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Producing Safer Sex:
Knowledge, Latex Technologies and Sex Workers in the Age of AIDS
by

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DISSERTATION

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Preface

Sex Information, Can I Help You?

Since my undergraduate experiences of scholastics and campus organizing in the late

1980s, I have been committed to exploring issues of human sexuality as both a social scientist

and an activist. This pursuit has involved concentrating my academic research on issues of human

sexuality including research on safer sex, semen banking (Moore and Schmidt 1996), female

genital anatomy (Moore and Clarke 1995), and sex in outer space (Casper and Moore 1995). It

has also included my periodic participation in sex-related community-based organizations like The

Sperm Bank of California, Women's AIDS Network, and the San Francisco Sex Information

Line.[1]

This focus on sex has made me somewhat of a reluctant authority on human sexuality

among my friends and family, colleagues and students, and even strangers (individuals I counsel

on the sex line). I am still shocked by the number of people who turn to me as their resource on

questions about sex, especially questions about safer sex. "Lisa, I have been meaning to ask you

about this sexual practice I read about the other day. What is it?" Or "Lisa, you would be a good

person to ask about fisting. Is it safe?" Even though I am usually able to answer these questions

and feel confident in my ability to convey the information, I often feel an overwhelming

responsibility even after I have given advice. Did Mary really know what I was talking about

when I told her to make sure that it was a water-based lubricant? What if flossing his teeth really

was a bad idea before Joe kissed his boyfriend after that vacation in Turkey?

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[1] The San Francisco Sex Information Line is a community based volunteer organization. After a 90 hour
training session, volunteers staff a free, anonymous phone line for individuals to call and ask any question
regarding human sexuality. I worked on this line for two years.

Furthermore, I have noticed a difference in tone when people ask me about safer sex. They are more nervous and want definitive information. They want reassurance and I want to give it to them. When I answer questions about safer sex, the stakes seem much higher than when I answer questions about other sexual things like genital anatomy. "Is swallowing semen safe?" is a very different question than "Where is the clitoris?" For both, my answers have to be accurate. But for questions about safer sex, my answers may relate to life and death. I must be sure of my facts despite the lack of adequate information. There is a dearth of "scientific evidence" which I want so desperately to rely upon but which I am adept at criticizing in academic settings.

When discussing safer sex, everyone has a seemingly huge investment in my answers. It seems that people intently listen to what I say on the topic of sex more so than anything else I talk about, including sociology, feminism, or health policy, each of which I study just as rigorously. Because I can vocalize words like "clitoris" or "butt fuck" without flinching, people have come to admire me. My ability to honestly provide information with a certain sense of humor seems to comfort people. I am constructed as an expert about sex. But I am very ambivalent about being such an expert. I can feel important and powerful, heard and respected but I also feel responsible and anxiety-ridden. While I am good at talking about sex, I am not as good at existing in places of uncertainty--which is where safer sex discourse resides. Over the years, I have noticed how my knowledge about sex and my pursuit of knowing more about the topic has solidified this expert status in certain circles. Because people think I am an expert, they rely upon me as such and I am therefore an expert, a self-fulfilling prophecy. I have also become a participant in the production process of constructing sexual information. Producing my own discourse on safer sex and establishing my own relationship with this expert status has been consequential for how I see

myself and how I communicate with others. It is this very process of producing knowledge about safer sex, co-constructing myself with the assistance of other people, and making claims in proficiency that fascinates me. It is these issues which I chose to examine in my dissertation.

Acknowledgments

Throughout my experiences in graduate school, I have been indebted to many remarkable people for their support and generosity. First, and foremost, despite the separation by miles and differences in world views, my family continues to inspire, challenge, provoke, and ground me. My parents, Linda and Richard Moore, and my brother, Christopher, have, in their own mystical ways, provided strength, humor, compassion and love to me throughout my life. Building my confidence with her faith in me, my aunt and godmother, Joan Pendergast has been a constant source of encouragement. My grandmother, Cora Moore, with her letters and news from the Bronx, keeps me in touch with my "roots". And my grandfather, Emil Montuori, will forever be remembered as a source of unconditional love and fantastic spirit-- "Pop will be there at your graduation."

Each member of my dissertation committee has been integral to the completion of my doctoral work. Adele Clarke, my chair and mentor, has always been accessible to me throughout my entire education. With gentle guidance and thoughtful inquiry, she has had tremendous impact on my intellectual and scholarly development. Virginia Olesen has helped me to grow as a scholar by thoroughly reading my work and rigorously engaging me in stimulating conversations. I have deep respect and admiration for Virginia as a professor and a social scientist. Charlene Harrington's tenacious advice and pragmatic insight has made my doctoral degree a much more attainable goal. Jennifer Terry offered a necessary and brilliant perspective and I am proud that she agreed to work with me on my dissertation.

Graduate school was an opportunity to meet and become acquainted with many wonderful friends and colleagues. Among them, Matthew Schmidt has never failed to make me laugh (hysterically) and honor the collective creativity which makes sociology worth doing. Monica Casper, Michael Curtis and Debora Bone have each taught me a great deal about how to be a student, a teacher and a friend. For four years, Barbara Koenig has employed me as a research assistant. Through my association with Barbara and the Cultural Pluralism project staff, I have learned much about project organization, grant writing, qualitative research and medical anthropology.

My friends in San Francisco and beyond have been the most consistent and astonishing source of emotional support for the past six years. I cherish my relationships with each of them. From movies to late night dinners, outdoor adventures to long phone conversations, my friends have provided me the courage to pursue my education. In particular, I would like to thank Shari Colburn, Patti Curtis, David Evans, Andrew Goldfarb, Karen Gramberg, Jennifer Kohler, Morva McDonald, Robyn Mierzwa, Ayala Mirande, Donna Penn, Ariadne Sacharoff, Theresa Schlageter, and Karin Schott.

The debt I owe my many informants is immeasurable. Opening up their homes, worksites and lives to me was an amazing gesture of trust, generosity and bravery. I appreciate each of my informants for their unique qualities and defiant spirits. Both participants within and implicated in debates about female (and to a lesser extent male) sexual subjectivity, I believe these individuals provide a valuable service to society through the work they do and the boundaries they challenge in conceptualizing sexual objectification and subjectification. My life will forever be enriched from meeting them and hearing their stories.

This experience of becoming a sociologist continues to be accomplished through the contributions of many. To all I am most grateful.

