV-negative, gay man spoke about pleasure associated with injecting crystal meth. Evoking discourse on disinhibition (“all I want to do is just fuck”) he described the intensity of the effects of crystal meth on his sexual practices: “Just think about the best sex you’ve ever had and multiple it by 10. It is absolutely amazing. It’s that rush of dopamine, and for me the minute I slam [inject crystal], it goes right to my dick and all I want to do is just fuck. It’s that instant, that rush... it doesn’t matter who is there, I’m going to fuck.”

A 28-year old, HIV-positive, bisexual man also talked about the pleasure associated with
injection drug use and the specific online venues that he frequents to find “raunchier sex” after he injects drugs: “It was one of the few times when I was successful intravenously. It was like a fairy tale with the drugs. I went onto [website]. The guys there are interested in raunchier, unsafe sex.”

For many participants the pleasure was connected to exploration of sexual boundaries and limits: “The sex is phenomenal. I try things that I normally wouldn’t” (45, HIV-positive, Two-Spirit man), or “GHB is the thing that really amps up my horniness. For me the T or the crystal it gets me horny, it also gives me energy. All of a sudden there are no limits. Rough sex becomes pleasurable rather than painful” (52, HIV-positive, gay man).

Finally, this last quote from a 40 year old, HIV-positive, gay man shows that some men participated in sexual and drug-related risk practices associated with PNP as a means to live out their sexual desires, fetishes, and pleasures: “I got into the more taboo, kinkier play with a few guys one day. I’d done GHB, ketamine and crystal... I tried saline infusions in my scrotum. I had two litres of saline in my scrotum in the end. I actually enjoyed it. There was no way you were going to get an IV into my scrotum sober.”

In summary, what can be seen is that within the responses of participants, pleasure was often embedded within socially constructed discourses of risk, drug use, and sex.

**Discussion**

This study demonstrated the powerful influence of HIV prevention discourses on the sexual lives of gay and bisexual men who PNP. While changes within the gay community due to the evolving HIV epidemic and its related biomedical treatments have been recognised for some time (Dowsett 2009; Rowe and Dowsett 2008), the degree of normalization of condomless anal intercourse, as well as the routinization of new HIV prevention methods that many participants
expressed was still striking.

Biomedical HIV prevention and treatment appear to be redefining sexual practices among some gay and bisexual men who PNP, including their perceptions of sexual risk practices and their disinterest in using condoms. Previous literature on this issue supports the findings from this study. For instance, Kippax and Holt (2016) suggested that reduced threat of HIV transmission explains frequent condomless sex among gay and bisexual men. Similarly, Paz-Bailey and colleagues (2016) suggested that advances in treatment and prevention have undermined the consistent use of condoms among gay and bisexual men. Others also argued that PrEP in particular has eroded traditional approaches to HIV prevention such as condoms (Matthews, 2010).

The salience of HIV treatment optimism among study participants speaks of an interesting historical juncture with regards to gay and bisexual men’s sexual cultures like PNP. The ideology of HIV treatment optimism observed in these data is rooted in multiple biomedical advances, institutional re-arrangements, and larger political and socio-cultural ideologies, beliefs, and values. This includes knowledge of virological suppression and HIV exposure prophylaxis methods (Dieffenbach & Fauci, 2011), as well as the values of gay and bisexual men themselves when it comes to HIV antiretrovirals (Belluz, 2014), as well as the knowledge that over time, the preventive benefits of antiretroviral medications can diminish the risk of HIV transmission (Kippax & Holt, 2016; Spieldenner, 2016).

Furthermore, these findings provide the basis for a discussion about how emerging HIV prevention methods and technologies may interfere with, or put pressure on, existing prevention strategies such as condom use, thus creating certain tensions and dilemmas for those who work in HIV prevention. While men in the study generally felt optimistic about PEP or PrEP there
were numerous worries and fears about contracting HIV (i.e., “I use a condom. I’m too terrified of HIV”). At times this generated a degree of incongruence as men found themselves confronted with the fact that the safe sex practices they regarded as habitual or established were being transformed. Echoing the work of Pollard and colleagues (2018), some participants in this study also commented on their inability to manage sexual risks during PNP, which left them resigned to the fact they may continue to use condoms inconsistently.

The style of indecisiveness used to describe the participant’s decision-making processes, and the language used by them showcases the circumstances of “unfinalisability” (Bakhtin 1984) where the participant’s disposition regarding condom use (for instance, due to PrEP) was never fully revealed (i.e., “I’ll use a condom, but I wouldn’t say it’s 100%”), thus emphasizing the infinite hidden capabilities of HIV prevention discourses. In a way, these findings highlight that treatment optimism and condomless sex are not homogeneous characteristics or common dispositions among all gay and bisexual men who PNP.

These findings also highlighted how some gay and bisexual men were appropriating viral load test results to constitute new HIV prevention identities related to being HIV-undetectable, and often linguistically enacted their own subjectivities using biomedical discourse. The emergence of the term “undetectable” as a prevention identity, and as a conventionalized form of discursive interaction that consequently organizes gay men’s expectations of socio-sexual capital (Race, 2015b) demonstrates how the field of sexual practice among gay and bisexual men is informed by biomedical discourse. It also shows how biomedical discourses and ideologies trickle down and are consequently embodied and reproduced in the everyday lives of gay and bisexual men who PNP.

The use of viral load results to justify condomless sex by participants in this study
highlights how biomedical discourses participate in the emergence of practices that public health professionals might understand as risk compensation (Holt et al., 2012). However, some participants also suggested that their peers still do not fully understand what HIV undetectable viral load means (i.e., “I find a lot of the younger guys don’t understand HIV or what it means to be undetectable”). Given that the indicators of anti-viral suppression as a viable basis for safe unprotected sex are not universally embodied by all men who PNP complicates the argument that solicitation of HIV status among gay and bisexual men displaced other guarantors (i.e., condoms or other harm reduction methods) of safety from their once established position (Kippax & Holt, 2016). Given these findings, and the recent evidence suggesting a stall in prevention efforts (Isbell et al., 2016), it may be important to both continue promoting condoms and keep making PrEP and HIV treatment accessible and affordable to gay and bisexual men at risk of, or living with HIV as part of “combination HIV prevention” (Hankins & de Zalduondo, 2010). The concurrent and strategic use of a range of biomedical, behavioral, as well as social and structural interventions within a combination HIV prevention strategy could significantly reduce the number of new HIV infections among gay and bisexual men who PNP.

Furthermore, while condomless sex is becoming increasingly normalized, data suggest that multiple competing discourses of fear, risk, and at times morality were also exerting their role on preventing these men from engaging in sexual practices that would undermine their health. Enacting the subjectivities of gay and bisexual men who PNP as a site of HIV risk and an object of fear is instrumental to the maintenance of social exclusion and has public health and HIV prevention ramifications, as well as political implications. Policy discourses on illicit drug use already invoke notions of fear and risk (Moore & Fraser, 2006). Similarly, the subjectivities of gay and bisexual men become governmentally linked to disciplinary, hegemonic discourses of
risk and abnormality (Foucault, 1976; 1991). These discourses perform the fundamental function of imbuing social actors with the sense that they have a moral responsibility not to disturb the social order and hierarchy (Douglas, 1966; 1992), governmentally linking these discourses with morality and risk (O’Malley, 2000), as well as social control (O'Malley et al., 1997). In that regard, PNP raises one of the current preoccupations of social theory around risk, social exclusion, and governmentality (Beck, 1995; Douglas, 1966; 1992; Lupton, 1999; O’Malley, 2000).

This study also unraveled links made between HIV transmission and seroconversion events, sex, and drug use among participants. The analytic frame of the “HIV event” (Race, 2012; 2014; 2016) provides a means of empirically attending to the context of HIV transmission and seroconversion. In relation to moments of HIV transmission and seroconversion, an “HIV event” within the context of PNP can be conceptualized as a “difference between a before and after” (Race, 2016, p.4) which is contingent on the outcome of the collective activity of a diverse range of actors, including gay and bisexual men, technological devices, discourses, scientific practices, institutions, environments, and desires (Race, 2012). The responses of some study participants were framed with the certainty of the brute empirical world (“Crystal is causing all the outbreaks of STIs and increases in HIV”), showcasing a type of linear logic locked inside rational borders within the imperious ideology of rationalism, compared to the more realistic uncertainty, ambiguity and indeterminacy of HIV transmission events. This causality rhetoric is imperative to the discipline of public health (Race, 2014), and these accounts of HIV events by study participants ultimately fail to adequately explain how pleasure affects their decisions. However, as the stories of these participants become more complicated, linear reasoning seems too fragile to account for more complex HIV events, especially those that incorporate discourses
on pleasure.

Pleasure discourses in this study engaged with a dimension of HIV prevention concerning affect. The findings with regard to pleasure show that for some men in this study their lack of condom use can be attributed to the emotional aspects of the relationships between gay and bisexual men who PNP. Not using condoms is said to symbolize trust and help sustain intimacy (Adam, Sears, & Schellenberg, 2000), as well as relationality in the context of HIV (Riggs, 2006). These findings illustrate that the immediacy of potential transmission does not always disrupt the intimate ties between sexual actors, and instead can be a space of relationality (Riggs, 2006), romantic relationships (Amaro, 2016), desubjectivation (Halperin, 1995), and pleasure (Foucault, 1985). In this sense, PNP can be argued to be a desubjectivating experience in which gay and bisexual men can claim spaces for pleasure and self-expression (Race, 2009), and engage in these activities while being aware of HIV risks.

Pleasure was an important element in the rationalization for unsafe sex among some participants. Given that pleasure and rationality are epistemologically linked, because pleasure is a problem where its pursuit conflicts with other key requirements made of liberal subjects, notably responsibility and rationality (O’Malley & Valverde, 2004), it is possible that for gay and bisexual men practices associated with PNP are also implicated in the release of a post-rational sexual actor. For instance, participants talked about how their pleasures were linked to exploring their sexual limits, and how they knowingly undertook various sexual or drug-related risks during PNP to explore these limits. When examined alongside the concept “edgework” (Lyng, 1990; 2004), and the work of O’Byrne and Holmes (2011a; 2011b) this finding highlights how the lives of gay and bisexual men who PNP are regulated by a set of institutional and ideological forces that on one hand caution them to exercise self-control in relation to safe sex
and drug use, but on the other hand encourages these men to give in and explore their pleasures, desires, and sexual limits. Therefore, harm-reduction interventions for gay and bisexual men who PNP may require a more nuanced understanding and appreciation of the ways in which both pleasure and safety may be intertwined with the harms and risks within the constructed experience of PNP.

Finally, by focusing on pleasure this study uncovered important facets of the social and cultural contexts of PNP. When read alongside Foucault’s (1976; 1985) work on the creative possibilities of pleasure, the recurrent emphasis on pleasure in the discourses of gay and bisexual men who PNP is critical. It highlights the power of pleasure discourse as a catalyst for resistance of the risk and fear discourses associated with HIV, and the opportunities and possibilities pleasure discourses create for gay and bisexual men who PNP to circumvent the oppressive risky subjectivities within disciplinary discursive regimes.

Conclusion

This study identified various discourses among gay and bisexual men who PNP in an urban setting, and highlighted how condomless sex and drug use among these men was sometimes but not always equated with HIV transmission. While discourses on risk and fear, were salient among gay and bisexual men who PNP, these findings also compel us to accept how gay and bisexual men’s desires to PNP beget new forms of intimacy, relationality, modification of sexual practices, emerging identities related to HIV-undetectability, and even discourses of pleasure.

The indecisiveness and “unfinalizability” (Bakhtin, 1984) of gay and bisexual men’s dispositions regarding condom use due to advances in HIV biomedical science as well as other elements associated with PNP such as pleasure highlights the infinite capability of HIV
discourses. In this sense, the link between fear, pleasure, safety, HIV risk, and harm is anything but straightforward for gay and bisexual men who PNP, and the emergence of sexual practices predicated upon institutional re-arrangements and scientific artifacts such as antiretroviral therapy is what Foucault (1982) would call “a possibility for creative life”.
CHAPTER 3

SOCIAL EXCLUSION, RESILIENCE, AND SOCIAL WORKER PREPAREDNESS:
PROVIDING SERVICES TO GAY AND BISEXUAL MEN WHO PARTY-N-PLAY
ABSTRACT

Party-n-Play (PNP) refers to sex between gay and bisexual men that occurs under the influence of drugs. Growing evidence suggests gay and bisexual men who PNP experience significant stigma and social exclusion. Less is known about the resilience of this population.

Utilizing critical discourse analysis and a Foucauldian conceptualization of biopower, this study examined how the lives of gay and bisexual men who PNP are permeated and regulated by a power structure which takes the form of institutionalizations and social relations. This study also examined the discourses of gay and bisexual men who PNP which counter forces of biopower and instead reflect the resilience of this population. In-depth 1-hour interviews were conducted with 44 gay and bisexual men who lived in Toronto, and who used various drugs before or during sex with another man in the previous month.

Study findings revealed that social exclusion was perpetuated through discourses of stigma, deviance, morality, heteronormativity, homophobia, racism, classism, risk, and policing. These discourses also negatively affected participants’ interactions with healthcare providers. However, many participants evoked resilience discourses, and described social bonds, friendships, and relations of care in their networks.

Social work professionals would benefit from examining the role of social exclusion in their practice, and providing practitioners with the tools to critique exclusionary, stigmatizing, and pathologizing discourses. These findings also underscore the need for culturally sensitive social work interventions for this population that address social exclusion and foster resilience.
Keywords: gay and bisexual men, Party-n-Play, social exclusion, resilience, social work.
Introduction

**Party-n-Play and Social Exclusion**

Party-n-Play (PNP) is a social practice of gay and bisexual men, which refers to sex that occurs under the influence of drugs (Bourne et al., 2014; Bourne et al., 2015; Deimel et al., 2016; Grov et al., 2007; Halkitis & Singer, 2018; Race, 2015a, 2015b). Drugs like crystal meth and gamma-hydroxybutyric acid (GHB) are most often associated with PNP, however other substances might also be involved, including cocaine, MDMA, ketamine, heroin, poppers, marijuana, and alcohol (Bourne et al., 2015; Deimel et al., 2016; Green, 2003).

Though some research suggests that gay and bisexual men are more likely to use recreational drugs than their heterosexual counterparts (Bontempo & D’Augelli, 2002; DuRant, Drowchuk, & Sinal, 1998; Fergusson, Horwood, & Beautrais, 1999; Marshal, Friedman, Stall, et al., 2008), the findings are mixed in part due to methodological differences between studies (McCabe, Hughes, Bostwick, Morales, & Bond, 2011). Various factors have been identified as contributing to substance use, including social norms, homophobia, comorbid depression and anxiety, social isolation (Greenwood, Reif, Huang et al., 2002; Mayer, Bekker, Stall, et al., 2012; Sanchez, Finlayson, Drake, et al. 2006), as well as combinations of these factors (Pollard et al., 2018).

Stigma and other forms of discrimination present significant challenges in the lives of gay and bisexual men who PNP (Frederick & Perrone, 2014). Stigma refers to a personal trait or mark that serves as the basis for social devaluation and discrediting (Goffman, 1963), and occurs when identified human differences are deemed undesirable and lead to separation, status loss, and discrimination in social, economic, and political power contexts (Link & Phelan, 2001). Stigma and discrimination experienced by these men can be understood using the concept of
social exclusion—a process linked to power and domination (Link and Phelan, 2001). The concept of social exclusion embodies the functionality of “outsiderness”, with a particular goal of controlling, limiting or facilitating the movement and interaction of people through hierarchies of integration, or architectures of inclusion (Allman, 2013). Frederick and Perrone (2014) highlight that throughout North America the “war on drugs” and “fight against AIDS” policies often stigmatize drug users and HIV-positive gay men by defining them as contaminated, dirty, or less worthy. These scholars also point out that policing and drug enforcement efforts by the criminal justice system have further socially excluded, stigmatized, and positioned the practices of gay and bisexual men who PNP as deviant (Frederick & Perrone, 2014). Because of their fear of stigma, some gay and bisexual men who PNP do not want to interact with healthcare professionals and are not engaged in health outreach attempts, placing them at greater risk for exposure to blood-borne viruses, as well as other harms (Frederick & Perrone, 2014; Solomon et al., 2011). Research also documented that HIV-related stigma and social exclusion in the health and social services sector is an issue for gay and bisexual men who PNP (Bourne et al., 2014).