Abstract

Producing Safer Sex:
Knowledge, Latex Technologies and Sex Workers in the Age of AIDS

Lisa Jean Moore

On the eve of the twenty-first century, diverse communities are facing a future of managing the AIDS epidemic. Behavior modification has become the primary method to curb the transmission of HIV. Safer sex has emerged as a collection of practices and ideas deployed to combat the spread of AIDS. This dissertation investigates the creation and permutations of safer sex represented throughout the past decade (1985-1995), drawing upon four key theoretical literatures: symbolic interactionism, sociology of knowledge, medical sociology and cultural studies of science and technology. Determining the specific conditions under which safer sex can and does occur can provide new foundations for prevention strategies.

The dissertation centers on analysis of 27 interviews conducted with people in the sex trade. Since sex workers make it their business to exchange sexual services for economic compensation, many have become sophisticated in their innovations and expressions of eroticism using safer sex techniques. Sex workers are one of a group of key knowledge producers focused on elaborating safer sexual practices. Their worlds are metaphoric laboratories for empirical studies of emergent sexual practices.

Using qualitative research methods, including grounded theory, ethnography, and content and discourse analyses, this dissertation demonstrates that there are multiple meanings of safer sex. Data from three groups which produce safer sex information are analyzed: the Centers for Disease Control's public service announcements, sex manuals and sex workers' narratives.

There are three objectives of this research. First, the project describes the invention, deployment, and maintenance of safer sex as knowledge and technology situated in everyday life. Second, it identifies some consequences of using safer sex for individuals' self-perception. Sex workers experience transformations of professional identity when appropriating, inventing and transmitting safer sex practices and innovating tools for their work. Third, the project analyzes and criticizes some current prevention messages and reveals underlying ideologies which sustain these messages.

Knowledge and technology are produced through social interaction of multiple sets of actors. This dissertation demonstrates how *hidden* or *unacknowledged* communities of production, indigenous knowledge producers, can appropriate existing forms of knowledge and participate in creating new practices and technologies including transmitting this information to others.

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Chapter 1

Introduction

Producing Safer Sex

In the late 1980s and early 1990s, new forms of knowledge proliferated through the invention and creation of innovative computer technology, the discovery of new biomedical and genetic conditions, and the reformulation of language to describe these prevailing creations and discoveries. Specifically, technology and biotechnology, geneticism[2], and AIDS/HIV have had significant impact in several fields of knowledge, both formal (institutional and academic) and informal (everyday and taken for granted). With each new system and new ways of knowing, we have witnessed the elevation of the chosen few, experts, to impart "their" knowledge to the "rest of us." Like most self-fulfilling prophecies, these experts, through tactics to legitimate and credential their self-proclaimed expert status, convince us of the relevance of their knowledge claims and their agile proficiency. This dissertation is an investigation into one consequence of an international pandemic: the production of systems of knowledge by particular groups of experts who claim and practice competency in their everyday lives (Aronson 1984). These groups of experts, however, are rarely recognized as such and the object of their knowledge production, safer sex, has generally not been conceptualized as a site of work, competency or innovative knowledge production.

This dissertation explores the production of safer sex as a specific set of practices and knowledges created by multiple actors, specifically, the Centers for Disease Control, sex manuals[3]

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[2] By geneticism I mean the increasing social significance and cultural fascination genetic information has garnered. For example, the Human Genome Project, an international attempt to map human genetic material, has captured media attention nationwide.

[3] As discussed in detail in the Chapter Two, defining the arena of sex manuals lead to developing an inclusion criteria. In this research project, sex manuals are defined as book produced for popular (lay)

and active sex workers. I interpret data collected from institutions, cultural forms, and individuals whom I refer to as sex workers who daily, actively and physically produce knowledge about safer sex. I also examine the development and (re) configuring of technologies used to facilitate safer sex: various latex devices. Through these data, I explore how knowledge produced about safer sex is consequential for sex workers' own identities. I argue that constructing, deploying, and conveying safer sex may be accompanied by transformations in how individuals perceive and present their identities.

I use the term identity within the tradition of symbolic interactionism in which identity is conceptualized as a presentation of certain components of the self that is put forth into the world (Mead 1934/1962; Fontana 1984; Hewitt 1989). Identity is simultaneously the perception of the self by others **and** an individually processed, historically contingent, ideological construct. As I will show, we often change, manipulate and customize our identities through interactions with cultural and social materials around us. Safer sex, with its accompanying latex devices, is one type of cultural discourse (and collection of artifacts) that has an impact upon identity. As sex workers become familiar and agile at using safer sex, they modify previous conceptions of themselves and present changed identities.

The specific objectives of this research are:

- To undertake critical sociological examination of current AIDS/HIV prevention messages.

- To describe the invention, deployment, and maintenance of safer sex practices in everyday sexual activities by sex workers. These practices include both the use of latex products in

consumption. These books purport to offer some guidance, advice or suggestions about human sexual activities. Although, I collected data from approximately 16 manuals, the eight books I eventually chose to include in my research had to meet specific criteria. These books are written and co-written by a range of individuals including community activists, public health workers, therapists, and sex shop proprietors. They are published by feminist, local and popular presses (i.e., Cleis Press, Naiad Press, Yes Press and Barricade Books).

conventional sex activities and the invention of sex activities which control the exchange of body fluids and which innovate new practices with latex.

- To identify the strategies with which sex workers manage client resistance to using safer sex practice, such as latex products. Sex workers may experience resistance from their clients. For example, a client who does not want to use a condom. As business people, sex workers have developed ways to make safer sex with latex non-negotiable, erotic, exciting and successful.

This dissertation describes cultural, political and physical processes where the category of safer sex comes into being through written materials, videos and narratives of physical manifestations. At the analytic center of this dissertation, safer sex resides as a set of practices, a collection of flexible cultural artifacts and a form of knowledge within contemporary American culture. Sex workers are one group of practitioners who construct safer sex as knowledge and imbue these practices and artifacts with meaning (Mead 1934/1962; Mead 1970; Blumer 1969; Denzin 1989a; Denzin 1992). As I intend to show, safer sex is a set of divergent practices, a type of knowledge and a set of artifacts. I use the term artifact to suggest that the tools of safer sex, latex devices, are becoming (and in some cases have become) monuments to the 1980s and 1990s. Safer sex is a category of knowledge produced and distributed by different actors, in which each actor conspicuously or covertly relies upon existing social agendas or supports new ones.