Importantly, individuals who possess a stigmatized characteristic may not only perceive, experience, or anticipate negative treatment by other people, but may also come to internalize the stigma, which has been identified as a pathway through which societal stigma may impact health outcomes (Earnshaw & Chaudoir, 2009). Research suggests that disproportionate stress experienced due to social exclusion, social oppression, discrimination, stigmatization, and victimization, negatively affects the health and wellbeing of sexual minority communities (Meyer, 1995; 2003; Stall, Friedman, & Catania, 2008; Wong, Weiss, Ayala, & Kipke, 2010). Similarly, stigma as a form of social exclusion represents an important social determinant of health, with some research pointing to the link between stigma and excessive mortality among
sexual minority populations (Hatzenbuehler, Bellatorre, Lee, et al., 2014; Hatzenbuehler, Phelan, & Link, 2013). Social workers have already demonstrated the vulnerability of sexual minorities to the inequitable health outcomes associated with stigma (Logie, 2010). In addition, stigma has received increasing attention as a health risk factor and as an obstacle to service uptake and utilization among people with HIV (Earnshaw, Bogart, Dovidio, & Williams, 2013; Logie & Gadalla, 2009; Wolitski, Pals, Kidder, Courtenay-Quirk, & Holtgrave, 2009), and people who use injection drugs (Lang, El-Aneed, Berenbaum, et al., 2013a; Lang, Neil, Wright, et al., 2013b; Simmonds & Coomber, 2009; Latkin et al., 2010).

Social work is a predominate voice within the health care system (Cullen, 2004), therefore social workers should also be aware of the extent to which the politics of social exclusion are institutionalized within our professional practices, and how we may be implicated in perpetuating stigmatizing discourses that further propel the marginalization of this population (Payne, 1980; Goldbach, Amaro, Vega, & Walter, 2015).

Stigma presents an additional layer of complexity in the lives of gay and bisexual men who use drugs, and who are also living with HIV (Frederick & Perrone, 2014), thus highlighting the need to explore the intersections of these stigmas. While no studies have been conducted that look at the intersecting forms of stigma among gay and bisexual men who PNP, there is an existing scholarship on marginalized communities from which we can extrapolate important knowledge. For instance, a study by Logie and colleagues (2011) suggested that HIV-positive women experience interdependent and mutually constitutive relationships between marginalized social identities and inequities such as HIV-related stigma, sexism, racism, homophobia, and transphobia. Intersectionality refers to the interdependent and mutually constitutive relationship between social identities and structural inequities (Collins, 1991; Shields, 2008). Examining the
intersection of stigmas (and other forms of social exclusion) is particularly relevant in the context of PNP.

While scholars have identified that social exclusion and stigma may operate through societal-level conditions, cultural norms, and institutional practices that constrain the opportunities, resources, and wellbeing of stigmatized populations (Corrigan et al., 2005; Link & Phelan, 2001), little work has examined how the social exclusion of gay and bisexual men who PNP is perpetuated discursively.

Resilience-Based Approaches As a Social Work Response to Social Exclusion

Research has already identified stigma and social exclusion in the health and social services sector as a significant issue for gay and bisexual men who PNP (Bourne et al., 2014). Scholars have also questioned whether social workers are truly prepared to address the needs of gay and bisexual men who use drugs (Cullen, 2004; Fish, 2012). Some have claimed that social workers may be ill equipped to work with gay and bisexual men who use drugs is because it is a topic that has been overlooked in social work theory and practice (Fish, 2012), as well as because health services may not be culturally sensitive when addressing the specific needs of gay and bisexual men who use drugs (Cullen, 2004). For instance, not all social workers understand the context, nature, importance, and extent of substance use and its connection to sexual cultures for gay and bisexual men (Fish, 2012). Some social work scholars point out that a specialized approach to health care may better serve the needs gay and bisexual men who use substances (van Den Bergh & Crisp, 2004).

However, while there has been some articulation of affirmative practice with sexual minorities (Alessi, Dillon, & Kim, 2015; American Psychological Association, 2012; van Den Bergh & Crisp, 2004; Dillon & Worthington, 2003), there has been no clear delineation to date
as to how social workers can apply a cultural sensitivity approach to gay and bisexual men who use drugs, in particular with gay and bisexual men for whom the context and nature of drug use is connected to sex and sexual cultures. Similarly, while systematic reviews suggest some effectiveness when using cognitive behavioural interventions for HIV risk reduction in substance-using men who have sex with men (Melendez-Torres & Bonell, 2014), no specific approaches have been developed to tackle stigma and social exclusion for this population.

Answering the needs of gay and bisexual men as they relate to issues of social exclusion has important implications for enriching social work knowledge on both practical and theoretical levels. Social workers who may work with this population need strategies to develop knowledge and action regarding the socio-cultural and political issues that perpetuate the social exclusion of these men. These actions can also translate into a renewed attention on resilience-based approaches in social work for substance-using gay and bisexual men.

The social work profession has already undergone a paradigm shift towards embracing a resilience and strength-based approach (Guo & Tsui, 2010; Hammond & Zimmerman, 2012; Saleebey, 1996). This has implications for the provision of social work care to marginalized communities, as the profession advocates for approaches that are not pathologizing and that capitalize on the resiliencies of populations. Scholars have also proposed to pay more attention to resilience among gay and bisexual men (Herrick et al., 2011). Resilience has been broadly defined as processes, capacities, strategies, factors, and outcomes of successful adaptations despite life challenges and adversity (Garmezy, 1991; Luthar et al., 2000; Simeon et al., 2007; Yates & Masten, 1990).

Some research argues that the underlying assumption within existing studies on PNP is that those who engage in PNP are flawed and are vectors of HIV and other blood-borne viruses
(Frederick & Perrone, 2014; Race, 2015). However, the increasing complexity and diversity of research dealing with PNP (Green, 2003; Green & Halkitis, 2006; Frederick & Perrone, 2014; Race, 2015a; 2015b) continues to call into question the dominant discourses about PNP. For instance, research into PNP among gay and bisexual men may be overlooking opportunities for understanding the role of resilience in the lives of this marginalized and stigmatized population (Halkitis & Singer, 2018).

Indeed, a social work focus on resilience could view this group as having subjective agency (Barker, 2005; Metcalfe, Eich, & Castel, 2010), as people with freedom to affect their own fate. A social work focus on resilience could also view this population as individuals who are working hard to cope with oppression and who adapt to their changing circumstances and institutions. Given this gap in qualitative work, it is important to complement existing research on PNP and contribute to the limited qualitative data on resilience among gay and bisexual men who PNP.

**Theoretical Framework**

The conceptual tools of the French philosopher Michel Foucault show how to unsettle and destabilize the taken-for-granted assumptions about gay and bisexual men who PNP. Foucault’s work (1976; 1978) on bio-power can be used as a tool to promote epistemic reflexivity in social workers in order to analyze social exclusion. Foucault (1976) suggested that people’s lives are permeated and regulated by a power structure in the form of institutionalizations and social relations. This power structure is called “biopower” (Foucault, 1976). Foucault (1976) highlighted that discourses act as agents of meaning derived from and exercised through social relationships, which then produce socially recognized realities. From this viewpoint, discourses on PNP can be seen as products of modern forms of biopower,
because the domains of sexuality, and drug/substance use are governed by families, educational systems, media, health care, laws and, ultimately by the self. For instance, Foucault (1976) stated that the notion of homosexuality as something abnormal was instilled into people’s mindsets in the 19th century through discourses perpetuated by medical, psychiatric and legal institutions. Foucault's concept of “biopower” will be used as a methodological tool to examine how the social exclusion of gay and bisexual men who PNP is promoted discursively (i.e., through discourses on stigma).

In addition, resilience theory posits that individuals exemplify characteristics of resilience (adaptations, skills, strategies) that reflect the relative capacity for an individual to cope successfully with adversity (Simeon et al., 2007; Luthar et al., 2000; Masten et al., 1990; Oswald, 2002; Kwon, 2013). However, conceptually the approach undertaken in this paper to examine resilience differs inasmuch as it focuses more attention on the discursive aspects of resilience. This approach to studying resilience focuses on the socially constructed aspects of resilience (Ungar, 2011), as opposed to elements of resilience that focus on developmental pathways that succeed in producing positive outcomes, or the individual personality traits that contribute to resilience. Bringing a constructionist approach to studying resilience (Ungar, 2004; 2011) and a focus on discursive resistance to the forces of biopower (Foucault, 1976; 1978) presents new possibilities to understand and problematize resilience, and avoid reductionist definitions of resilience as a unified entity or a stable characteristic.

A constructionist interpretation of resilience reflects a poststructural understanding of the construct that better accounts for the cultural and contextual differences in how resilience is expressed by individuals or communities (Ungar, 2004). This understanding of resilience challenges dominant ecological perspective of resilience. Ecological perspectives of risk and
resilience are informed by systems theory and emphasize predictable, causal relationships between risk and resilience factors (Masten, 2001). Unlike ecological interpretations of resilience, a social construction approach to studying resilience instead focuses on a non-systemic, nonhierarchical relationship between risk and resilience, describing the relationships between these factors as more nuanced, complex, relative, and as embedded in socio-cultural contexts (Ungar, 2004).

**Study Rationale**

Race (2017) urges scholars to produce knowledge that will equip sexual health and drug/alcohol service providers with the cultural and sexual literacy to mitigate stigma, which will allow them to respond constructively to drug problems among gay and bisexual men. This paper builds on the issue of cultural sensitivity, by focusing on the preparedness of social workers to provide services to gay and bisexual men who PNP. Little work has examined how the social exclusion of this population of sexual actors can be perpetuated discursively. Discourses can reproduce hegemonic power structures in the form of institutionalizations and social relations (Foucault, 1976; 1978; 1980) and perpetuate the social exclusion of gay and bisexual men who PNP. Without a critical reflection of how the social exclusion of gay and bisexual men who PNP may be perpetuated discursively, social workers may propose interventions that are insensitive to the needs of their clients, and may further marginalize these men. In addition, research is needed to contribute to the limited qualitative data on resilience among gay and bisexual men who PNP.

Taking this into account, this study sought to examine: 1) the particular ways in which participants represented, constituted, and thus made sense of various forms of social exclusion affecting men who PNP, and 2) the resilience discourses of gay and bisexual men who PNP; that is, the particular ways in which participants spoke about, represented, constituted, and made
sense of resilience in their lives and communities.

**Methodology**

**Eligibility and Recruitment**

The data used in this analysis comes from in-depth 1-hour interviews conducted in October 2016 and January 2017, with 44 self-identifying gay, bisexual, queer, and Two-Spirit men. Besides a sexual minority identity, eligibility criteria also included: living in the Greater Toronto Area, and using drugs (specific drugs included: crystal methamphetamine, GHB/GBL, cocaine, ketamine, MDMA/ecstasy, poppers) before or during sex with another man during the previous month. Participants were recruited through social media, online postings, venue-based ads, and community organizations.

**Data Collection**

Participants were asked questions about their experiences of social exclusion, as well as the ways they perceived they were stigmatized, discriminated against, and ostracized by others. More specifically, study participants’ were asked about their experiences and perceptions of discrimination, stigmatization, and exclusion from the mainstream/”straight” community and from the gay/queer community. To inquire about the perspectives from the gay/queer and straight communities, the following questions were asked: What do you think gay and bisexual men in the community generally think of PNP? What do you think other people who are not part of your community think about PNP? How do you think this affects you? Participants were asked further questions including: Have you ever had an interaction with staff from a sexual health clinic, or an AIDS service organization about drug use, sexual health, HIV, STIs or other health concerns? If yes, what was it like? This question helped to identify participants’ experiences within healthcare settings.
As a social worker, the author was also interested in exploring participants’ resilience and strengths, including the positive aspects of drug use (i.e., benefits of using drugs) that are often obscured by dominant stigmatizing discourses. To uncover these resiliencies, the interviewer/author asked participants about community aspects of PNP, the friendships and social bonds that were generated through PNP networks, as well as relations of care participants capitalized upon in these networks. The following questions were asked: How do you think drugs allow you to do or feel things you would not do or feel otherwise if you were not using? How do you think drugs help you form connections with other guys?

The frequencies of the various views respondents expressed have not been enumerated but instead the author reported general trends in the data by using terms such as “some”, many, or “few”. Each quote has unique demographic labels.

Data Analysis

Data were analyzed using critical discourse analysis methodology (Fairclough, 2003; Gee, 2005; 2011), with an emphasis on discourses emerging from the data (Gee, 2005), and a focus on the way participants embodied or resisted these discourses (Fairclough, 2003). Critical discourse analysis typically focuses on investigations of how discourses reproduce or challenge social power relations (van Dijk, 1993; Wodak & Meyer, 2009). For instance, this can include investigations of how interactions between individuals can reproduce heterosexism (Logie, 2015). The term “discourse”, refers to socially accepted associations among ways of using language, of thinking, valuing, acting, and interacting, in the right places and at the right times, with the right objects (Gee, 2005; Bourdieu, 1990; Foucault, 1985).

Critical discourse analysis methodology guiding the reading of interview data is also predicated upon the poststructuralist conception of discourse that refers both to the way language
systematically organizes knowledge and experience and also to the ways in which it excludes alternative forms of knowledge (Foucault, 1976; 1978; 1991).

Importantly, this analysis was guided by Foucauldian framework of biopolitics; specifically Foucault’s conceptualizations of biopower (Foucault, 1976; 1978). The regulation of subjects (gay and bisexual men who PNP) through stigmatizing discourses and exclusionary moral ideologies is one of the essential characteristics of modern biopolitics, illustrative of a constant need to redefine the threshold in life that distinguishes and separates what is considered normal (abstinence, monogamy, heteronormativity) and abnormal (drug use, non-normative intimacy, queerness/otherness). It takes place through overt acts of discrimination (i.e., receiving lower quality of services, homophobic statements) and through the indirect production and re-production of knowledge (i.e., media and academic discourses perpetuating social exclusion, gay men internalizing stigmatizing discourses) – all of which work as instruments that differentiate between “normal” and “other” subjects. Exclusionary moral ideologies and discourses also conceal resilience discourses that position the subjectivities of these men in a positive light, as people who have the resilience and agency to affect their own lives.

From a critical discourse analysis perspective, those with the most power to control social discourse influence our definition of health and illness, what is normal and what is abnormal (Foucault, 1976; 1978; van Dijk, 1993). Critical discourse analysis encourages openness to a plurality of different contextually relevant definitions of resilience, offering a critical deconstruction of the power that different discourses carry. Critical, constructionist approaches to studying resilience also privileges the localized discourses of gay and bisexual men who PNP to define concepts of resilience. This understanding of resilience is based on discursive power rather than objective measures of resilience, and is congruent with critical discourse analysis.
The interviews were examined to investigate the particular ways in which participants represented, constituted, and thus made sense of various forms of social exclusion affecting men who PNP, as well as various forms of resiliencies in their communities. The interview data were also examined to explore the meanings and significance such representations of social exclusion and resilience might have for the social identities of gay and bisexual men who PNP.

**Findings**

The respondents in this study offered a range of views on the topic of social exclusion and resilience. In the first part of this section, called “Social Exclusion Discourses of Gay and Bisexual Men who Party-n-Play”, the author presents findings with regard to how gay and bisexual men who PNP spoke about the various ways they were socially excluded, primarily due to stigma, judgment, and prejudice surrounding sex and sexuality, as well as surrounding the policing of drug users. Many respondents clearly espoused the view that gay and bisexual men who PNP face social exclusion from multiple sources – from families and friends, from within the gay/queer community, from the mainstream/straight community, from police, and in healthcare contexts.

In the second part of the results section, titled “Resilience Discourses of Gay and Bisexual Men Who Party-n-Play”, the author presents findings with regards to how participants resisted social exclusion by articulating the positive aspects of PNP. This section shows that many participants embodied resilience discourses, which positioned PNP as a form of community where gay men capitalized upon naturally occurring strengths in their environments, such as social bonds, friendships, and relations of care generated through various practices associated with PNP.

**Social Exclusion Discourses of Gay and Bisexual Men who Party-n-Play**
Healthcare Experiences

The quotes in this section illustrate the situation regarding participants’ experiences and perceptions of stigma and discrimination in healthcare settings. The following quote exemplifies a common response from study participants: “Gay men...if they’re honest with their doctors about PnP, they can face stigma from the medical community” (40-year-old, HIV-positive, gay man).

Evoking discourses on stigma and otherness, many gay men spoke about being mistreated within healthcare environments due to stigma associated with injection drug use. For example, a 43-year-old, HIV-positive gay man talked about being treated as a “second class citizen”: “I remember telling a phlebotomist that I had used intravenous drugs, and immediately after I had made the statement, I felt as if I was being treated as second-class citizen. She didn’t say anything. She was just incredibly rough with me. She had shoved the needle right through my tendon. It was just terrible. It was so different”.

Stigmatizing discourses related to injection drug use were also brought up by some study participants when they talked about how the judgmental attitudes of healthcare providers deleteriously affected the quality of service delivery: “Even my doctor, my HIV doctor, I felt a little judgment from her one time. I had these bumps on my arms, and I was hiding it. It was a rash. I was embarrassed, and it was in the summer. When she went to take my blood pressure, she goes ‘are those marks from using?’ I said to her, ‘Dr. XXX, I don’t use needles’, but just the fact that she said that, she didn’t believe me” (57-year-old, HIV-positive, bisexual man).

Facing Exclusion from the Gay Community

Evoking discourses on morality, men often talked about the stigma they face from their own community: “There are still a lot guys who judge, and they don’t understand it [Party-n-
Play]... They say, oh, this is disgusting, how can you guys do that. No morals, no self-respect, no self-esteem” (36-year-old, HIV-negative, gay man). More specifically, within the gay community, the social exclusion of men who PNP has been perpetuated by stigmatizing discourses related to HIV, as well as discourses on class and race. With regards to HIV stigma, one 36-year-old, HIV-positive, gay man pithily encapsulated the situation: “It is double stigma if you’re HIV-positive and you party. You’re a disgrace to the community.”

The findings also reveal an additional layer of stigma attached to crystal methamphetamines. Evoking discourses on class, one participant commented: “People think negatively most about Tina [crystal meth], they classify that as the dirtiest one. Cocaine is more accepted, because of doctors, lawyers. It’s used everywhere” (35-year-old, HIV-negative, bisexual man).

Discourses on race were evoked by a 21-year-old, South Asian, bisexual man who discussed additional pressures he faced because of coming from a smaller subsection of the gay community (community of gay men of colour): “I don’t want everybody else in my community to know. I’m a person of colour.” Similarly, a 44-year-old, Black gay man evoked discourses on racism and commented: “I think, in our community, if I can be frank, there’s a lot of judgment. It can be based on your race, your appearance, and when people think of PNP, they associate it with a lower income bracket or not high moral standing.”

Facing Stigma from People who are not Part of the Gay Community

Many participants often talked about how they perceived social exclusion from the mainstream/straight community. This body of responses, which often invoked stigmatizing discourses on deviance, morality, and heteronormativity, are typified in the following statement: “They would probably think it’s just really disgusting and really awful, and they get what they
deserve. It’s the two [gay and straight] worlds that don’t understand each other...this feeling of certain people feeling superior to other people” (52-year-old, HIV-positive, bisexual man).

Some participants also deployed discourses on homophobia to explain sexuality-related stigma and negative judgments from the “straight” community: “A lot of my straight friends they use drugs. So, in many ways I think for them the stigma is just the gay thing. It’s not the sex or drugs per se. I think it’s the gay thing” (58, HIV-positive, gay man). Similarly, invoking stigmatizing discourses on homophobia, as well as morality and risk, another participant commented: “I think it perpetuates the idea of the promiscuity in the gay community. So, they’re thinking this is the way for us to just sleep with as many people as we want” (24-year-old, HIV-negative, gay man). These findings show that stigmatizing discourses reproduce the ontological category of “the other/queer” in relation to dominant sexuality, perpetuate social exclusion, and position the subjectivities of men who PNP as deviant and promiscuous.

**Policing Drug Use**

The study findings showed that policing practices were implicated in perpetuating the social exclusion of study participants. Evoking multiple discourses (on policing, risk, health, and harm) many participants highlighted the tension between harm minimization and policing approaches to drug use: “When we look at the way our policing is, cops would wait outside of buildings and if the person came out with a crack pipe, they would take the pipe away from them. That’s not harm reduction, because what’s going to happen is, they’re going to use someone else’s pipe, probably with cut lips or cracked or whatnot. The risk of infection is just going to skyrocket” (51-year-old, HIV-positive, Two-Spirit man).

Similarly, some participants framed “policing” as a structural issue: “The drug importers, it’s become very difficult for them to bring in large quantities of cocaine, because the police have
been very effective in putting a stop to that. So, for what they can bring in, it is no longer cost efficient. Whereas meth, anybody can make meth. The ingredients are readily available... I used to use cocaine, but because of the efficacy of the drug, I’ve stopped using it. The quality is not the way it used to be. Because of that, I have turned to meth. So, people are ending up using bad quality or going to other drugs, which are worse. So, a lot of people are now doing synthetic drugs. It’s also more cost effective to buy heroin in the sense that you get a longer thing for the price that you pay” (35-year-old, HIV-positive, gay man).

On the other hand, a few respondents expressed a positive view of policing: “I think that we’re changing our mentality on drug use. The way that police officers are being hired has changed. They’re actually starting to hire folks with lived experience, which means they’re looking at folks that have been living on the streets that have had drug problems. They’re looking at those folks as actual admirable candidates for policing. I don’t know what more we want from the police” (28, White/Caucasian, gay man).

Resilience Discourses of Gay and Bisexual Men Who Party-n-Play

Relations of Care As a Manifestation of Resilience

A common thread among study participants was their multitude of viewpoints expressing solidarity, connection, deep concerns, and care for the wellbeing of other men. A 23-year old, HIV-positive, gay man commented: “I’ve had a few experiences where people have been like, OK, we’re going to go put you in this bed for a little while, go take a nap. I’ve had those types of experiences where they showed care. You have this affection for these people and this care for these people, that if you had an experience like that sober with someone, I don’t think you would really have that same connection.”

Similarly, evoking discourses on care, but also community, friendship, and even
discourses on harms, a 36-year-old, HIV-positive, gay men commented: “My group of people that I usually play with, I sort of know their patterns. I understand when they’ve had a bit too much GHB. My friends are my community. I take away people’s keys. I have enough water on hand. I send email blasts letting them know that they have to take their medications. If I have to play that role, that’s fine, because to me, I’d rather have my friends secure and safe and meet up with them the next day and know that they’re OK.” Another respondent spoke how he took care of his sexual partners: “I make sure everybody has their own fit…needle. I make sure that somebody is over in that corner with their rigs, somebody is over in the bedroom with their rigs, but everybody is in a separate place so you know where your shit is. The idea being that I don’t want anybody having the possibility of getting HIV or transferring HIV or stuff like that. So, I do take care of my partners in that sense. Everybody knows that, so I think that adds to the comfort level” (58-year-old, HIV-positive gay man). The last two quotes show how study participants capitalized on their own strengths and resiliencies, more specifically the lay expertise in drug-related harm reduction and HIV prevention strategies to mitigate the negative effects of drugs.

Friendships and Social Bonds

In addition to discourses on care, discourses on friendship were the most salient discourses that participants evoked when they discussed the positive aspects of PNP: “The couple of good friends who I have, who I would use with recreationally, are both friends who I’ve known quite a while. They’re supportive. We’ve known each other a long time. We had used those four mentioned substances [crystal, GHB, cocaine, ecstasy] before” (32-year-old, HIV-positive, gay man).

Invoking discourses on friendship, a few study participants talked about the social isolation they experienced when staying away from drugs: “Every time I tried to get away from
the drugs, I would have to stay away from my friends” (44-year-old, HIV-negative, gender-fluid person). Some study participants also evoked discourses on friendships when they talked about their drug dealers: “The first person that slammed me was my dealer. And he likes to have a relationship to this day. He’s a gay guy. He and I still have a friendship” (51-year-old, HIV-positive, Two-Spirit man).

Finally, study participants often described the positive aspects of these friendships by evoking discourses on normality and social inclusion: “What was I getting out of these friendships? Almost acceptance at the time, like, it was OK what I was doing, that there was somebody else that felt the same way and lived a normal life” (34-year-old, HIV-undetectable, gay man).

Framing Party-n-Play as a Type of Community

Participants often described PNP as type of community, and talked about how they built social bonds within their PNP sexual networks: “They’re more like drug fuck buddies. There’s a community, and you kind of stick to the people that you have sex with, that you do drugs with” (39, HIV-negative, gay man). Some men embodied both discourses on community and care: “People would check up on you. If they haven’t seen you or heard from you in a bit, they would check up. It is a community that does take care of its own” (39, HIV-positive, gay man).

In contrast, one participant deployed community discourse to suggest that PNP can be a space of refuge where men can capitalize on resilience and support from each other, but later evoked discourses on addiction and pointed out how participation in the gay community can sometimes perpetuate problematic substance use: “You do get support, but the problem with support, it has a double sword effect. Because it could be a positive support, like that community, bond. A negative side of that is the addiction part” (42-year-old, HIV-negative gay
Discussion

This study found that multiple discourses, as opposed to one dominant discourse, were contributing to the processes of social exclusion and marginalization faced by study participants. These included stigmatizing discourses on sex, injection drug use, and HIV, as well as discourses on otherness, morality, deviance, heteronormativity, homophobia, racism, classism, risk, and importantly discourses on policing.

These findings are consistent with work by Frederick and Perrone (2014) on the effects of stigma, policing, and social exclusion on gay and bisexual men who PNP. When read alongside Foucault’s (1976) work on biopower, as well as Foucault’s work on disciplinary discourses on sexuality (Foucault, 1978), these findings call attention to how the deployment of discourses can play a role in the pathologization and social exclusion of a population. To understand the power of biopolitics (Foucault, 1976, 1987) in the perpetuation of pathology and stigma, social workers should be aware of the influence of various institutional forces that have historically marginalized sexual minorities, people who use drugs, and people living with HIV. This includes psychiatric classifications by psychiatrists and psychologists, sexuality classifications by sexologists, risk categorizations by public health practitioners, as well as the ways various laws and policies have impacted the lives of oppressed communities of gay and bisexual men.

Scientific discourses on this population (originating within disciplines like psychology, psychiatry, public health, epidemiology, nursing, and social work) may shape and reinforce the identities of these men as a site of omnipresent risk. Given the multiplicity of discourses originating from multiple sources, the social exclusion associated with PNP can also be understood in a much broader sense, as a reaction to the undesired differentness or otherness,
which is grounded in society’s power relations (Link & Phelan, 2001).

These findings also revealed that gay and bisexual men who PNP faced intersecting forms of stigma and social exclusion. The findings from this study are similar to Logie and colleagues (2011) as they highlight how people can experience interdependent and mutually constitutive relationships between marginalized social identities and inequities, including stigma. The results highlight the need to understand the overlapping, multilevel forms of stigma (related to drug use or HIV) and discrimination (homophobia, racism) within intersectional frameworks (Collins, 1991; Logie et al., 2011; Shields, 2008).

It is also important to understand the socio-political implications related to the stigma and social exclusion faced by study participants. One solution is to understand how discourses on social exclusion work to control, limit or facilitate the movement and interaction of people through hierarchies of integration, or architectures of inclusion (Allman, 2013). In this sense, casting people in the role of excluded and marginalized actors within contemporary society serves specific socio-political and economic functions (Levitas, 2000; Link & Phelan, 2014). For example, politically, social exclusion and stigma distract from the socio-structural conditions and policies that aggravate the problems marginalized people who use illicit drugs may face (Souleymanov & Allman, 2015) and instead emphasize certain solutions that are in tune with market-oriented, neoliberal, fundamentalist worldviews (Friedman, Furst, & Jose, 1998).

The study also found that many participants evoked discourses on community, care, and friendships when they described the positive aspects of PNP. Many gay and bisexual men who PNP resisted social exclusion and stigma by describing how they capitalize on the resilience in their communities, as well as building friendships and social bonds through relations of care and support in their PNP networks.
This interpretation of resilience is consistent with Ungar’s constructionist approach (2004). As opposed to focusing on some predictable relationships and causality between risk and protective factors, a constructionist approach views resilience (Ungar, 2004) as a complex, relative, and contextual outcome of negotiations between individuals and their environments.

This study also uncovered the role of community building and friendships in the constructed experience of PNP. These findings are consistent with previous research, which suggested that gay and bisexual men use substances to ensure that certain social or sexual connections materialize (O’Byrne and Holmes, 2011b). Social work literature also suggests that gay and bisexual men may be using these substances to enable sexual encounters (Fish, 2012). The findings from this study extend this area of research by suggesting that drug/substance use may serve gay and bisexual men as tools to connect socially, to build friendships, community, and importantly relations of care.

The important role these relations of care play in reducing drug-related harms should not be underestimated. As harm reduction education models recognise, critically deploying peer-based harm reduction strategies is vital for the production of effective and culturally appropriate education and prevention activities (Greenspan, Aguinaldo, Husbands, et al., 2011; Southgate & Hopwood, 2001). Previous research has similarly indicated that within such peer harm reduction activities, experienced gay and bisexual men act as caring peers who perform a variety of functions including friendship and support for other less experienced members, initiation into new drugs and routes of administration, scoring and teaching others about safer drug use and trouble-shooting in a crisis (Southgate & Hopwood, 2001).

This study also has to be contextualized within its limitations. Because of the qualitative nature of this project, this study used a non-random sample of men who PNP, so these data
cannot be used to make a generalization about the views of all sexual and gender minority men on the issue of PNP. Instead, the views expressed in these qualitative interviews are exemplars of the kinds of issues and topics social workers may encounter in their daily practice with gay and bisexual men who are part of the PNP subculture.

**Implications for Social Work Practice and Programming**

The fact that study participants often evoked stigmatizing discourses when they described their experiences of interactions with healthcare providers (in particular experiences in hospital environments) speaks to the importance of educating health and social care providers (including social workers) with regards to culturally sensitive practice and communication with this population. It is important for social workers and health care providers to understand the role of substance use in the sexual lives of gay and bisexual men and the overall culture of PNP. They must also be able to determine the various needs of this population without positioning these needs in a stigmatizing manner. Social workers should be aware that stigmatizing discourses (manifesting in the language or embodied professional practices of social workers) can deleteriously affect these interactions (i.e., prevent the disclosure of important and sensitive health information regarding sexual and drug-related practices by gay and bisexual men who PNP). This in turn may directly and negative affect the wellbeing of these men.

Extrapolating these findings, social workers can advocate for empowerment-based approaches with their clients. Empowerment is conceptualized as a process in which a person, family, or community takes action toward increasing personal, interpersonal, or political power (Gutierrez, DeLois, & GlenMaye, 1995). This can take place through social work approaches and strategies for empowerment at different levels of practice and intervention, as well as across various dimensions of wellbeing, including health, mental health and economic security, as well
as access to health care and social services (Logie, Lacombe-Duncan, Levermore, & Jones, 2017).

Gay affirmative practice, which incorporates elements of unconditional positive regard and acceptance, as well as affirmation of a client’s sense of dignity and worth (Crisp & McCave, 2007; van Den Bergh & Crisp, 2004) can also be used by social workers. For example, social workers can use consciousness raising methods by challenging homophobic and heterosexist messages that gay and bisexual men who PNP have received. They can also work with them to examine how homophobia influences their lives and the decisions they make, including the sexual and drug-related risks they take. Gay affirmative practice is consistent with resilience and strengths-based perspectives as it assumes that gay and bisexual individuals have multiple strengths they can use to address the issues in their lives (Crisp & McCave, 2007).