In this introductory chapter, I first review recent developments in the sociology of knowledge with particular attention to sexual knowledge. Then I discuss my strategy of studying sex work and explain reasons for grounding analysis in a particular segment of this community. I next explore the ironies of the term safer sex and the instabilities of risk reduction and practices. I end this chapter with a summary of research questions, a brief description of my informants and an overview of my dissertation.

The Sociology of Sexual Knowledge

A cultural theme of the 20th century has been that "society" has not been able to catch up with expanding technologies or the social situations which result from using these technologies.[4] For example, new reproductive technologies have led to unprecedented and complex kinship situations in which the legal profession must formulate new ways of understanding and interpreting socio-technological consequences, and the people implicated must generate new categories of kin relations (Strathern 1992). Formal systems of knowledge production, such as the disciplines of sociology, anthropology, public health, critical legal theory and other social sciences, are scrambling to catch up with these innovations in order to better describe, interpret and predict their social and cultural implications and consequences. All of these knowledge producing disciplines must grapple with the tensions between the individuals as actors and their participation in social groups.

> The principal thesis of the sociology of knowledge is that there are modes of thought which cannot be adequately understood as long as their social origins are obscured. It is indeed true that only the individual is capable of thinking. There is no such metaphysical entity as a ground mind which thinks over and above the heads of individuals, or whose ideas the individual merely reproduces. Nevertheless it would be false to deduce from this that all the ideas and sentiments which motivate an individual have their origin in him alone, and can be adequately explained solely on the basis of his own life-experience (Mannheim 1936/1929:2).

Mannheim's ground-breaking theoretical work in the sociology of knowledge emphasizes the social origins of knowledge. This social basis of knowledge implies *interactive* production processes from which knowledge emerges.

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[4] This is commonly referred to as culture lag (Ogburn 1950). Ogburn observed that the cultural base does not always immediately follow changes in the economic superstructure of society. Sometimes socio-cultural arrangements lag behind economic changes. The term cultural lag can be applied to contemporary technological explosions and the seemingly remaining disarray of socio-cultural relationships.

Ideas about safer sex emerge from particular groups of actors in socio-historical settings. By asking where knowledge about safer sex comes from (instead of taking safer sex as an a priori social fact), I am able to locate some *hidden* or *unacknowledged* communities of production and practice. In other words, a sociology of knowledge perspective enables me to situate safer sex as an emergent knowledge system produced in part by a community of sex workers. Sex workers are situated within the socio-historical context of late capitalism and the AIDS epidemic. They interact with the media, their colleagues, and their clients to formulate conceptualizations of safer sex, simultaneously transforming existing meanings of safer sex. The sociology of knowledge perspective guides me to inquire about the conditions under which this knowledge is produced and the implications of its production.

A sociology of knowledge perspective, previously primarily concerned with formal systems of ideas, has also been influenced by recent innovative developments (Swidler and Arditi 1994). Encouraged by the interdisciplinary growth of cultural studies, the contributions of feminist theories, and recent work in social studies of science and technology, many ethnographic studies have shifted their focus to studying indigenous knowledge systems (Swidler 1994; Turnbull 1994; Messer-Davidow, Shumway, and Sylvan 1993; Watson-Verran and Turnbull 1995). Science and technology studies, feminist studies and post-colonial and cultural studies approach the sociology of knowledge differently, assuming that knowledge can come from anywhere, including "non-elites" (e.g., Frankenberg 1993; Moraga 1981; Mohanty 1988; Mani 1992; Kennedy and Davis 1993). These non-elites include "natives," patients and consumers of health care, lab techs, and service workers. This expanded notion of knowledge producers is used in science and technology studies to describe the creation of new forms of knowledge from local communities (Turnbull 1993). Indigenous knowledge producers, like the individuals and

communities discussed in this dissertation, appropriate existing forms of knowledge and participate in creating new practices and concepts by transmitting this information to others.

Starting in the early 1980s, a new catastrophic disease, AIDS, presented new material realities which devastated large segments of the population and spawned innovative survival strategies. To protect themselves in the face of this destruction, local communities of indigenous knowledge producers have established new sets of practices both to combat the disease and to make sense of it. These new forms of knowledge have emerged at different sites throughout American society, giving rise to variations in the meaning and practice of safer sex. Safer sex as a collection of practical knowledge both builds new knowledge and relies upon existing ideologies about human sexuality, gender relations, health, illness, and power. It consists of a collection of technical devices and hands-on know-how, and it involves a reformulation of identities. Safer sex is transmitted to (and among) groups of people through interactions within and between social institutions, the media, and popular culture. These interactions occur within particular constellations of social and economic conditions. Safer sex is a form of embodied knowledge (Haraway 1985; Haraway 1989) rooted in everyday practices of sex workers and, in turn, sex workers claim competency and proficiency at deploying safer sex.

Philosopher Linda Singer (1993) focused on developing analyses of sexual theory situated within the AIDS epidemic. Critically evaluating the sexual landscape, Singer deployed economic metaphors and analytic tools to explore human sexuality and reproduction under late capitalist systems of economic domination. In her estimation, a late capitalism highly "capable of marketing sexual pleasure" (Singer 1993:77), and the AIDS epidemic have together forced a simultaneous diversification and displacement of sexual priorities and pleasures. People are reformulating their own ideas about sexual gratification and sexual organization. Safer sex is one offshoot of a

growing collection of these new sexual expressions that take the form of commodities. Addressing the themes of reproductive technologies and prostitution, Singer (1993:58, 45) views the AIDS epidemic as an opportunity for new products and services to explode into the sexual marketplace or erotic economy: "Out of a situation of death and despair, cagey entrepreneurs are developing services and technologies designed precisely to address these new circumstances...the expansion of sexual services facilitated by technological developments expands the number and nature of sexual workers, especially expanding the numbers of workers outside the sphere of primary production." Sexual service work is expanding nationally and internationally. While Singer focuses on the sexual-economic revolution spawned by AIDS/HIV, my dissertation empirically investigates some of the production practices requisite for new and/or rehabilitated sexual commodities--the framework of safer sex.

Defining Sex Work

There are two key reasons I ground my analysis of the production and consequences of safer sex within a particular community of sex workers. First, AIDS is a communicable and sexually transmitted condition. For working communities making wages by selling sexual services, the need to comprehend the risks associated with certain sexual activities is paramount. Some denizens of sexual communities (like the sex workers I have studied here) are fluent in discussing sexual anatomies, practices, identities, variations and perversions. They are also members in diverse sexual communities such as gay/lesbian/bisexual/transgender/queer, s/m, cross-dressing and sexual fetish groups. Sex workers' participation in and exposure to human sexual diversities enable them to make the collective transition necessitated by the epidemic and develop new sexual practices, for instance using latex. Moreover, building on Singer (1993:50) I

analyze these sex workers as experts, extremely capable of crafting competency and proficiency in sexual encounters: "The very economic transaction transfers to the prostitute the signification attached to being a professional, of being expert, up on the latest developments, providing the quality of service for which others are willing to pay." In this particular qualitative sociological study, I have had the honor to meet and interview sex workers who have resources available to organize and mobilize their own safer sex creations. They have both informational and material infrastructures to achieve these socially significant ends.

Second, sex workers are commonly scapegoated by health and legal institutions for introducing and spreading AIDS into the "general population," and have therefore been forced to confront various constructions of AIDS for the past two decades. Since before the turn of the century in American society, prostitutes have been blamed for spreading diseases, especially syphilis and gonorrhea, to "innocent" others (Bullough 1994).[5] Social scientists have conducted studies to determine if prostitutes (both male and female) are "vectors of transmission" or "pools of contagion" of HIV/AIDS into heterosexual populations (Morse 1991; Scrambler et. al. 1990; Pleak 1990; Sonenstein 1989). These research designs are centered on inquiries into the safer sex practices of sex workers. While most of these studies perpetuate a blame-the-prostitute ideology,

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[5] Adapting the work of cultural critic Raymond Williams, Jan Grover's (1987:18) *AIDS: Keywords* explores the shifts in language as one "socially meaningful fact," AIDS, impacts our everyday life and vocabularies. Grover (1987:27) presents the predominant definition of prostitute as "as an undifferentiated 'risk group'" rather than as an occupational category whose members should, for epidemiological purposes, be divided into IV drug users and nonusers with significantly different rates of HIV infection." Similarly, Alexander (1987, 1994) believes that the existing stigmatization of prostitutes has intensified the tendency to blame prostitutes for both contracting the disease and for transmitting it; prostitutes have become scapegoated. The prevalence of these definitions has impacted many arenas of social science research. Some social science has worked to combat scapegoating prostitutes. For example, Graham Scambler and his colleagues (1990) conducted a qualitative research project with Western prostitutes. Researchers created a space where sex workers could authorize their own accounts of sexual practices and experiences in confronting the epidemic. Interpretive data generated from their twelve in-depth interviews directly challenged the prevalent assumption that Western sex workers are transmission points of HIV/AIDS to the heterosexual population. These sex workers were well educated about HIV and adept at using condoms.

one study, "Hey Girlfriend: An Evaluation of AIDS Prevention among Women in the Sex Industry" (Dorfman 1992), represents a shift in theoretical modeling. Primarily attending to developing interventions to prevent the spread of HIV/AIDS **within** the sex work community, these researchers combined epidemiological and ethnographic methods to assess the effectiveness of risk-reduction strategies aimed at maintaining sex workers' health.

Additionally, it is important to note the salience of gender, race and class when considering female prostitutes and AIDS (Stoller forthcoming; Stoller Shaw 1988). For instance, Suzanne Smeltzer's (1992) article on "Women and AIDS: Sociopolitical Issues" addresses how the ideological representations of women as mothers, sex partners or caretakers prevents governmental agencies from seeing women as individuals with particular health concerns. Until recently, women have not been included in clinical trials or treatment protocols nor have specifically female symptoms been understood or classified by the Centers for Disease Control as AIDS related conditions. This institutional and institutionalized neglect of women with AIDS has promoted a "blame the victim" view of women as vectors of transmission, instead of "women themselves as victims of transmission from the men in their lives rather than the source of infection" (Smeltzer 1992:155).

In "Women and AIDS," Nancy Shaw and Lyn Paleo (1986) discuss risk factors for women. Citing drug use, heterosexual contact, and blood transfusions, Shaw and Paleo (1986:142) specifically state that "there is no evidence that prostitutes constitute a special risk category." However, as the authors continue, this lack of evidence does not prevent the blaming and stigmatization of women who cannot prove the source of their infection. Both female and male sex workers are featured in societal constructions of transmission and respond to these constructions through their community and individual work. As demonstrated in this

dissertation, for many sex workers, dealing with AIDS has become a part of their everyday life and they have become highly knowledgeable at managing the threat of AIDS through safer sex practices.

The definitional contests involved in constructing *sex work* demonstrates the category's unstable, permeable and porous boundaries.[6] Many contemporary academic perspectives note that engaging in sex work generally involves women exchanging particular erotic behaviors and practices with men for economic gain (Pheterson 1990; Overall 1992; Day 1988). Since many women operating both within and outside of the heterosexual paradigm often exchange sex for sustenance (Atkinson 1974; Singer 1993), there must be something different about certain women's experiences and/or identities which would encourage them to choose to label themselves and/or force them to be categorized by others as "sex workers." In an effort to explicate the social construction of this "different" group of women and the enforcement of this boundary, Gail Pheterson (1990) explores the (often unacknowledged) activities of social scientists in *creating* the category of sex worker through critically reading scientific sex research. Her article, "The Category "Prostitute" in Scientific Inquiry," defines the word prostitute to mean "the act of soliciting money for sex" (1990:398). According to Pheterson (1990:399), being a prostitute is not simply a "temporal activity" but rather a "heavily stigmatized social status" which can be fixed on an individual for life. Other sexual-economic exchanges (like marriages) occurring in everyday life are not examined by researchers as creating sex workers and therefore are not problematized,

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[6] In this dissertation, I focused exclusively on Western sex workers. Throughout history, although there are some continuities, Western definitions of sex workers have changed (Connelly 1984; Bell 1994). One contemporary example of transforming notions of sex workers has occurred over the past twenty years due to AIDS. Although these sex workers are situated within the global economy of prostitution and the processes of industrialization of commercial sex, the conditions under which they perform their work (discussed in Chapter Three) differ significantly from other types of sex work. For a detailed discussion of other types of sex work from a decidedly anti-prostitution advocate, see Barry (1995).

in an interesting and ironic asymmetry. It is the act of categorization and labeling a particular

group of women (and men) as sex workers (or prostitutes, in her case) that constructs the group.[7]

While Pheterson levels a serious critique against social science constructions and

fascination with prostitutes, her work could be strengthened by applying labeling-theory or other

interactionist epistemologies and theories. These sociological frameworks offer insight into the

processes of social categorization and attributions of deviance to particular sets of behaviors or

practices. For instance, Goffman's (1963) well-known book *Stigma* which explores the symbolic

and social processes of labeling others, enriches our understanding of how sex workers come to

have what Pheterson (1990:399) calls a 'heavily stigmatized social status." According to

Goffman, stigma is a process in which there are three positions: the stigmatized, the normals, and

those who are ambiguous and/or "passing". Goffman's (1963:4) theory explains the interactional

strategies and processes which classify certain human physical manifestations, dispositions, and/or

activities as stigmatized or "disqualified from full social acceptance."