Designing social work programs or initiatives that attend to sexuality, condomless sex, and substance use without further stigmatizing this population may enhance access to, and the uptake of, health services for hard to reach, stigmatized populations. Informing social work interventions, treatment, care, and support for gay and bisexual men who are dealing with various substance use issues will necessitate approaches that acknowledge pleasure with regards to substance use and attitudes that are sex positive (Crisp & McCave, 2007).

Reflexivity (D’Cruz, Gillingham, & Melendez, 2007) is a key tool for social workers when dealing with this issue as it has pragmatic implications in social work practice. Reflexivity denotes critical reflection and interrogation of the social conditions under which knowledge comes into being and gains credibility (Bourdieu & Wacquant, 1992). Through reflexive practice, social workers can uncover how dominant approaches in social work practice with gay and bisexual men who PNP conceal an unproblematized assumption: that to focus on substance
use and sexuality through a dominant pathologizing, medical model which always assumes substance use as a problematic behaviour is culturally relevant to gay and bisexual men. It can also help social workers unpack their own biases against substance use, sex, sexuality, or non-normative intimacy.

Shernoff (2006) points out that when working with gay and bisexual men, it is the responsibility of a social worker to help their client articulate the particular meanings of their behaviors. Using critical reflexivity, social workers (who are working with substance-using gay and bisexual men who have condomless anal sex) need to make every effort to elicit a variety of rationales and needs that condomless anal intercourse and/or substance use meets for gay and bisexual men, and to explore these issues in a nonjudgmental manner.

Given current advances in HIV prevention and treatment, new meanings attached to PNP practices by gay and bisexual men may also emerge. The advances refer to the strategic applications of antiretroviral therapy methods and procedures for the purposes of HIV treatment and prevention (Spieldenner, 2016). Biomedical prevention models, whether they are recent advances such as pre-exposure prophylaxis (PrEP), or less recent as such post-exposure prophylaxis (PEP) have been progressively introduced across the world (Dieffenbach & Fauci, 2011; Grant et al., 2010; Spieldenner, 2016). Such biomedical HIV prevention and treatment may be redefining sexual practices among gay men, with scholars even arguing that these advances are undermining the consistent use of condoms among gay and bisexual men (Matthews et al., 2010; Kippax & Holt, 2016; Paz-Bailey et al., 2016). Helping social work clients articulate alternative meanings and explanations of their practices (i.e., condomless sex) and desires that have been stigmatized in health care settings is important so we can begin to envision de-pathologized models of social work practice.
Social workers are encouraged to challenge pathologizing models of health and social care, as well as the stigmatizing practices institutionalized within care environments by capitalizing on knowledge that incorporates social work clients’ strengths and resiliencies. Developing and evaluating culturally sensitive social work approaches (Alessi et al., 2015; APA, 2012; Crisp & McCave, 2007; van Den Bergh & Crisp, 2004; Dillon & Worthington, 2003) which support this population holds potential benefits for these individuals as well as society in general.

Critical awareness of the factors that influence knowledge creation is an essential element of being a culturally sensitive social worker. Social workers can critically approach various professional practices in health care that are taken for granted and question how knowledge (i.e., research, popular media, public health policy, cultural discourses) about gay and bisexual men who PNP (or other stigmatized populations) is produced and, further, how relations of power influence processes of knowledge generation. Social work practitioners may need to be aware of the various assumptions and values that inform knowledge and how they, as practitioners make sense of and may use knowledge/evidence in practice situations (D’Cruz et al., 2007).

**Implications for Social Work Research and Policy**

This study opens the way to a more critical and multidisciplinary understanding of PNP and provides new insights for social workers conducting research in the fields of HIV, substance use/addiction, and harm reduction. Reflexivity (D’Cruz et al., 2007) as a tool can help social workers understand the ways that substance use and condomless sex as topics have been conceptually and epistemologically (at the level of knowledge creation) positioned in research and policies. This reflexive task must be done in order to appropriately support these men in health and social care settings, without further stigmatizing their practices as deviant, risky, or
problematic. Epistemic reflexivity can show us how pathologization may be perpetuated through knowledge production (Foucault, 1976; 1978). The concept of “biopower” (Foucault, 1976) may be a useful tool that can help examine how stigmatization is promoted through the strategic deployment of knowledge on gay and bisexual men who PNP. This article highlights how discourses have the potential to stigmatize, medicalize, and pathologize this population through the deployment of discourses on sexuality and substance use. Without epistemic reflexivity, social work interventions may not consider the lived experiences and cultural realities of these men. Therefore, social workers are encouraged to: 1) critique knowledge, which always positions this population as risk-takers, or that positions substance use as a problematic behaviour; 2) create research agendas that prioritize knowledge, which uncovers our clients’ strengths and resilience.

From a systemic perspective, laws and policies that afford this population, as well as other marginalized groups (like people living with HIV, sexual and gender minorities, and people who use substances) the same opportunities as everyone else, and offer protections against discrimination which can significantly reduce social exclusion. Critically addressing stereotypical media representations of gay and bisexual men who use substances is important for dealing with stigma. Social workers are urged to participate in public discussions in order to influence and shape decision-making surrounding care for this marginalized group of gay and bisexual men.

**Conclusions**

This study uncovered how stigmatizing discourses on sex, injection drug use and HIV, as well discourses on otherness, morality, deviance, heteronormativity, homophobia, racism, classism, risk, and policing were implicated in the social exclusion of gay and bisexual men who
PNP. The study also found that many gay and bisexual men who PNP resisted social exclusion and stigma by describing how they capitalize on resilience in their communities, as well as building friendships, and social bonds through relations of care and support.

This study provides social workers with knowledge that they can utilize in their work with disenfranchised populations. If social workers are to actively set an agenda for our profession that is consistent with our ethics and values, we must be proactive in discerning our epistemic, discursive commitments. We must also make clear our collective role in producing knowledge and deciding what knowledge we adopt in our practice. Reflexivity offers the social work profession the opportunity to take a proactive stance with respect to our future collective visions regarding stigmatized and marginalized populations. Social workers have a responsibility to be involved in social justice, and advocate for people who are stigmatized and marginalized. Social work, therefore, is positioned very well as a profession to change the model of stigmatization and pathologization perpetuated within health care contexts and start responding to the deleterious effects of stigma and social exclusion by capitalizing on knowledge that incorporates our clients’ strengths and resilience.
CHAPTER 4

PARTY-N-PLAY AND THE INTERNET: A SOCIO-LINGUISTIC PERSPECTIVE
ABSTRACT

Party-n-Play (PNP) is a social practice of gay and bisexual men, which refers to condomless sex that occurs under the influence of drugs. Research is beginning to document the role that online technologies play in the lives of gay and bisexual men who PNP. This study approached the practice of seeking PNP on websites and mobile applications from a socio-linguistic perspective by examining the discourses of gay and bisexual men who seek PNP online.

In-depth 1-hour interviews were conducted between October and November 2016, with 44 self-identifying gay, bisexual, and Two-Spirit men who were living in Toronto, and who used substances (crystal methamphetamine, GHB, cocaine, ketamine, MDMA/ecstasy, poppers) before or during sex with another man. Participants were recruited through social media, online postings, and word of mouth. Interview data were subjected to critical discourse analysis.

The findings showcase: the multiple situated meanings attached to discourses on “partying”, the different social languages used by study participants to describe their sexual and drug-related interests in online profiles, as well as how online technologies facilitated anonymous sexual sociality among gay and bisexual men who PNP. The study also showed how online technologies were reproducing elements of pre-existing hegemonic discourses and ideological characteristics of the sexual cultures of gay and bisexual men.

The findings highlight how the practice of seeking PNP online can only really be understood with historic references to preceding discourses, infrastructures, and institutional features that structure the lives of gay and bisexual men.
Keywords: Party-n-Play, Gay and Bisexual Men, Online Technologies, Critical Discourse Analysis
Introduction

Gay and Bisexual Men and Party-n-Play

Party-n-Play (PNP), or alternatively “chemsex” refers to sex between gay and bisexual men, which occurs under the influence of drugs, primarily crystal meth and gamma-hydroxybutyric acid (GHB) (Bourne et al., 2014; Bourne et al., 2015; Deimel et al., 2016; Green & Halkitis, 2005; Grov et al., 2007; Halkitis & Singer, 2018; Hegazi et al., 2017; Race, 2015a, 2015b). Research documents that other substances may also be involved, including cocaine, MDMA, ketamine, heroin, poppers, marijuana, and alcohol (Bourne et al., 2015; Deimel et al., 2016). Scholars argue that PNP provides an escape from oppression and stigma (Frederick & Perrone, 2014; Pollard et al., 2018), opportunities for self-expression (Race, 2009), as well as a means of producing new socio-sexual arrangements and interactions among gay and bisexual men (Green, 2003; Green & Halkitis 2005; Race, 2015a; 2015b).

Research is also starting to document the role that online information and communication technologies play in the lives of gay and bisexual men who PNP (Race, 2015a, 2015b). Online information and communication technologies, specifically geo-social networking applications/apps and websites that display potential sexual contacts based on their physical proximity, have gained popularity among gay and bisexual men (Beymer, Weiss, Bolan, et al., 2014; Bien, Best, Muessig, et al., 2015).

Some scholars suggest that gay sexual relations may be taking new forms and possibly assuming new genres of communication because of digital media (Race, 2015a). Because of their infrastructures, according to Race (2015a; 2015b) online technologies are active, generative elements that participate in the shaping of sexual relations among gay and bisexual men who PNP (Race, 2015a). Race (2015a) argues that online technologies are not inert pathways for the
same old meanings and interactions. Nevertheless, little is known about how the communication of gay and bisexual men who PNP has been affected by the proliferation of these online technologies.

Importantly, it is argued that sexual and drug-related practices are socially produced (Doswett et al., 2005; Kippax, 2008). In other words, these practices are affected by the values, beliefs, and meanings that gay and bisexual men assign to them. Therefore, as a practice PNP is organized and patterned by social structures and reproduced by cultural, economic and political discourses. The discourses that circulate around PNP may play a central role in the maintenance of sexual and drug-related practices and have an effect on values, beliefs, and norms among gay and bisexual men. It is therefore important to investigate how the practices of gay and bisexual men who seek PNP online are concomitantly constituted and reproduced (sustained) through discourses. With the exception of some scholarship (Frederick & Perrone, 2014; Race, 2015a; 2015b) the relationship between PNP, communication, and online technologies tends to be under-analyzed.

Online Information and Communication Technologies: Party-n-Play, and Subcultural Languages

Research has shown that the Internet is an important space for gay and bisexual men who seek illicit drugs and condomless sex (Benotsch et al., 2002; Berg, 2008; Carpiano et al., 2011; Grov, 2010; 2012; Klein, 2011; McKirnan et al., 2007). For gay and bisexual men who PNP, the use of Internet-based mediums such as discussion boards, apps and websites has grown exponentially (Ashford, 2009). Race (2015b) highlights that it is difficult to understand PNP (and its conventions, interactions, and norms) without taking into account the affordances and features of online devices (Race, 2015b). For instance, one affordance provided to gay and
bisexual men who seek PNP by online technologies is to list their desires related to PNP in their online profiles. Online profiles typically reflect the desires of gay and bisexual men (David, Hart, Bolding, Sherr, & Elford, 2006), and afford gay and bisexual men who PNP the opportunity to list various attributes and desired practices on their profile (Race, 2015b).

While gay and bisexual men have long utilized online technologies in order to seek out various subcultures (Frederick & Perrone, 2015; Race, 2015a; Rambukkana, 2007), these technologies also have the capacity to facilitate the formation of new sexual arrangements among gay and bisexual men. Race (2015b) argues that online technologies mediate sexual encounters in new ways, making certain activities, relations, and practices possible while obviating others (Race, 2015b).

This paper examines gay and bisexual men’s search for PNP online by drawing attention to the discursive specificity of this practice. Subcultural theory (Mizrach, 1997) suggests that subcultures may come into being through organizing around language, and in this way people within subcultures can maintain their solidarity and cohesiveness (because language can serve as a determinant of sociocultural identity). Language shapes one's cultural worldview and thus how people experience the world (Mizrach, 1997).

One study by Frederick and Perrone (2014) drew on subcultural theory to understand PNP among gay and bisexual men and described how these men used various social languages and argots on the Internet to seek PNP. An argot is a crypto-language (a secret language) which refers to the use of informal specialized vocabulary (jargon) from a particular field of practice, or lived experience, occupation, study, and hobby, which can be used by cultural and subcultural groups to prevent outsiders from understanding their conversations (Hukill & Jackson, 1961). Frederick and Perrone (2014) pointed out that many of the online profiles of men who PNP often
include drug-use related jargon; for example, the phrase “has favors to share” indicates that the individual who posted this on their profile has drugs that he is willing to share, as well as PNP-specific jargon, including the capital “T” highlighted in words “ParTy” and “PoinT” which typically refers to the use of “TINA” (a slang for crystal methamphetamines). Frederick and Perrone (2014) suggested that because of using vernacular that is understood primarily within the PNP subculture, outsiders can be left confused, and unable to understand its meaning. With the exception of these scholars’ work, there has been limited effort to look at the relationship between PNP subculture, online technologies, and language (for example examining if existing discourses of gay and bisexual men who PNP are altered or affected by online communication mediums).

**PNP and Anonymous Sexual Sociality Afforded by Online Technologies**

For gay and bisexual men who PNP, the use of Internet-based mediums allows them to anonymously seek out certain drug- and sex-related practices that may elevate exposure to HIV without being stigmatized (Grov, 2010, 2012; Grov et al., 2007). Some scholars suggest that by posting ads on the Internet and anonymously soliciting or offering drugs and condomless sex, gay and bisexual men are able to seek out and engage in PNP while circumventing the criminalization of their practices by police (Frederick & Perrone, 2014; Solomon et al., 2011). Frederick and Perrone (2014) argue that rather than attempting to understand PNP as a gay subculture, its rituals, and the ways in which its members present themselves, authoritative agencies (like police) criminalize and pathologize these men, which consequently pushes gay and bisexual men to the Internet as a means for them to maintain their anonymity and avoid stigma.

For gay and bisexual men (specifically those living in urban areas), PNP may also
represent a strategic adaptation to the institutional conditions in which they find themselves. For instance, multiple scholars highlight the important role of masculinity in the lives of gay and bisexual men (Grov et al., 2010; Haig, 2006; Levine, 1984; McInness, Bradley, & Prestage, 2009).

According to Levine (1984) discourses on masculinity make gay and bisexual men stay unattached or only briefly become involved in impersonal, anonymous sexual encounters because masculinity structures the sexual lives of gay and bisexual men in such ways that these men are taught that it is manly to have frequent, impersonal sex (Levine, 1984).

The sexualized settings where gay and bisexual men congregate (private sex parties, gay nightclubs, clubs, bathhouses) are organized to maximize opportunities for impersonal and concurrent sexual partner change with minimal investment in time and resources (Achilles, 1967; Rushing, 1995; Tewksbury, 1995). Scholars argue that the basis for PNP lies in an important dimension of the social organization of urban gay life — sexual sociality. In the context of gay bars, bathhouses, gyms, and the streets that connect them, these men encounter prominent modes of social interaction that hinge on casual sex, sexual competition, and a sense of collective membership (Green, 2003; Green & Halkitis, 2006).

Within large urban centers, scholars suggest that specific drugs (crystal methamphetamine) possess properties that are tailor made for the sexualized interactional patterns of commercial gay subcultures (Green & Halkitis, 2006). By affording spaces for sexual sociality, drugs may enable gay and bisexual men to convene in various locations and build a sense of instant community (Green, 2003). Drug use transforms the impersonality of anonymous sexual encounters into more intimate experiences, and at times provides sexual attraction toward partners for whom little or no attraction existed, enabling longer lasting sex, making anal
intercourse less painful and more pleasurable, and allowing longer lasting sexual exchanges (Green & Halkitis, 2006). For instance, crystal methamphetamine can dramatically improve sexual performance in systems of urban anonymous sex-based sociality (Green & Halkitis, 2006). With these benefits in mind, gay and bisexual men strategically schedule their drug use in order to improve their pleasure and performance in the context of anonymous sexual sociality (Green & Halkitis, 2006). As such, drug use among gay men is not a manifestation of characteristics essential to gay men, but instead, an outgrowth of institutional configurations, where anonymous sexual sociality is an institutionalized feature of social life (Green, 2003).