Hughes (1971) developed a theory to examine the dichotomous constructions of "in

groups" and "out groups" based on their relationship to *dirty work*, a type of moral division of

labor. Good people, people ordinarily thought of as moral, upstanding members of society, may

engage in dirty work, tasks considered to be unsavory or polluted by existing social standards.

Individuals are classified depending upon their engagement in and relationship to those who

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[7] In "Screwing the System: Sexwork, Race and the Law" (1992), Anne McClintock discusses the emergence of the whore stigma. Her article addresses the similar positions of wives and prostitutes. Both exchange sexual services for sustenance; both are viewed by legal systems as un-rapeable. However, prostitutes are stigmatized because they "flagrantly and publicly demand(ing) money for sexual services that men expect for free, prostitutes insist on exhibiting their sex work as having economic value. The whore stigma reflects deeply felt anxieties about women trespassing the dangerous boundaries between public and private" (McClintock 1992:72). Within socialist feminist theory, the comparison of marriage and prostitution has been well theorized. For example, the well-known work of Gayle Rubin (1975) explores how kinship networks are based on the exchange of women in society including but not limited to transactions of female sexual labor.

perform dirty work. With the self awareness that one's identity might be impugned by the

association with dirty work, individuals may become isolated or form closed social groups (Davis

1984); types of community closure occurs in some sex worker communities. Alternatively, the

tacit designation of some work as dirty work may result in workers' maintaining the integrity of

their work (Emerson 1976:253). This maintenance of integrity enables sex workers to affirm their

work as sexual, related to the body and messy but nonetheless important and/or indispensable to

society.

These positions are not concrete, consistent and determined; rather the positions represent

an interactional process whereby individuals or groups take on certain perspectives. Since

members of society participate in multiple ongoing interactions, this process is fluid and changes

depending on historical circumstances.[8] We take part in both positions of stigmatized and normal,

in groups and out groups. Sex workers, however, have assiduously been located in the

stigmatized and out group through their "dirty" occupation dealing in the exchange of sexual and

erotic experiences for money.

Building on the work of Goffman, interactionist labeling theories view deviance not as an

objective, obdurate, pre-existing fact to be discovered but as a social product "closely linked to

the dominant social control institutions in the (historically situated) society" (Conrad 1980:17).

In other words, deviance is constituted by the acts of labeling and the claims-making activities of

the self toward the self, and insignificant others, significant others, and/or powerful social groups

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[8] This very notion of stigma as historical and changeable is illustrated in this quote from one of my early interviews: "None of the religions offered me anything so I started researching and I um looked to the pre-Judeo Christian beliefs about the goddess, in the divine nature of women's sexuality and the part that the sacred prostitute played in temples." Cassie finds distant historical interpretations of prostitutes' social roles more useful to her identity than contemporary renderings.

toward the self (Goffman 1963; Conrad and Schneider 1980). Those to be deemed deviant may also need to learn how, as Becker's (1963) "On Becoming a Marijuana User" demonstrated. Certainly sex workers go through a training period (as explored in Chapter Four).

Not only does labeling a certain behavior or social variation as stigmatized or deviant construct it, but there are specific social relations from which these constructions emerge. For instance, as Foucault (1979) states, the rise of disciplinary power, commencing during the shifts from feudalism to capitalism and monarchical to bourgeois rule, generated a society of normalization. In an effort to create docile workers and compliant subjects, power/knowledge relations articulated in medical, legal and economic discourses must simultaneously form humans as subjects and objects of knowledge for the sciences. Drawing upon this framework, women and men who work in the sex industry are medically, legally and economically *labeled* as deviant because they do not comply with ideologically "normal" representations of women and men and they are *categorized* as "prostitutes." Prostitutes are defined as engaging in "dirty work" in attending to the bodily needs of sexual gratification in explicitly economic terms. In other words, "prostitutes" are constructed to occupy a particular subject position, and then are objectified and researched as an actual deviant population (for example, in studies of STDs and HIV). Jana Sawicki (1991:22), a Foucauldian philosopher, addresses the potential effects of exercising such power over a group of people: "[D]isciplinary practices create the divisions healthy/ill, legal/delinquent, which, by virtue of their authoritative status, can be used as effective means of normalization and social control."

Feminist philosopher Christine Overall (1992), in her paper "What's Wrong with Prostitution: Evaluating Sex Work," primarily focuses on current institutional circumstances which sustain and constrain sex worker's situations. Through investigating the irascible

relationship between sex work and feminist theoretical and political positions, Overall posits the

explicit and immediate *economic contract* as essential to sex work. In so doing, she moves away

from possible pejorative views of committing sex acts and instead centers her analysis on the

purchasing of sexual activity under capitalism. Overall views sex work as an economic exchange

which necessarily creates a relationship of asymmetry: the disadvantaged sell to the more

privileged. Her argument, congruous with socialist feminist perspectives and a renovated feminist

dual systems perspective[9], ties the situation of sex work to structural conditions: "Sex work is an

inherently unequal practice defined by the intersection of capitalism and patriarchy" (1992:724).

This definition relies on Overall's questionable belief in a separate and distinctive private sphere

where the activities of cooking, childcare, and sex can exist outside of the forces of

commercialization and commodification—locations and positions beyond public economics. I

would disagree as her definition fits marriage as well. Nonetheless, Overall's perspective of

evaluating the disciplinary institutional mechanisms as both constructing and constraining sex

workers adds new explanatory dimensions.