Theoretical Framework

Subcultural theory may be useful in understanding gay and bisexual men’s discourses on seeking PNP online. In this paper, subculture is understood in the same way that it was by Hebidge (1977), in which it refers to a group of persons within a culture who are excluded, or seek to divide themselves from the rest of normative society, without necessarily directly challenging the core values of that society as many countercultures do.

Subcultural theory argues that drug use occurs as individuals conform to the subcultures in which they are embedded (Becker, 1963; Cohen, 1965; Short & Strodtback, 1965). Subcultural theory also posits that the concentration of individuals sharing particular lifestyles enables the development of subcultures that serve as meaningful community environments (Fischer, 1995). According to Fischer (1995) subcultures provide a set of languages, beliefs, values, norms, and customs for those connected to them. When viewed from a subcultural perspective, the Internet allows gay and bisexual men who PNP to anonymously seek out certain drug- and sex-related practices, as well as people with similar interests (Frederick & Perrone, 2014; Grov, 2010, 2012; Grov et al., 2007). PNP as a subculture may provide a set of shared
values and norms for the diverse group of gay and bisexual men who are connected to this subculture (Green & Halkitis, 2006). For instance, gay and bisexual men who PNP may promote the value of drugs on certain websites. These online spaces may in turn contribute to socializing men into drug use and condomless sex. It is also possible that through online participation gay and bisexual men who PNP create solidarity and collective experience (Race, 2015a; 2015b).

There has been previous research into how subcultures come into being by organizing around drugs (Redhead, 1993), and specifically drug use among gay and bisexual men (Green & Halkitis, 2006). This study approached PNP subculture from a slightly different vantage point – with a focus on language. The poststructuralist ontological framework conceives that PNP subculture and practices associated with this subculture come into being through organizing around the language of gay and bisexual men. This ontological framework draws upon symbolic interactionism theory (Atkinson, 2003; Blumer, 1962), which suggests that individuals interact with one another to create symbolic worlds, and in return these worlds shape individual practices. It also draws upon Bourdieu's (1992) sociology, specifically the assumption that actual linguistic/textual practices and interactions become embodied forms of cultural capital with value in particular social fields. This poststructuralist ontology conceives that discourses have a constructive function in forming and shaping human identities and actions (Fairclough, 1992) and also draws on an assumption borrowed from cultural theory, specifically that discourses produce and articulate broader ideological interests and social formations (Hall, 1996).

Therefore, in this study the discourses and social languages of gay and bisexual men who seek PNP online will be explained using an ontological framework, which conceives of the discourses and languages of gay and bisexual men as the organizing structure of PNP subculture. This type of consolidated theoretical framework is conducive to the analysis of subculture,
technology, and communication.

**Study Rationale and Research Questions**

The study’s overall goal is to examine and critically analyze the discourses of gay and bisexual men who seek PNP on the Internet. Developing online-based HIV interventions for gay and bisexual men who PNP and who are at risk of acquiring HIV and other STIs may require knowledge beyond the sexual and drug-related practices these men seek online. It will also require an understanding of the socio-cultural nuances of how gay and bisexual men present and position their sexualities/desires online, including the discourses and social languages they use online to seek PNP. However, research that looks at how gay and bisexual men navigate online venues to seek PNP is relatively scarce (Frederick & Perrone, 2014; Race, 2015a; 2015b). This study aims to supplement this gap.

Specifically, the study aims to enhance the developing understanding of the socio-sexual practices of men who use the Internet to seek PNP, with a specific focus on: the discourses these men use/”deploy” (Foucault, 1987) when seeking PNP online, including the social languages, and the situated meanings attached to the words gay and bisexual men use when seeking PNP online, as well as the subjectivities that were enacted by the discourses of gay and bisexual men who were seeking PNP online. The research question guiding this study was: What discourses and social languages organize online communication between gay and bisexual men interested in PNP?

**Methodology**

**Concept Definition**

When using discourse analysis, several definitions are useful. First, “discourse” refers to socially accepted ways of using language, of thinking, valuing, acting, and interacting, in the
right places and at the right times, with the right objects (Gee, 2005; Bourdieu, 1990; Foucault, 1985). There are many different “social languages” (different styles of language used for different purposes and occasions) connected in complex ways with different discourses (Gee, 2005). Finally, “situated meanings” are situation specific meanings of words – that is a range of possible meanings that the word can take on in different contexts of use (Gee, 2005).

Research Design

This project was framed using a critical discourse analysis methodology (CDA; Fairclough, 2003; van Dijk, 1993). According to CDA, discourses are concomitantly constituted and reproduced through broader social power relations, social structures, institutions, and people’s daily practices (Rogers et al., 2005; van Dijk, 2003; 2009). Discourses help sustain the networks of social meaning which regulate and control people in ways that appear natural (Foucault, 1971). Critical discourse analysis typically focuses on investigating how discourses reproduce or challenge social power relations (van Dijk, 1993; Wodak & Chilton, 2005).

The CDA methodology utilized in this paper is also guided by the reading of the interview data which is predicated upon a poststructuralist conception of discourse that refers both to the way language systematically organizes knowledge and experience, and to the ways in which it excludes alternative forms of knowledge (Foucault, 1976; 1978; 1991). This study’s approach to CDA conceived the current reality of seeking PNP online as the outcome of various competing discourses, through which power relations are exercised.

Recruitment and Sampling

Recruitment took place through social media (Facebook), online classified-type ads (Craigslist), flyers in Toronto’s gay village, as well as through AIDS service agencies and other community based organizations serving gay men’s communities. Participants expressed their
interest, and discussed their availability and eligibility by either contacting the investigator via the study email or the study telephone line.

To be eligible to participate in the study, participants had to meet the following criteria: 1) self-identify as a cis- or transgender gay, bisexual, two-spirit, queer man, or “MSM” (man who has sex with men); 2) self-report the use of drugs while having sex in the last month (including crystal meth, GHB, cocaine, ecstasy, ketamine, poppers); 3) live in the Greater Toronto Area; (4) be 18 years of age or older; and (5) speak and read English.

Purposive sampling (Patton, 2005) was used to select men across these important characteristics (i.e., types of substances, drug administration routes, HIV status, sexual orientation identity, race and ethnicity) to make sure the study was representative of the diverse groups of gay and bisexual men in Toronto who PNP. Participants were offered a cash honorarium of 50.00 Canadian dollars. The University of Toronto research ethics board approved this study.

Data Collection

Data were collected through one-hour semi-structured interviews, which elicited participants’ perspectives and expressions of events, experiences, or points of view (Patton, 2005) related to seeking PNP online. The interviews consisted of a set of 15 core open-ended questions. Questions related to the use of online technologies included: How do you typically arrange PNP with other guys (probes: online, offline)? Where and how do you seek PNP online? Can you tell me about the experiences you may have had seeking PNP online?

The semi-structured format allowed participants and the researcher the flexibility to expand upon the specific questions proposed in the interview protocol. The interview flowed from initial, general accounts of experience to detailed retrospective accounts of thoughts and
Data Analysis

All transcripts were imported into MAXQDA (VERBI, 2018) qualitative data analysis software to aid in data management and analysis. The CDA of the data proceeded with a detailed analysis of patterns in the language used by participants in their interviews (Fairclough, 1992, 1995). These data consisted of interview transcripts. In CDA tradition, the interview transcripts were treated as “texts”, that is, instances of meaning-making using language as a central semiotic resource produced in and through the discursive event of an interview (Atkinson 1990).

Data were analyzed using a critical discourse analysis methodology (Fairclough, 2003; Gee, 2005; 2015), with an emphasis on discourses emerging from the data (Gee, 2005), and a focus on the way participants deployed these discourses (Fairclough, 2003). Data were organized into discourses (Gee, 2005; 2011; van Dijk, 1993; 2003). CDA proceeded through a detailed analysis of the patterns in the language used by participants in their interviews (Fairclough 1992, 1995). Specific CDA methods utilized in this study included (Gee, 2005; 2011): 1) Semiotic building – which is the process where the social languages and socially situated meanings of the words of study participants (“slamming”, “party”) were examined; 2) World building – which is the process involved the exploration of the socially situated meanings, institutions, and values attached to discourses of gay and bisexual men who seek PNP online; 3) Subjectivity building – which is the process of identifying how socially situated identities (subjectivities) relevant to PNP were being stabilized through the speech of study participants.

The corresponding questions guiding these analyses were: What social languages and situated meanings of words are relevant to gay and bisexual men who seek PNP online? What discourses and elements beyond discourse (values, social norms, ideologies) are relevant to gay
and bisexual men who seek PNP online? What subjectivities were enacted by the discourses of gay and bisexual men who seek PNP online?

Through the process of CDA, this study focused on the rhetorical means and collective symbolism of language (Jäger & Maier, 2009), concentrated on lexical style and semantics (van Dijk, 2003; 2009), as well as examined participants’ ways of speaking about experiences, feelings, thoughts, and behaviors (Fairclough, 1992; 2000; 2003). The CDA in this study was also informed by Gee’s (2005; 2011) discourse analysis that focused on multiple elements: the actual language in talk; the knowledge being produced and circulated in talk; the systems of thoughts, assumptions and talk patterns that dominate a particular area; and the social practices associated with these discourses.

Findings

The findings are organized into three sections. The first section examines the different situated meanings attached to the discourse on “partying” when gay and bisexual men seek PNP online. The second section described the social languages gay and bisexual men used to assemble their online profiles. Finally, the third section examined anonymity discourses among gay and bisexual men who seek online anonymous PNP encounters.

Gay and Bisexual Men’s Discourse on Partying

This section presents findings with regard to the different situated meanings attached to gay and bisexual men’s discourses on partying. Typically, “do you party?” was one of the most common questions employed to initiate online conversations among men interested in PNP. One participant commented: “I just ask ‘do you party? ’ and whoever parties gets back to me” (45, HIV-positive, Two-Spirit man).

In most instances “party” was an argot used by gay and bisexual men online that
specifically referred to drug use, particularly crystal methamphetamines: “One of the easiest things to find on the Internet is methamphetamine users. It’s not a difficult thing to find in a gay community. Jump on any gay website and just type in ‘parTy’ with capital T, and the person will be parked on the other end” (28, HIV-positive, gay man).

However, not all “parties” that were arranged online referred specifically to crystal meth. Gay and bisexual men also used the term “party” in reference to another substance: “Sometimes, I would just put ‘party-friendly’. Or most people say ‘ski-friendly’. Or ‘I can ski tonight’ or ‘hit the slopes’. It’s a reference to cocaine” (35, HIV-negative, bisexual man).

In addition to representing drug use, “party” was a term used by study participants to refer to the sexual aspect of PNP: “Sometimes it could be I go online and I’ve arranged to have small sex parties at my place” (41, HIV-negative, gay man). Similarly, the response from a 42-year old, HIV-negative, gay man highlighted the situated meaning of “party” in a sexual context, particularly in situations where it was assumed that someone using HIV pre-exposure prophylaxis (PrEP) may be more likely to party: “I still have a [website] account, so from time to time I do check, but never reply. But there’s a lot of, ‘are you partying’? Because on my profile, I put negative and on PrEP.”

Finally, according to one participant who evoked discourse on self-moderation, the practice of “partying” assumed an important characteristic of something that was fun, could be controlled, and did not spiral into addiction: “They funny part is, PNP has the word party in it. I always say, it’s only a party if a party ends. To me, if I went out Friday night through to Saturday and then I stopped Sunday morning, because I know I have to recover in time for work, that’s a party. But when you’re still online on Monday and Tuesday and Wednesday and Thursday, continuing that high, that’s not a party, it’s an addiction” (40, HIV-positive, gay
Situated Meanings and Social Languages of PNP Online Profiles

The quotes presented in this section illustrate specific social language that study participants used in their online profiles (including profile taglines) to articulate their desires and rationales when seeking PNP online.

When asked how they seek PNP online, one 45-year old, HIV-positive, Two-Spirit man stated: “In my profile, it just says ‘PNP’”. Others articulated the situated meaning attached to the practice of seeking PNP, by equating the search for PNP online with the search for specific drugs, such as crystal methamphetamines and GHB: “I just says PNP. I don’t specify what kind of substance I use. But I think it’s a given when you mention that, it tends to be T [crystal meth] and G [GHB]” (42, HIV-negative, gay man).

Many participants also discussed how sometimes regardless of what they were posting on their profiles, there were particular values attached to specific online spaces, for example the normalization of crystal meth use on specific websites: “[Mobile app] is the preferred venue for seeking PNP. It’s the go-to place. I found there are a lot of people on there who I have never spoken to, or never seen before, and their first question to me online is, ‘got any meth?’ I never said I used crystal on my profile” (53, HIV-positive, gay man).

When participants described the information they put on their online profiles to seek PNP, a particular social language (in the form of PNP-specific jargon or argot) was used to communicate subcultural knowledge accessible to those who partake in PNP: “I have experimented with methamphetamines. We call it ‘Tina’. So, when people post on their profile, they say ‘part-T’ and then they put the capital ‘T’ and that’s a dead giveaway” (35, HIV-negative, bisexual man).
On the other side, one participant who was a GHB user described how he deliberately articulates on his profile that he is not interested in crystal meth, so that connections with men who use crystal meth never form: “My profile says ‘I do not use meth’, big lines, just to make sure, because that is about the only way to get rid of them” (40, HIV-positive, gay man).

Similarly, another participant spoke about how some men deliberately articulate on their profiles that they are not interested in crystal meth, but he also added that gay and bisexual men who PNP encounter prejudicial treatment online because of the stigma associated with crystal methamphetamine use in the gay community: “A drug like T or crystal, it’s got its bad name out there in the community. There are guys that I’ll see or talk to online they either use it and they’re fine with it, or if they’re not using it, they make it really clear on their profiles. That kind of tells me right there that there’s some sort of stigma around it” (46, HIV-positive, gay man).

Many participants also talked about how generating and populating one’s online profile to seek PNP was facilitated by the pre-existing infrastructures of online spaces: “Most of the profiles have a question about drug use and [website] is one that says, yes, no, hell no, or you can. So I can indicate yes to drug use. On [another website], you can actually check off the Party -n- Play box. On [mobile app], there is a drug use question there, so it’s out there, so if they look at my profile they will know” (51, HIV-positive, gay man).

Finally, some participants described the important role that website moderators played in determining what language was permitted on users’ profiles: “Some sites, if you put any indication of PNP in your profile, they will remove it for you, if not suspend your account totally. [Website] doesn’t do that. So the ones you get, 9 times out of 10, they understand what PNP is, and they are right there” (31, HIV-positive, gay man).

Seeking Anonymous PNP Encounters Online
When discussing anonymous PNP encounters that were facilitated by online technologies, instead of anonymity as a blanket term, what emerged from the responses of study participants are degrees of anonymity. For instance, one participant distinctly articulated that his sexual encounters occur with anonymous people: “About a month and a half ago I had met this guy online, and I went over to his house and I used quite a bit over the course of about four or five hours. I had group sex with anonymous people that I had not known from before. I slammed [injected crystal meth] a few times” (23, HIV-positive, gay man).

On the other side, another participant who uses crystal meth commented on the limits of this anonymity in the PNP community, and the importance of not using the same apps and websites utilized by men in recovery: “[Website] – it’s just so anonymous so I use it. I’m always worried who I’m going to run in, because I know that the gay guys in recovery are still using [mobile app]” (44, HIV-negative, queer man).

One participant described seeking anonymous PNP as a habit, and suggested that the process of seeking anonymous PNP encounters could be taking place simultaneously in cyberspace (websites, mobile apps) and in physical venues (bathhouses): “I might go online at the bathhouse or before the bathhouse. I used [mobile app] at time when I was also using drugs more often. I would use drugs and then I would start looking for anonymous sex and I did get into this habit” (52, HIV-positive, gay man).

Many participants evoked discourse on trust and risk when talking about being careful when engaging in anonymous PNP encounters. For example: “I’m very careful who I play with when I do drugs. There has to be a trust thing. I don’t just pick up anybody online and say, hey, let’s do whatever. When I need to protect my home, if they’re coming to my home. You know, I don’t want to be robbed, I don’t want to have any incidents. To pick up online and not know
somebody and have them come into your home and do drugs, you take risks” (44, HIV-positive, gay man).

Finally, one participant evoked multiple discourses on sexual risk, disinhibition, and anonymity: “You get different types of guys on different apps and different sites. The PNP crystal crowd, Crystal Queens as they call them, a lot of them go onto [website]. It’s a raunchier crowd. It tends to be more 24/7. The guys are interested in raunchier, unsafe sex, and they’re more serious. They’re more laser-focused on getting sex. When you’re high you feel like you want sex right away. You just have to go on websites and apps looking for anonymous sex” (36, HIV-negative, gay man).

Discussion

In summary these findings presented the multiple meanings attached to discourse on “partying”, the social languages used in online profiles to convey sexual and drug-related preferences, as well as demonstrated the complexity of anonymity discourses among gay and bisexual men who PNP.

First, the study presented findings with regard to different situated meanings attached to gay and bisexual men’s discourses on “partying”. In most instances “party” was an argot used by gay and bisexual men online when specifically referring to the use of crystal meth, but also in reference to other substances such as GHB and cocaine. In a few instances, the term “party” took on a different meaning when it was situated within discussion of PrEP and the sexual aspects of PNP. Given that PrEP is a relatively recent biomedical innovation, this finding speaks of possible new meanings attached to discourse on partying; specifically, equating “partying” not only with the use of drugs but also with the use of PrEP. Nevertheless, the fact that the term “party” more often referred to drugs as opposed to sex could speak about the nature of drug use as a
criminalized practice. The criminalized nature of some drugs, for instance crystal meth (or GHB and cocaine) may partially cause men to utilize language that would not be accessible to individuals and institutions that could pathologize or criminalize their practices.

An important question that these findings raise is: what relational needs and desires does the practice of “partying” fulfill for gay and bisexual men? In order to understand the nature of party discourses among gay and bisexual men seeking PNP online, it may be helpful to examine studies on circuit parties among gay and bisexual men (Lee, Galanter, Dermatis, & McDowell, 2003; Lewis & Ross, 1995; Mattison, Ross, Wolfson, & Franklin, 2001; Westhaver, 2005; 2006). Lewis and Ross (1995) identified that gay dance circuit parties served as a means by which gay and bisexual men can witness and celebrate the survival of their community in opposition to heteronormativity, stigma, and the devastating effects of HIV. Race (2009) similarly speaks about how dance parties (and later, circuit parties) provided an environment in which gay and bisexual men processed the experience of HIV and AIDS and served to build particular forms of communal response to the epidemic. It is possible that discourses which shape such celebratory events are part of the social architecture which sustains “partying” practices and presents gay and bisexual men with opportunities to continue celebrating the survival of the gay community in face of marginalization, and the continuing effects of HIV on the gay community.

Importantly, for some men in the study “party” meant a form of drug consumption, which might be different from addiction. In these instances, participants engaged in defining what “party” means using a discourse on self-moderation, often constructing the subjectivities of gay and bisexual men who PNP as “moderate subjects” (Foucault, 1985, p.69). Through the lens of Foucauldian discourse analysis, by defining PNP as a moderate practice, participants were also “setting up a solid and stable state of rule of the self over the self” (Foucault, 1985, p.69). For
participants the virtue and state of integrity within the domain of pleasure and partying was conceived as a form of moderation – that is a relationship of domination, and mastery over oneself. It was not abstinence from pleasure, but mastery over pleasure (“To me, if I went out Friday night to Saturday and then I stopped Sunday morning…that’s a party”), that was articulated by some study participants when they explained what “partying” meant to them.

Secondly, the study also illustrated specific crypto-languages that study participants used in their online profiles to articulate their desires when seeking PNP. Participants talked about how they used PNP-specific jargon (Tina) or argots (“T” or “G”) on their online profiles to conceal the search for sex enhanced with crystal meth or GHB. Other ways in which participants used language to communicate cultural and subcultural knowledge included other common argots, such as using letter capitalization (the capital “T”) in various words, representing crystal methamphetamine. These findings are consistent with another study on PNP and crypto-languages (Frederick & Perrone, 2014), as well as with research on how social interaction between gay and bisexual men can be mediated through multi-faceted online profiles (Davies et al., 2006).

The use of crypto-language highlights the point that gay and bisexual men who PNP, adaptively manage and cope with institutional forces that might criminalize or pathologize their practices, such as the use of criminalized substances (Frederick & Perrone, 2014). However, in addition to coping with, and navigating criminalization of drug use, participants’ use of crypto-languages related to PNP can be also understood as a mechanism for coping with the effects of homophobic marginalization. Therefore, the use of social languages that is accessible primarily to members of the PNP community should also be understood in the context of the historical resistance of queer sex-positive subcultures, and the resistance of gay and bisexual men growing
up and living in hostile macro-cultures (Pollard et al., 2018).

Online profiles also served as tools for gay and bisexual men who PNP to articulate their desires. Assembling online profiles was an essential step in making sure that specific desires would materialize during PNP encounters. Discourses and social languages present in online profiles can be examined through cultural studies of desire (Deleuze & Guattari, 1984; Deleuze & Guattari, 1988; Deleuze, 1990). Poststructural theory of desire suggests that “desire” is a force that propels individuals to form connections, whether with each other or with other objects and, as such, is the foundation for all experience (Deleuze & Guattari, 1984; Deleuze & Guattari, 1988). Through this lens, social languages within the online profiles of gay and bisexual men who seek PNP are manifestations of a fundamental drive among people (in this case, gay and bisexual men who PNP) to form connections.

Thirdly, in relation to seeking anonymous PNP encounters online, what emerged from the responses of study participants were complex ways of how an anonymity discourse was manifesting itself in participants’ lives. The responses from study participants suggested that anonymous transactions had to be specifically assembled. For example, they relied on discursive (i.e., negotiating anonymous sex online) and material settings (i.e., going over to someone’s house). Discourses on disinhibition and risk were often evoked alongside the discourse on anonymity when participants talked about the type of PNP encounters they sought online. These discourses often enacted the market subjectivities of gay and bisexual men seeking PNP, and linked anonymous sexual sociality among gay and bisexual men to “neoliberal individualism” (Adam, 2005).

Anonymity discourses often positioned the subjectivities of gay and bisexual men who PNP as risky, uninhibited sensation-seekers. From a CDA perspective, these subjectivities are
governmentally implicated in “technologies of the self” (Foucault, 1988; 1991) that are predicated on the idea of governmentality, concerning the retreat of the welfare state under current neoliberal conditions, and directly linking it to the management of risk in society (Foucault, 1991). Therefore, it is possible to conceive of discourses afforded by online information and communication technologies and their associated features (online profiles of gay and bisexual men who PNP, pre-existing infrastructures of online technologies) as active elements of “technologies of the self” (Foucault 1988; 1991), which contribute to a particular representation of gay and bisexual men’s subjectivities that exists in accordance with a capitalist neoliberal ideology.

Interestingly, discourses on trust and risk were also dominant discourses among study participants, when participants suggested that meeting strangers had to be done with caution in order to remain safe and avoid the risk of meeting people who could potentially harm or steal from them. These findings therefore indicate that anonymous PNP encounters that study participants sought online were not debt-free exchanges. Instead, these data highlight that participants accrued different sorts of social obligations by participating in anonymous sex.

Some men also commented on the limits of anonymous encounters, and how the infrastructures of some online websites and mobile applications were better geared towards those who seek anonymous PNP encounters, compared to others. Therefore, while these findings corroborate the assertion that PNP would not take its forms without the capacities (such as anonymous sexual sociality) afforded to it by online technologies (Race, 2015b), they also highlight the complex ways in which discourses on anonymity were manifesting themselves in the lives of gay and bisexual men who were seeking PNP online.

In the context where websites and apps are becoming more prevalent, gay and bisexual
men may not solely rely on private homes or public spaces (bars, clubs, parks, bathhouses) to find and participate in PNP. However, at the same time the PNP scene is not necessarily moving completely away from physical venues towards the Internet. Instead, the findings in this study show that PNP encounters take on hybrid forms, which incorporate elements of both online and offline realms. The findings indicate that certain continuities exist between virtual and physical platforms; in the sense that the locations of PNP encounters in online-offline spaces reconfigure relations and spaces once coded as “online” and “offline”. For instance, the findings from this study showed that participation in both venues can exist simultaneously (i.e., “going online at the bathhouse”), and can emerge as a material-discursive space in which sexual and drug-related practices and desires are not only articulated but co-constructed (as a prelude to the PNP encounter, during the encounter, or irrespective of the encounter). In a way, both “the material” and “the virtual” settings were responsible for the arrangement and shaping of PNP encounters. Thus, rather than attempting to attribute fixed qualities to any given expression of social collectivity in physical or virtual venues (Race, 2015a; 2015b), these findings provide opportunity to consider the circumstances in which material and virtual settings affected one another, and meshed with one another. Such ontological re-configuration lets the online/offline binary be understood not as bounded territory, but as “a relational mode” (Caron, 2009).

Finally, while the emergence of PNP practices has to be understood in the context of the proliferation of online technologies, researchers should also consider the implications of the fact that these technologies may be starting to offer new tools for queer actors to discursively explore, manage, or re-define PNP practices, as well as the relationality and attachments between gay and bisexual men (and other sexual and gender minorities in general). For instance, important research is starting to document the influence of online information and communication
technologies on aspects like resilience and coping among sexual and gender minorities (Craig, McInroy, McCready, Allagia, 2015; Craig, McInroy, D’Souza, et al., 2017). Similarly, discourses afforded by the infrastructures of online technologies can also offer new ways in which gay and bisexual men who PNP can reflexively manage aspects of their sexuality online. Future research needs to adequately account for the relational factors that influence gay and bisexual men to seek PNP online. Such investigation can uncover knowledge that can be used for online health initiatives tailored to gay and bisexual men who PNP. Particularly, peer-based online interventions that incorporate online literacy, knowledge of subcultures and subcultural values and norms, as well as recognize relational and social elements structuring sexual or drug-related risks may have a significant impact on the well-being of gay and bisexual men who PNP.

Conclusions

This study identified that PNP as a subculture provided a set of shared discourses (i.e., party discourse as well as discourses on anonymity, risk, disinhibition, self-moderation), social languages (i.e., crypto-languages, argots), values (i.e., normalization of drug use and/or condomless sex on particular websites and apps), and ideologies (i.e., sexual sociality) for a diverse group of gay and bisexual men who are connected to this subculture through online technologies.

Furthermore, this study presented a complex picture with regards to the role of online technologies in the communication of gay and bisexual men who PNP. Data from this analysis also showed that while online technologies were producing new arrangements in the lives of gay and bisexual men who PNP, they were also reproducing elements of the pre-existing hegemonic ideological characteristics of the sexual cultures of gay and bisexual men. For instance, online technologies were not only bringing to life new discourses (as in the case with PrEP being
equated with partying) or facilitating discourses on anonymity, but these technologies also propagated pre-existing ideologies (hegemonic sexual sociality) that have historically played a dominant role within gay and bisexual men’s sexual communities. Therefore, these findings highlight that the discourses of gay and bisexual men who PNP afforded by online information and communication technologies can be understood with historic reference to the preceding features and infrastructures of the lives of gay and bisexual men (Race, 2015b). These may include technological developments throughout history, the cruising practices of gay men, gay slang/colloquial languages, gay community and milieus (bars, clubs, bathhouses), as well as the discourses that have shaped gay men’s sexual practices and desires historically. In complex ways, these various elements subsequently organized PNP subculture and online communication between gay and bisexual men within the subculture.
CHAPTER 5

DISCUSSION

Summary

This dissertation focused on the discourses of gay and bisexual men who PNP and examined: 1) the influence of HIV discourses on the sexual risk practices of gay and bisexual men who PNP, 2) the role of pleasure discourses in explaining sexual and drug-related risks among gay and bisexual men who PNP, 3) how gay and bisexual men who PNP make sense of the various forms of social exclusion and stigma affecting them, 4) how gay and bisexual men who PNP make sense of the various forms of resilience in their lives and in their communities, and 4) the role of online information and communication technologies on the PNP-seeking practices of gay and bisexual men.

The discussion section consolidates findings from the previous three chapters and integrates these findings within existing theoretical frameworks on the topic. First, in this section I discuss the implications of the discourses of gay and bisexual men who PNP, and specifically articulate how these men have been caught up in multiple social power relations, which were produced and legitimized through discourses. Next, I extend existing theoretical explanations of PNP, by arguing for the importance of diversifying conceptual frameworks in research with gay
and bisexual men who PNP. After that, I discuss why sometimes, the same discourses took on new meanings or lent themselves to different interpretations, as well as how much of the nature of these discourses was related to the ambivalence of gay and bisexual men who PNP with regards to their perceptions of various sexual risk practices. Following this, I discuss the influence of the discourses of gay and bisexual men who PNP on their subjectivity formations. Finally, I present a section on reflexivity and limitations, and closer to the end of this dissertation, a section on social work implications and conclusions.

**Discourses and Power Relations**

The findings from this dissertation (particularly Chapter 3) identified that multiple discourses (as opposed to one dominant discourse) were contributing to the processes of social exclusion and marginalization faced by gay and bisexual men who PNP. These included stigmatizing discourses on sex, injection drug use and HIV, as well as discourses on otherness, morality, deviance, heteronormativity, homophobia, racism, classism, policing, and importantly discourses on risk. Echoing previous research (Logie et al., 2011), the findings from this study also indicated that participants faced intersecting forms of oppression and marginalization (related to multiple social identities), which highlights the utility of using intersectional frameworks (Collins, 1991; Logie et al., 2011; Shields, 2008) to study overlapping, multilevel forms of stigma, discrimination, and social exclusion.

These findings build upon the work of Foucault in biopolitics (1976; 1978) regarding the idea that the lives of people (in this case gay and bisexual men who PNP) are permeated and regulated by a power structure (biopower) in the form of discourses, institutionalizations, and social relations. The findings from this study (i.e., homophobic or stigmatizing discourses) are indicative of how discourses privilege, legitimize, and reproduce certain types of hegemonic
social power relations (Fairclough, 2003; Foucault, 1976; 1978; 1991; van Dijk, 1993; Wodak & Meyer, 2009). Based on these findings, the discourses of gay and bisexual men who PNP can be seen as products of modern forms of biopolitics (Foucault, 1976; 1978).

Though a post-structural framework (Fairclough, 1992; Foucault, 1976; 1978, 1980; 1987; 1991; Hall, 1996) that conceived of PNP subculture as being formed and sustained by discursive practices, these findings illuminate the connection between discourses and power relations, as the discourses that study participants enacted (through their conversations with each other, and through their practices) contributed to the legitimization of social power relations. Within post-structural ontology, these findings highlight how gay and bisexual men who PNP were caught up in multiple power relations: power relations among gay and bisexual men who PNP, power relations between men who PNP and those who do not, power relations between the gay community and the mainstream/straight community, as well as power relations between gay and bisexual men who PNP and the institutional forces that positioned these men as risky or deviant subjects. According to Foucault (1980), this multiplicity of discourses and power relations can exist simultaneously and operate through complex networks. Given that multiple discourses were implicated in perpetuating the social exclusion of gay and bisexual men who PNP, the stigmatization, pathologization, and social exclusion associated with PNP can also be understood in a much broader sense, as a reaction to the undesired differentness or otherness (Link and Phelan, 2001).

**Extending Conceptual Explanations of PNP**

Chapter 4 presented findings on the diverse ways anonymity discourses manifested among study respondents. These findings are consistent with previous scholarship, which already identified the influence of systems of urban anonymous sex-based sociality on gay and bisexual
men who PNP, particularly those men who use crystal meth (Green & Halkitis, 2006). Similarly, the findings from this dissertation may be explained by scholars who argued that by anonymously soliciting or offering drugs and condomless sex online, gay and bisexual men are able to engage in PNP while circumventing the pathologization and criminalization of their practices by individuals and institutions (Frederick & Perrone, 2014; Solomon et al., 2011).