While Overall positions sex workers within inherently asymmetrical structures which

confine their agency, anthropologist Sophie Day takes a slightly different perspective in her

comparative analysis of sex workers from the West, Asia, and sub-Saharan Africa. Similar to the

above definition, Day (1988:421) defines prostitution as "acts (which) may be defined as the

exchange of sexual services for money or goods between two or more people." Through

investigating particularities specific to Western sex work, Day emphasizes the salience of

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[9] Dual systems theory, criticized and re-articulated by Iris Marion Young (1990:32) as feminist historical materialism, posits feminist political economy that is "a thoroughly feminist historical materialism, which regards the social relations of a particular historical social formation as one system in which gender differentiation is a core attribute." Analyzing laboring activity is crucial to understanding domination.

professionalization in reshaping contemporary notions of sex work. Professionalization strategies include prostitutes' shifting self definitions to see themselves as workers (see for example Delacoste and Alexander 1987) with specific jobs skills. Day's definition considers the resistance and self-reclamation activities of women living under systems of patriarchy, capitalism and disciplinary powers. Her analysis is distinctive because it considers the self-constructed identities of those who are labeled as deviant but who participate in negotiating any constructions imposed on them.

Drawing on the substantive work of Pheterson, Overall and Day, and the theoretical tools of interactionist labeling theory along with Foucault to deconstruct the notion of the sex worker, I have formulated three assumptions. First, the notion of "sex worker"/"prostitute" emerges out of specific historical, social and discursive processes (for instance, legal, sociological and popular discourses) which label, and in so doing create, certain behaviors as deviant. These processes are usually mechanisms of social control often used to discipline individuals. In particular, women may be constructed by often contradictory representations of "good" and "bad" women (Bell 1994). Second, the political, institutional, social, and economic environments under which sex work takes place simultaneously constrain and constitute what sex work can be. As theorist Gayle Rubin (1993:23) states, "There are continuous battles over definitions, evaluations, arrangements, privileges, and costs of sexual behavior." Third, sex workers are not wholly determined by their labelers or environments. Sex workers interact, deploy, resist and manipulate their multiple identities and particular environments. Further, these machinations change both how others define sex workers and how sex workers define themselves.

Defining Safer Sex and Risk Reduction

Representations of both human sexuality and individual sexual identities are historically situated and undergo transformations which reflect individual and community struggles and the realignment of social priorities. In this era of AIDS/HIV, aspects of human sexuality are continually reconstructed in particular ways. New identities, such as "queer", and new concepts, such as "safer sex" emerge from within social groups to define and describe new experiences. In the early 1980s, as AIDS began to be constructed and perceived as a significant public health and social problem, governmental public health officials and social scientists focused attention on *diagnosing* the disease, *containing* the epidemic and *managing* or *disciplining* those infected or considered 'high risk'. Simultaneously, certain self-conscious and reflexive sexual communities were strategizing to educate themselves about methods of risk reduction and to create new erotic variations (Patton 1989; Altman 1993). In many ways, responses to AIDS illustrate the contested nature of medical knowledge, prompting questions regarding the legitimacy of knowledge claims about both AIDS and AIDS prevention.

This dissertation explores how safer sex is not an equal opportunity message, but instead a series of (sometimes divergent) messages (which comprise a system of knowledge) produced at multiple levels ranging from wider institutional and national actors to groups and individual levels of interaction. These messages are continually (re)produced and distributed to sexually active individuals with agendas of transforming individual sexual practices and identities. Cindy Patton (1989) credits gay men with inventing safer sex. She suggests that the gay male community, through resisting heterosexist ideological messages of monogamy and celibacy, developed safer sex as a way to remain a positive "sexual" community. These initial steps toward safer sexual activities have slowly been adapted and popularized to reach many different groups of people with

divergent sexual practices.[10] Sadomasochist (s/m) communities, groups of people who play with consensual exchanges of power in sexually charged scenes, have also been groups active in the construction of safer sex practices and the integration of latex devices into erotic performances (Califia 1994).

But what exactly do we mean when we use the terms safer sex? In his invaluable work on sexual story telling, Plummer (1995), suggests the development of new sexual stories during recent decades. Safer sex is "a new language of sexual experience in the making which shifts emphasis away from the traditional talk of penis-vagina procreational sex" (Plummer 1995:158). However, the very attachment of the adjective safe with sex must be problematized since this new terminology, "safe sex," is somewhat of a misnomer. Who decided that sex was safe before AIDS?

Historical accounts of nineteenth century women's sexuality and health discuss themes ranging from the challenges of childbirth and medicalization (Leavitt 1984), ideological constructions of female sexuality (Degler 1984) and dangerous gynecological surgical procedures (Longo 1984). These accounts and others like them suggest that sexuality, particularly female sexuality, resided in high-risk worlds. For different groups of people, especially women, sex continues to be associated with violence in the form of rape and sexual battery, illness and physical hardship in the form of reproductive complications, disease in the form of sexually transmitted conditions, and unwanted pregnancies. For gay men, sexually transmitted diseases

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[10] While I do agree that this origin story is a likely representation of one location where safer sex emerged, it is important to recognize however, that individuals and communities were likely made aware of practicing sex in safer ways to control avoidable unwanted situations or violence. Pregnancy and sexually transmitted disease prevention established a vocabulary and understanding of manipulating sexual scenarios—precursors to safer sex.

have posed distinctive risks often unrecognized by health care professionals.[11] The term safe sex obscures the multiple risks and dangers that individuals have faced throughout history. Ironically, the invention of the term safer sex to combat AIDS implies that sex was safe at some point (Singer 1993). Regardless of the irony of the term, however, safer sex has now become part of American everyday life and media(ted) culture.

The transmission of knowledge about AIDS and safer sex does not follow a unilateral, top down template. As Dennis Altman (1993) has explored, knowledge about AIDS becomes accessible to people from different routes. Knowledge originates in different experiences from the "expert" knowledge produced by institutionally sanctioned officialdom, such as the Centers for Disease Control and biomedical health care providers on the one hand, and "experiential" knowledge of people with AIDS and communities directly impacted and implicated by AIDS on the other (e.g., Epstein 1991). The circulation of definitions about safer sex from the outset have not been top-down knowledge, rather these definitions emerged from the work of sexual communities. Since the initial production of safer sex in the gay male, sex work and s/m communities, there has been an expansion of groups who produce knowledge and representations about safer sex. A partial list of these groups who disseminate information about HIV/AIDS transmission includes government organizations, the media including newspaper journalists (in both the gay and mainstream presses), public health departments, community based organizations

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[11] Long time community activist, G'dali Braverman, from the San Francisco Living Well Project, has stated that in certain urban centers gay men's sexual health was recognized as problematic by some health care professionals, particularly in the case of hepatitis. However, in many locations, gay men's sexual health was not considered by health care providers. The AIDS epidemic has changed this lack of attention to gay male health bringing not only gay men's sexual health into the fore of health care debates but gay male lifestyle, social customs, and habits.