Chapter 4 also illustrated the use of crypto-languages by gay and bisexual men seeking PNP online; specifically, how these men were using social languages that were primarily accessible to members of the gay community (and others who understand these colloquial languages). Taken collectively, findings on the use of such crypto-languages by study participants and seeking PNP anonymously were explained in this dissertation by suggesting that these men were adaptively managing and coping with: 1) the institutional forces that were criminalizing and/or pathologizing their drug use, and 2) the effects of continuous homophobic marginalization, as well as other forms of oppression (because gay and bisexual men grow up and live in hostile macro-cultures and institutional environments).

Therefore, these findings may need to be understood in the context of gay and bisexual men coping with the effects of continuous marginalization, which also deleteriously affects their health and wellbeing through syndemic\(^9\) conditions (Pollard et al., 2018). Recent scholarship continues to discuss the importance of syndemics in the lives of gay and bisexual men who PNP (Halkitis & Singer, 2018; Pollard et al., 2018). The syndemic framework is relevant when explaining the rationales of gay and bisexual men who PNP that are related to issues of marginalization, oppression, or psychosocial vulnerabilities (Pollard et al., 2018). However, this framework may only partially explain the findings from this dissertation. For example, while a

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\(^9\) Syndemics in this dissertation are understood as mutually reinforcing epidemics (Halkitis and Singer, 2018).
syndemic framework is particularly relevant for studies interested in understanding the intersecting psychological vulnerabilities and various forms of marginalization and oppression on the practices of gay and bisexual men who PNP, the framework falls short of being able to explain findings related to pleasure, affect, community, and care. For instance, Chapter 2 highlighted the influence of pleasure discourses on gay and bisexual men’s risk practices associated with PNP. Findings in that chapter revealed that the lack of condom use was attributed to the emotional aspects of the relationships between gay and bisexual men who PNP. Findings also showed that pleasure was an important element in the rationalization for unsafe sex among some men. Similarly, Chapter 3 illustrated how participants evoked discourses on community, care, and friendship when describing the positive aspects of PNP. The findings in that chapter highlighted that many gay and bisexual men who PNP resisted social exclusion and stigma by describing how they capitalize on the resilience in their communities, as well as how they build friendships and social bonds through relations of care and support in their PNP networks. This finding speaks to the possibility that other factors or rationales such as building friendships, community, and supports through social networks also play a role in why gay and bisexual men PNP.

Furthermore, given that the sample in this study was relatively heterogeneous (gay and bisexual men who PNP came from diverse backgrounds), the findings raised more complex questions, and called for additional theoretical rigor and complexity. For instance, if PNP practices among gay and bisexual men are primarily conceptualized as an escape from the hardships, social exclusion, and marginalization these men experience within a hegemonic society, how could PNP practices be explained among gay and bisexual men who were more socially accepted and had the advantage of multiple privileges? Because the data (particularly...
findings on pleasure, and the fact that these men were articulating diverse interests and desires in their online profiles) showed that there may be multiple rationales and desires behind why gay and bisexual men engage in PNP practices, scholars may need to consider complementing conceptualizations of PNP with theories that are able to explain this diversity of rationales. Halkitis and Singer (2018) urged the research community to pay attention to areas of PNP that are typically under-analyzed, such as resilience and pleasure. Along similar lines, O’Byrne and Holmes (2011b) suggested that there might be multiple intents and rationalities that gay and bisexual men use to engage in condomless sex and/or use drugs.

Indeed, some findings from this dissertation point out that the effects of discourses of gay and bisexual men who PNP appear to be more complex than is often put forward. The work from this dissertation urges scholars (particularly those engaging in qualitative research) to diversify their conceptual arsenal and consider theoretical approaches that can explain a more diverse range of reasons as to why gay and bisexual men PNP beyond hypotheses related to marginalization (Pollard et al., 2018), or hegemonic institutional forces (Frederick & Perrone, 2014) towards theories that acknowledge subjective agencies of these men. For example, the critical theory of desire (Deleuze, 1988; Deleuze & Guattari, 1984; Deleuze & Guattari, 1988; Deleuze, 1990) can be helpful in extending our understanding of gay and bisexual men’s rationalities. O’Byrne and Holmes (2011b) applied the cultural theory of desire and argued that gay and bisexual men consume substances to overcome some of the restrictions and inhibitions that prevent them from achieving their desires. Their qualitative work suggested that substance use did not cause gay and bisexual men to engage in activities that otherwise they would not; rather, drugs/substances served as tools for gay and bisexual men to achieve desired actions, for example, to overcome internal restrictions (to disinhibit feelings of guilt and/or knowledge about
STIs), or physical limitations such as to deal with fatigue (O’Byrne & Holmes, 2011b).

Of course, critical theory is not the only epistemological approach that can be used to explain PNP that acknowledges a multiplicity of rationales or studies the subject matter in a non-stigmatizing manner. The sociological concept of “edgework” (Lyng, 1990; 2004) can also be applied in this work. Edgework entails using skills to push the capacity of oneself in order to manage risk (Lyng, 1990; 2004). For instance, this concept can be used to understand voluntary sexual and drug-related risk-taking among gay and bisexual men who PNP and can also be applied to interpret the connections between discourses of risk and pleasure in constructed experiences of PNP.

Scholars are encouraged to utilize emancipatory epistemological approaches borrowed from critical theory (i.e., critical ethnography) when studying PNP, which allows a multiplicity of rationales to flourish (O’Byrne & Holmes, 2011a; 2011b). Diversifying theoretical orientations have pragmatic implications for direct practice with gay and bisexual men who PNP because such theoretical reflexivity may equip service providers to utilize theoretical approaches that elicit a variety of rationales and needs that condomless sex and drug use meets for gay and bisexual men and help them explore these issues in a non-judgmental manner.

**Equivocation, Ambivalence, and The Unfinalized Nature of Discourses**

The findings from this dissertation (specifically Chapter 2) highlighted the powerful influence that HIV discourses have on the sexual lives of gay and bisexual men who PNP. While discourses on HIV prevention and treatment were exerting their effects on participants’ perceptions of sexual risk practices, the findings also indicated that treatment optimism and condomless sex were not common dispositions among all gay and bisexual men who PNP, and that multiple competing discourses of fear and risk were concurrently working to prevent these
men from engaging in practices that would undermine their health and wellbeing. In addition, Chapter 2 showed that the language used by study participants to describe their sexual decision-making contained multiple instances of equivocation and ambivalence where respondents’ disposition regarding condom use due to PrEP, advances in HIV treatment, or pleasure were never fully revealed. This ‘unfinalizability’ (Bakhtin, 1984) of individuals’ dispositions towards sexual risk practices is partially related to the capability of discourses to change (in this case related to the changing nature of discourse on HIV risk) or acquire new meanings, and affect individual dispositions. This property of discourses highlights that when it comes to sexual and drug-related risks, the dispositions of gay and bisexual men who PNP cannot be finalized and are in constant flux due to the infinite capability of HIV prevention discourses.

Furthermore, Chapter 4 presented new meanings attached to discourses on partying (i.e., PrEP users are more likely to party). Given that PrEP is a relatively recent biomedical innovation, the instances when a party discourse took on a new meaning in relation to PrEP also highlights the capacity of discourses to take on new meanings (Bakhtin, 1984). The finding that partying (as a practice) can take on new meanings illustrates the socially produced nature of sexual and drug-related practices (Kippax, 2008), as well as the fact that these practices are fluid and contingent upon cultural, political, and social discourses (Husbands et al., 2013; Parker, 2009).

Bakhtin’s idea of the unfinalized and indeterminate nature of discourses is relevant here. Bakhtin’s ontological approach (Bakhtin, 1981; 1984; 1986; 1990), conceived of individual discourses being formed through the process of continuous dialogue. Bakhtin (1986) writes:

Even past meanings, that is, those born in the dialogue of past centuries, can never be stable (finalized, ended once and for-all) – they will always change (be renewed) in the
process of subsequent, future development of the dialogue. At any moment in the development of the dialogue there are immense, boundless masses of forgotten contextual meanings, but at certain moments of the dialogue's subsequent development along the way they are recalled and invigorated in renewed form (in a new context). Nothing is absolutely dead…(p.170)

The assignment of new meanings to discourses on partying as well as new meanings to discourses on HIV risk (due to the changing perceptions of HIV risk) is indicative of the unfinalized and indeterminate nature of discourse (Bakhtin, 1984; 1986). Indeed, even discourses on HIV (or other discourses of gay and bisexual men who PNP) that were analyzed in this paper may also take on different meanings and lend themselves to different interpretations in the future if/when these discourses are examined through a historical lens by other scholars.

Subjectivity Formations of Gay and Bisexual Men who PNP

Theoretical Model of Subjectivity Formation

Building on post-structural conceptual frameworks in socio-linguistics (Fairclough, 1992; Hall, 1966), symbolic interactionism theory (Atkinson, 2003; Blumer, 1962; Bourdieu, 1992), post-structural theories of governmentality (Foucault, 1991) and biopolitics (Foucault, 1976, 1987), as well as Foucault’s work on “power/knowledge” (Foucault, 1980) the findings from this dissertation contribute to a new theoretical model which helps us understand how the subjectivities of gay and bisexual men who PNP are formed and sustained through discursive practices.

Multiple conceptual elements operate within this theoretical model. First, the ongoing construction of subjectivities of gay and bisexual men who PNP are positioned within Foucauldian frameworks of biopower and governmentality, as well as larger, socio-cultural and
historic contexts surrounding the lives of gay and bisexual men. These contexts may include social institutions organizing the lives of gay and bisexual men who PNP (i.e., patriarchy, masculinity), types of sociality (anonymous sexual sociality), forces of marginalization and oppression, various forms power relations, among many other contextual elements.

Next, the linguistic practices and interactions of gay and bisexual men who PNP are situated within this larger context; this is the entry point into understanding subjectivity formation, because here for the first time the focus is shifted to the unit of analysis – linguistic practices. Language is viewed in this model as a medium for the interaction of gay and bisexual men from diverse backgrounds who PNP, and the analysis of discourse becomes an analysis of what gay and bisexual men who PNP do with language in specific local settings. Following this, the model situates symbolic interactionism elements within these linguistic practices by highlighting the inter-subjective nature of PNP subculture – that gay and bisexual men who PNP interact with each other to create symbolic worlds with shared meanings, discourses, beliefs, values, social norms, customs, and practices. The next part of the model puts the process of “interpellation” (internalization) of discourses within linguistic practices by suggesting that discourses shape the identities and practices of gay and bisexual men who PNP through interpellation of discourses, which consequently enables the formation of subject positions within discourses. Finally, the arrow that connects subjectivity to the symbolic/inter-subjective element of linguistic practice highlights the dynamic nature of the model, and suggests that specific subjectivities (once formed) can also have an effect on the interactions of gay and bisexual men and the symbolic worlds of PNP. The model is presented in Figure 2.
The Subjectivities of Gay and Bisexual Men who PNP and Their Implications

Chapters 2 – 4 in this dissertation identified and critically examined how socially situated identities (subjectivities) were being stabilized through the speech of gay and bisexual men who PNP. Bakhtin (1981) and Foucault (1980) both proposed that subjectivities originate from the “interpellation”/internalization of cultural discourses. The findings from this study showed that gay and bisexual men who PNP may develop their sense of self by internalizing these discourses and learning appropriate ways of talking about themselves and others, including their thoughts, emotions, or practices. For example, the findings highlighted how some gay and bisexual men enacted their own subjectivities using biomedical discourses as they were appropriating viral load test results to constitute new HIV prevention identities related to being HIV-undetectable.
These subjectivities were reproduced by social institutions (i.e., public health/medicine) and were constantly formed, negotiated and reshaped in social interactions between gay and bisexual men who PNP, as well as interactions between gay and bisexual men and other individuals. These findings demonstrate how the sexual subjectivities of gay and bisexual men were informed by biomedical discourses and also highlight that the subjectivities of gay and bisexual men who PNP were not isolated, autonomous entities but rather, they were in constant, dynamic interaction with the social world.

Another important finding from this study is how frequently study participants evoked risk discourses. These discourses often assigned risk subjectivities to gay and bisexual men. At times anonymity discourses were also closely linked to risk discourses and similarly enacted risk subjectivities for these men. These findings are important because epistemologically, discourses on risk are linked with discourses on social control. Risk discourses perform the fundamental function of imbuing individuals in society with the sense that they have a moral responsibility not to disturb the social order and hierarchy, which governmentally links discourses on risk with social order and social control (Beck, 1995; Douglas, 1966; 1992; O’Malley, 2000; O’Malley et al., 1997). Through a framework of governmentality and biopower, construction of the subjectivities of gay and bisexual men who PNP using discourses on risk can be seen as another form of “population governance” (Foucault, 1991). Through discourse on risk, the subjectivities of gay and bisexual men who PNP also become governmentally linked to disciplinary, hegemonic discourses of abnormality (Foucault, 1976; 1991). For example, these findings show that stigmatizing risk discourses reproduce the ontology of sexualities of these men in relation to the dominant sexuality, which perpetuates social exclusion and consequently positions the subjectivities of gay and bisexual men who PNP as risky, deviant, and promiscuous in relation to
what is considered normal (non-queer sexualities or normative types of intimacies).

Partially, the salience of risk discourses among gay and bisexual men who PNP can be explained by the fact that these men have been the focus of the HIV prevention efforts (to change their practices) by multiple community-based HIV and AIDS service organizations in Toronto (because PNP practices are associated with increased chances of acquiring HIV and STIs). However, the risk discourses these men evoked and their perceptions of what is normal or abnormal with regards to different PNP practices may be indicative of the pervasive homophobic discourses that position the sexualities of gay and bisexual men as deviant and risky and may be central to the development of their risk subjectivities. Future institutional ethnographic research may need to establish if this argument is true.

Importantly, enacting the subjectivities of gay and bisexual men who PNP as a site of omnipresent risk is instrumental in maintaining the social exclusion of queer subjects based on the premise of normality. The work of Hallowell (1955) suggested that the self is a social and a cultural product. Hallowell (1955) also suggested that it is through socially constrained and normative orientations that we construct and maintain self-awareness. Normative orientation is particularly important for the construction of the moral self, because values, ideals, and standards are intrinsic compounds of all cultures (Hallowell, 1955). When read critically alongside Foucault’s work on biopolitics (1976), governmentality (1991), and hegemonic disciplinary discourses on sexuality (1978), these findings call attention to how the deployment of risk subjectivities can play a role in the pathologization and social exclusion of a population.

To understand the power of biopolitics (Foucault, 1976) and risk discourse in the perpetuation of pathology, stigma, and social exclusion it may be also important to reflect on the historic role of various institutions on the lives of gay and bisexual men, people who use drugs,
people living with HIV, as well as other marginalized groups. This includes reflecting on scientific discourses originating from domains and institutions like medicine (public health, epidemiology, psychiatry, biomedicine), psychology, nursing, social work, law, family, religion, or schools. The fact that there are multiple institutional sources that perpetuate risk discourses associated with these men, the pathologization, stigma, and social exclusion associated with risk discourses can also be understood in a much broader sense, as a reaction to the undesired differentness or otherness, which is grounded in society’s power relations (Link & Phelan, 2001). Future research may need to utilize critical ethnographic methodologies to examine how these institutions perpetuate risk discourses and how they position the subjectivities of gay and bisexual men who PNP as “the other” in relation to normative sexualities and subjectivities.

Importantly, this study uncovered discursive resistance by gay and bisexual men to the forces of biopower (Foucault, 1976; 1978), particularly in instances when these men deployed discourses on resilience and pleasure. Many gay and bisexual men who PNP in this study resisted social exclusion and stigma by describing how they capitalize on resilience in their communities, as well as building friendships, and social bonds through relations of care and support. Discourses on resilience viewed this group as having subjective agency (Barker, 2005; Metcalfe et al., 2010), as resilient individuals who are working hard to cope with oppression and who adapt to the institutional forces structuring their lives. Similarly, with regards to pleasure discourses, when read alongside Foucault’s (1976; 1985) work on the creative possibilities of pleasure, the salience of these discourses among gay and bisexual men who PNP is critical because it highlights the power of pleasure discourses as a catalyst for resistance of risk discourses. The significance of pleasure and resilience discourses stems from their ability to disrupt the relations of power that subjugate these men. In that sense, both pleasure and
resilience discourses created opportunities for desubjectivation (Halperin, 1995) and allowed possibilities for gay and bisexual men who PNP to circumvent the oppressive risky subjectivities within disciplinary discursive regimes.

Collectively, these findings reject the idea that the subjectivities of gay and bisexual men who PNP consist of a single, stable identity. Instead, the findings from this study suggest that the subjectivities of these men are made up of multiple, discursively constituted social identities: risky, stigmatized, oppressed subjectivities, but also resilient subjectivities that position the lives of these men within the domain of pleasure and resistance. Through the lens of Foucault’s work on power/knowledge (Foucault, 1980) these findings highlight that the subjectivities of gay and bisexual men who PNP are split: through multiple discourses, these men were subjected to power, but their discourses also offered a range of subject positions that portrayed these men as resilient people.

Given the multiplicity of discursively constructed subjectivities (as indicated above) and the infinite power of discourses to take on new meanings (Bakhtin, 1984), these findings also raise new questions for future social science research in this area: What subjectivities can be enacted by gay and bisexual men who do not feel permanently affiliated with PNP subculture? For example, what discourses would characterize gay and bisexual men who have an affiliation to PNP subculture at one point, but may later on relate antagonistically to PNP subculture? In addition, in terms of risk subjectivities, the current study subsumed many risk subjectivities into a single large category. However, Adam and colleagues (2017) remind scholars that high- and low-risk modes of HIV management in the sexual practices of gay and bisexual men can fall into qualitatively distinct types and might be considered different forms of subjectivities. Future studies should investigate if there are sub-categories of risk subjectivities for gay and bisexual
men who PNP. For instance, future research on this topic may need to examine the differences in 
subjectivities between those who engage in PNP occasionally, those men who habitually engage 
in PNP over a prolonged period of time, as well as those who may have engaged in PNP at one 
point in their lives but are currently staying away from the PNP scene.

**Limitations**

While this dissertation argued for a more reflexive and critical analysis of discourses, while conducting this qualitative investigation I have had to contend with several limitations. First, the discourses generated in this study (as with all research studies) are discourses that were produced within the framework of research practices (interviewing research subjects). Such (induced) discourses may have slight differences from spontaneous discourses produced by subjects in their everyday lives. Future research could mitigate such distancing by conducting interviews through ethnographic methodologies.

Secondly, the interview data in this study were treated as instances of meaning making, using language as a central semiotic resource produced through the discursive event of an interview (Atkinson, 1990). The language used in interviews is the only semiotic system available for analysis. Future research may need to triangulate qualitative methods by complementing interviews with analyses of policy documents, analyses of PNP campaigns, or media analyses.

Thirdly, this dissertation’s orientation towards critical discourse analysis rendered other theoretical and methodological perspectives under-represented. For instance, this study did not analyse the historic role of various institutions in perpetuating risk discourses on PNP. Critical discourse analysis allowed me to focus on how some institutional forces (i.e., hegemonic sexual sociality) may be implicated in perpetuating various discourses but it did not facilitate the
examining of the nuances of institutional contexts that have a significant influence on the sexual lives of gay and bisexual men who PNP. To mitigate this limitation, future research may need to utilize institutional ethnography to investigate how diverse institutions affect the lives of gay and bisexual men who PNP.

In addition, this dissertation has had to contend with the limitation of not fully investigating generational and developmental stages among gay and bisexual men who PNP. For example, narratives surrounding resilience belonged to men who were 30 years or older. Also, when investigating the influence of HIV discourses, participants often commented on the lack of knowledge about various methods of HIV prevention and treatment among younger men who were part of the PNP subculture. Future research needs to fully investigate the various nuances of generational effects and developmental stages among gay and bisexual men who PNP.

Finally, at times this dissertation had to contend with the limitation of the concept of subculture itself. While there were multiple competing cultural discourses, shared by interacting gay and bisexual men that created the PNP subculture through their interactions and participation in it, the concept of subculture did not always capture the heterogeneity and cultural diversity of all the respondents. As an alternative, I wondered if it is possible that what was collectively created and shared by these men of diverse groups was the scene. According to Moore (2004), scenes are “the cultural, social, temporal, and special zones in which diverse people interact and contest the meanings of their actions” (Moore, 2004, p. 201). Scenes can emerge, contract, expand or disappear, and may contain members of several subcultures (Moore, 2004). As a concept “scene” may have better encapsulated the cultural diversity, fluidity, and heterogeneity of the respondents who took part in this study. Future qualitative work may be needed to account for this conceptual limitation.
Social Work Implications

While Chapter 3 has already focused on social work implications from this dissertation, and provided detailed recommendations for social work practitioners, researchers, policy-makers, and advocates, this section presents implications of the findings from this dissertation for the field of social work. Social workers are encouraged to utilize findings from this work to position their practice with gay and bisexual men who PNP. For example, recent work in this domain speaks of the need to sensitively, non-judgmentally and meaningfully engage with gay and bisexual men about their participation in PNP in order to help improve their sexual health and wider wellbeing (O’Reilly, 2018; Bourne et al., 2018). Informing social work interventions, treatment, care, and support for gay and bisexual men who are using substances will necessitate approaches from practitioners that acknowledge pleasure with regards to substance use and attitudes that are sex positive (Crisp & McCave, 2007). Reflexivity (D’Cruz et al., 2007) as a tool can help social workers understand the diverse ways that drug use and sexuality among gay and bisexual men as a topic has been conceptually positioned in practice, research, and policies. Such reflexivity is important to appropriately support these men in a health care setting, without further stigmatizing their behaviours as risky or problematic.

Educating social workers, as well as other health and social care providers, with regards to empowerment-based practice (i.e., affirmative practice; Crisp & McCave, 2007; van Den Bergh & Crisp, 2004) and culturally sensitive communication (O’Reilly, 2018) with this population may be important. Designing social work programs or other initiatives that attend to sexuality, condomless sex, and substance use without further stigmatizing this population may enhance access to, and uptake of, health services for the hard-to-reach gay and bisexual men who PNP (Bourne et al., 2018).
As suggested in Chapter 2, designing new programming and research initiatives with this population may also necessitate acknowledging the changing perceptions of HIV risk among gay and bisexual men who PNP and the modification of risk practices due to advances in HIV biomedical science in the past two decades (Halkitis & Signer, 2018; Holt et al., 2012).

Social workers are also encouraged to utilize the findings from this study to conceptualize new harm reduction outreach initiatives for this population. The finding from Chapter 3 with regards to relations of care and support among gay and bisexual men who PNP and how these relations play a role in reducing drug-related harms should not be underestimated. The study indicated that these relations of care play a significant role within peer harm reduction activities. In tailoring harm reduction outreach, focus should be paid to how experienced gay and bisexual men can act as caring peers that perform a variety of functions including friendship and support for other less experienced members of the PNP subculture, including teaching other gay and bisexual men about safer drug use and sex. As harm reduction education models recognise, critically deploying community and peer-based harm reduction strategies is vital to the production of effective and culturally sensitive education and prevention activities for this population (Hammoud, Bourne, Maher, et al., 2017; Greenspan et al., 2011; Southgate & Hopwood, 2001; Stardust et al., 2018).

Moreover, identifying and deconstructing the discourses of gay and bisexual men who PNP has important implications for enriching social work knowledge (both theoretical and practical). Such explorations can also inform our understanding of the needs in local contexts and the development of social work theory and research in response to HIV, Hepatitis C, other STIs and blood-borne infections. Social workers and researchers are particularly encouraged to: 1) critique knowledge which positions gay and bisexual men as risk-takers, or knowledge which
sometimes positions substance use as a problematic practice; 2) create research agendas that prioritize knowledge, which uncovers our clients’ strengths and resilience; 3) be reflexive scholars by becoming critically aware of the institutions that influence knowledge creation on this topic.

From a social work advocacy and policy-making perspective it may also be important to continue challenging pathologizing models of health and social care. From a systemic perspective, social workers could advocate for laws and policies that offer protections against discrimination, reduce social exclusion, and afford this population the same opportunities as everyone else.

**Conclusion**

This dissertation critically examined the discourses of gay and bisexual men who PNP, and identified what subjectivities were being enacted by these discourses. The dissertation paid attention to the diverse elements associated with PNP subculture to complement existing knowledge on this topic. For instance, the study examined how advances in the fields of HIV treatment and prevention affected the sexual risk practices of gay and bisexual men who PNP and investigated the role of pleasure discourses in explaining the sexual and drug-related risks among these men. Furthermore, the study examined how gay and bisexual men who PNP make sense of various forms of social exclusion affecting and resilience in their lives. Finally, the study also examined discourses and social languages, which organize online communication between gay and bisexual men who PNP.

Although the three chapters presented in this dissertation focused on diverse elements associated with PNP and had unique study aims, subcultural theory (Hebidge, 1977; Frederick & Perrone, 2014), cultural study of discourse (Bourdieu, 1992; Fairclough, 1992; Foucault, 1978,
Hall, 1996), post-structural theories of governmentality (Foucault, 1991) and biopolitics (Foucault, 1976, 1987), as well as Foucault’s work on “power/knowledge” (Foucault, 1980) jointly supported the analyses of this dissertation.

This study highlighted the complex social, cultural, economic, political, and historic dimensions embedded in the construction of PNP, as well as in the agency and subjectivities of gay and bisexual men who PNP. By focusing on language as the key organizing element of PNP subculture, this dissertation helped develop an understanding of PNP that moved beyond positivist/essentialist epistemologies toward a multi-layered, nuanced, post-structural understanding of PNP. Beyond sociological contributions, insights from this work may contribute to an informed and well-rounded response to HIV and STIs (but also overall health and wellbeing) in gay and bisexual men’s communities. This study yielded important data and generated recommendations for policy, as well as health and social care practice to facilitate the targeted development of sexual health educational materials and health promotion initiatives for this population. My hope is that beyond contributing to understandings of discourses on PNP, this project will also be useful to social workers (and other health and social care professionals) by informing new initiatives and campaigns on PNP.
REFERENCES


use and gay community. *Sexuality Research & Social Policy, 2*(1), 22-36. [https://doi.org/10.1525/srsp.2005.2.1.22](https://doi.org/10.1525/srsp.2005.2.1.22)


Greenspan, N.R., Aguinaldo, J.P., Husbands, W., Murray, J., Ho, P., Sutdhibhasilp, N., Cedano,


Groß, C., Parsons, J. T., & Bimbi, D. S. (2010). The association between penis size and sexual health among men who have sex with men. *Archives of Sexual Behavior, 39*(3), 788-797. [https://doi.org/10.1007/s10508-008-9439-5](https://doi.org/10.1007/s10508-008-9439-5)


Halkitis, P. N., Parsons, J. T., & Stirratt, M. J. (2001). A double epidemic: crystal
methamphetamine drug use in relation to HIV transmission. *Journal of Homosexuality*, 41(2), 17-35. [https://doi.org/10.1300/J082v41n02_02](https://doi.org/10.1300/J082v41n02_02)


Dependence, 110(3), 221-227. https://doi.org/10.1016/j.drugalcdep.2010.03.004


[https://doi.org/10.1371/journal.pmed.1001124](https://doi.org/10.1371/journal.pmed.1001124)

[https://doi.org/10.1080/02615479.2016.1273894](https://doi.org/10.1080/02615479.2016.1273894)


[https://doi.org/10.1111/1467-8624.00164](https://doi.org/10.1111/1467-8624.00164)

[https://doi.org/10.1086/229379](https://doi.org/10.1086/229379)


[http://dx.doi.org/10.1037/0003-066X.56.3.227](http://dx.doi.org/10.1037/0003-066X.56.3.227)

[https://doi.org/10.1016/S0899-3289(01)00060-8](https://doi.org/10.1016/S0899-3289(01)00060-8)


mobile van services: implications for intervention development. *AIDS Patient Care and STDs*, 22(9), 745-751. https://doi.org/10.1089/apc.2007.0243


and Society, 26(4), 501-517. https://doi.org/10.1080/03085149700000026


Semple, S. J., Patterson, T. L., & Grant, I. (2002). Motivations associated with methamphetamine use among HIV men who have sex with men. *Journal of Substance Abuse Treatment, 22*(3), 149-156. doi: https://doi.org/10.1016/S0740-5472(02)00223-4


VERBI Software – Consult – Sozialforschung GmbH. MAXQDA, software for qualitative data


APPENDIX A: INTERVIEW GUIDE

Before we start with the interview, I would like to remind you that you can refuse to answer any questions you don’t want to.

WARM UP: Tell me about your social life. What do you do for fun?

One thing I am interested in is finding out about how and why gay, bisexual, queer men use drugs or alcohol when having sex. I want to learn more about the role of party drugs during sex play for guys like you. Is it OK if I now ask you some questions about your sex life and your drug use?

1. What is/are your drug(s) of choice? (Probes: what drugs do you use regularly?)
2. How do you take drugs? (Probes: slamming/injecting, smoking, snorting, ingesting?)
3. What are the reasons you are using those particular drugs/substances? (Probes: what do those drugs do for you? what do you enjoy about them/it?)
4. Do you use drugs before or during sex? How often?
5. Tell me about the experiences you may have had when you used drugs for sex? (Probes: When was it? Where were you? What was it like? What did you do? What kind of sex did you have? Who was involved? How were they involved?)
6. How do you typically arrange sex with other guys? (Probes: Online? Offline?)
7. Out of the experiences you have described, do any of them qualify as your most pleasurable? (IF NOT: Can you tell me about your most pleasurable experience?) (Probes: How would you describe that experience? What did you like about it? What turned you on? What do you enjoy about these
experiences?)
8. What is the best thing about using drugs during sex?
9. Which drugs are the best for sex? (Probe: what do you enjoy about them/it? How do these drugs benefit you?)
10. How do you think drugs allow you to do or feel things you would not do or feel otherwise if you were not using? (Probe: How do you think drugs/alcohol help you form connections with other guys?)
11. What do they think gay and bisexual men in the community generally think of PNP?
12. What do you think other people who are not part of your community think about PNP? (Probe: How do you think this affects you?)
13. What do you think about media depictions of PNP? (Probe: Do you think media depictions of PNP are accurate? How do you think media representations of PNP affect you?)
14. Are there any harms you experience when you use drugs for sex?
15. Have you ever had an interaction with staff from a sexual health clinic, or an AIDS service organization about drug use, sexual health, HIV, STIs or other health concerns? (Probes: Can you please tell me more about it, what was it like? What type of care did you seek? Do you disclose that you use drugs for sex to health care providers? If so how do you disclose this information? Were you satisfied? Can you describe it? What were you looking for? IF NO: Are you aware of any such organizations/services?)

ENDING INTERVIEW: Is there anything else you would like to share with me?
APPENDIX B: DEMOGRAPHIC QUESTIONNAIRE

These questions will ask for some basic information about your background.

1. How old are you? (years) ______________

2. Were you born in Canada? [ ] Yes [ ] No If No, where? ______________

3. Ethnically, how do you primarily identify as? ______________

4. Where do you live? (town/city) ______________

5. With whom do you live? ______________

6. What is the highest level of education that you have completed?
   - Some high school
   - High school completed
   - Some secondary education
   - Completed secondary education
   - Some college
   - Completed college
   - Some University
   - Bachelor’s Degree
   - Post-Graduate

6. Occupation: What kind of work do you do/did you do? ______________

7. How would you describe your sexual orientation? ______________

8. Are you currently in a relationship? ______________

9. Are you currently sexually active with men, women or both? ______________
10. Have you had any of the following sexually transmitted infections/diseases in the past 12 months? Please choose all that apply:

- Syphilis
- Gonorrhea
- Chlamydia
- Human papilloma virus, genital warts
- Other______________________________
- None - I did not have a sexually transmitted infection

11. Have you ever had an HIV test? _____________

12. When was your most recent HIV test? ______________________

13. What was the result of your most recent HIV test? _____________________

14. Are you currently using antiretroviral therapy/treatment (including PreP)? _____