(e.g., the San Francisco AIDS Foundation), political activist groups (e.g., ACT-UP), and individuals in sex-related occupations (e.g., sex workers).

While safer sex practices emerged from and have been articulated as experiential knowledge to reclaim "high risk activities" (Altman 1992; Patton 1989), there is also a process by which experiential knowledge is appropriated by institutionally sanctioned organizations, like the CDC, and transformed into "expert knowledge." Each appropriation of safer sex practices by expert institutions usually modifies previous, and often pro-sex, messages and representations, in ways commonly referred to as *co-optation* (Ruzek 1980; Ruzek 1978). In her work on the women's health movement, Ruzek (1978) explores how the practices of certain self-conscious political movements can be absorbed by mainstream institutions and normalized, often for profit. At the same time that the goals of the movement are popularized by this appropriation, the revolutionary potential and thrust of the practices are neutralized and the movement itself is undercut. Within the development of safer sex as a discourse, these appropriations run rampant. Thus, there exists no strict delineation between expert and experiential knowledge. Rather the borders are blurry and porous and cross fertilization of ideas often occurs. Public service announcements, sex manuals and sex workers all use each other's information and experience to develop their "stuff." In the appropriation process, the "stuff" is stylized and transformed by the appropriator (knowledge producer) and inscribed with new meanings.

Since AIDS is a relatively new communicable disease, knowledge about transmission is still in the process of becoming standardized and routinized. But AIDS is not merely a new disease. It is a disease that is concentrated in particular communities and socially constructed within the confines of power relations. Homophobia and racism have had profound significance in how knowledge about AIDS, HIV and safer sex has been constructed.

Knowledge producers almost uniformly represent particular sexual practices as high risk activities. Activities such as having anal intercourse without a latex condom with internal ejaculation is considered a high risk activity. This designation is due to physiological consequences leading to a greater likelihood of transmission (semen mixing with blood in the thin and raw lining of the anus and rectum). At the same time, however, there are gray areas of sexual practice where the knowledge of risk is contested. Certain practices have either not been deemed worthy of intensive investigations or are relegated to the realm of "unknown" risk.

Among these diverse groups of knowledge producers, assessments of the risk associated with oral sex is inconsistent, "unknown" or divergent. Additionally, different North American cities, such as Seattle and Vancouver, have drastically different community-based organization messages about the safety of oral sex without latex barriers (McMillan 1996). Recent scientific research on the risk associated with oral sex indicated that during 1984-1992, there were only three documented cases of transmission due to male homosexual oral sex (McMillan 1996). Lesbian or woman to woman oral sex has also been the subject of much debate (O'Hanlan 1995). In many circles, lesbians are beginning to question the need to use latex dental dams (O'Sullivan 1992); these women want to know what is the actual risk associated with a particular practice and what is the result of AIDS hysteria or a misunderstanding or denigration of lesbian sexual practices. As stated in one recent article, "many lesbians believe it is safe to go down on another woman, except during her menstrual period, and think it is possibly just a societal stigma against their sexual practices that demands use of an artificial barrier" (McMillan 1996:3).

Risk Reduction

Such differences in what constitutes safer sex and safer sex messages have been the focus

of scholars who study AIDS.[12] In particular, Watney (1993) discusses differences between British

and U.S. constructions of safer sex. Through a content analysis of messages from state sponsored

programs in each country in the 1980s, Watney typifies British campaigns as primarily aimed at

safer sex and risk *reduction*. In contrast, US messages were unrealistically aimed at *safe* sex and

risk *elimination*, a seemingly unattainable goal. This is troubling to Watney (1993:21) because

"given the diasporic nature of interactional gay culture, there is a real risk that US models of safe

sex education will increasingly come into conflict with European and other safer sex initiatives,

aiming at the more modest, yet pragmatically achievable goal of risk reduction, rather than the

chimerical goal of risk elimination, which is in reality only likely to put people at increased risk of

HIV by exaggerating danger and expecting too much." A similar point is also made by Hart

(1993:80): "to bombard people with undifferentiated and absolute messages about unsafe sex is

not substantially going to affect this behavior given the dominant concerns of their lives." [13]

Differentiated risk is now the standard in safer sex messages and representations in the US

as well as Britain. Similar to rhetorics of choice, lists differentiating risks of sexual practices

appear to offer people a list of sexual activities from which to choose. Each choice is attached to

an indicator of the associated level of transmission risk/safety. An ideology of choice and the

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[12] In this chapter, when speaking in general about safer sex, I use the term safer sex. When analyzing particular data sources, I defer to their word choice.

[13] A recent article in the *New York Times Magazine* addresses this very problem of AIDS hysteria and the backfiring of absolutist safe sex messages directed at young people (Daum 1996). As the author states, "Health educators and AIDS activists like to think that people of my generation can be made to unlearn what we never knew, to break the reckless habits we didn't actually form. But what we have learned thoroughly is how not to enjoy ourselves...Heterosexuals are receiving vague signals. We're told that if we are sufficiently vigilant, we will probably be all right. We're being told to assume the worst and not to invite disaster by hoping for the best...Our attitudes have been affected by the disease by leaving us scared, but our behavior has stayed largely the same" (Daum 1996:33).

endorsement of the sexual individual as a risk manager and risk taker is lurking within these lists. However, as sociological and anthropological interpretations of many health promotion campaigns' elaboration of risk teaches us, one must take into consideration the definition of the situation each individual risk manager constructs to assess risk in his/her own daily life (Thomas 1978). For example, Rapp's (1995) participant observation of genetic consultations for amniocentesis offers empirical evidence of how risk operates in daily lives of pregnant women. These women must assess the risks of medical procedures and information amid an ongoing negotiation of risk in everyday life. As Rapp's (1995:26) work demonstrates, there can be no hard and fast rule about what risks are worth taking by whom: "What constitutes an 'acceptable risk' will vary among individuals and communities. And some social groups are more self-conscious about socializing risks and their costs than others."

Similar evidence suggests that the constructions of risk within safer sex or risk reduction messages aimed at curbing the transmission of HIV must also be interpreted within the conditions of individuals' lived experiences. Dooley Worth (1989) suggests that for women, especially American inner city women who are Injection Drug Users, the immediate socio-economic and cultural costs of negotiating risk reduction and safer sex are often too high to allow women to protect themselves. By engaging in discussions of safer sex, women run the risk of losing a steady partner, intimacy, or economic assistance and, as a result, may face poverty, violence, abandonment and/or stigmatization. Kane's (1990:443) lifestories of two women's sexual risk negotiations reveals similar findings to both Worth and Rapp: "Although risk behaviors can be independently identified in epidemiological analysis, in everyday life risk behaviors are intertwined with concerns other than health. Any significant change in sexual practice may call into question the balance of power that women and men achieve in their relationships to each other as couples,

as family members, and as members of a community or subculture with its own gendered traditions. The negotiation of risk-reducing changes is thus tied to ever-widening domains of social and economic activities." *Thus, there is no standard meaning of acceptable risk.*

Taking into consideration the variable meanings of safer sex and risk as particular to each individual's situation, differentiated risk lists often appear with risk assessment guidelines. These guidelines are intended to encourage engagement in personal decision making to determine one's own acceptable level of risk. The following is a typical differentiated safer sex list I have compiled from my readings of sex manuals and public health documentation:[14]

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[14] These lists are compiled from various safer sex manuals and anecdotal experiences (Winks 1994; Morin 1981/1986; McIlvenna 1992).

TABLE 1
List of sex practices and risks

Safe or Very Low Risk Practices:

Sensual Massage
Hugging, cuddling, snuggling
Mutual self-masturbation
social/dry kissing or tongue kissing on anywhere but mouth, genitals and anus
dry humping
phone sex
computer sex
fantasy
showering together
flirting
sadomasochistic games without bruising or bleeding
viewing pornography (movies, books, live dancing)

Possibly Safe or Possibly Risky Practices:

French kissing
anal intercourse with latex condom
vaginal intercourse with latex condom
fisting with a latex glove
oral sex with latex barriers/ oral sex on a man without ejaculation
fingering with latex barrier
watersports-contact with urine (not in open cut or wound)

Possibly Unsafe Practices:

oral sex without a latex barrier (especially during menstruation)
fingering without a latex barrier
fisting without a latex barrier
sharing sex toys without latex barriers

Unsafe Practices:

anal intercourse without a condom
vaginal intercourse without a condom
masturbating with other's body fluid
rimming without a latex barrier
blood contact
oral sex on a woman during her period
sharing needles or blood while piercing or shooting drugs

It is within the "Possibly Safe" and "Possibly Unsafe" categories that innovations and controversial safer sex ideas are constantly being reformulated. Eschewing the potential liability of administering lethal advice, the modifier "possibly" creates a space for judgment to rest with the individual. It is on these gray areas of sexual practice, the "possibly" categories, that I focus greatest attention, especially when analyzing the sexual practices of sex workers. Here, one can witness knowledge production in a dynamic and experimental process. As seen in the activities of the sex workers, negotiating the slippery slope of transmission probability leads people to construct different courses of action for managing risk. There are few hard and fast rules of practice in these gray areas and discrepancies in actual practices are common. Additionally, the erotic economy in late capitalist societies in the age of the epidemic is expanding in new directions, further complexifying our ideas of what (safer) sex entails.[15] Singer (1993) explores how emergent socio-sexual forms and practices must be categorized within the standards of safety and risk and thus incorporated into the ever-changing differentiated risk list.

In sum, *there is no standard meaning of safer sex.* As the epidemiology and simultaneously the meanings of AIDS change, safer sex as a list of practices is revised. These practices are constantly changing in part through the development, innovation and application of new latex technologies and devices of old. Moreover the messages about safer sex become aligned with particular ideologies such as the duty to be healthy and political and community activism.

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[15] In her book, Linda Singer (1993:114) discusses the transformation of human sexual exchange as the result of AIDS leading to the erotic economy based on a "new more prudential sexual aesthetic, in terms of which desires and behaviors are stylized, valorized and eroticized." According to Singer's analysis, the reorganization of the erotic economy affects many social processes including human reproduction, sex work, and sexual identities.

Research Questions and Overview of Dissertation

I argue here that safer sex is a set of practices and ways of knowing that individuals adopt and adapt to fit their needs. Emerging from multiple social worlds over the past 15 years, safer sex has established a place in various social locations and communities. Sex workers comprise a community of practitioners and reformulate safer sex within their daily lives. At the same time that sex workers produce safer sex in their interactions, they are also learning about safer sex from other places/sources. Therefore the actual production of safer sex is a dynamic and ongoing process of enactment and integration. This dissertation is organized in accordance with my data analysis in which I concerned myself with specific research questions emerging from the similarities and differences of sex workers' experiences.

In Chapter Two, I outline my methodology. Reflexively, as a social scientist and a contextual constructionist,[16] it is important for me to understand my own work as a co-constructor of definitions and labels. During my explorations of this domain, I have continued to modify my definition of sex workers, incorporating heterogeneous meanings of this identity from my experiences with both sex workers and academic disciplines as knowledge producers. My experiences with sex workers includes 27 semi-structured interviews with 19 self-identified sex workers. Conducting this research in the San Francisco Bay Area has enabled me to access a diverse community of research subjects and colleagues. San Francisco, rich in racial, ethnic and sexual diversity and home to a large gay and lesbian community, provides fertile ground for both collecting data and interpreting issues in human sexuality. For example, the abundance of

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[16] In another paper (Schmidt and Moore 1994), I align myself with contextual constructionists in the social problems theory debates. Contextual constructionism allows the researcher to become a participant in the rhetoric of social problems construction (Spector 1977; Ibarra 1993). This theoretical consideration opens up the possibility of radical reflexivity when considering one's role in social problems construction.

sexuality-related community based organizations such as the San Francisco Sex Information Line and AIDS organizations help to create an environment that simultaneously celebrates and challenges socio-cultural notions of human sexuality. It is within this geo-political environment that my informants and I live; it is where we participate in the multiple constructions and debates about human sexuality.

These informants, 17 women and 2 men, worked primarily through "in call" (in-home prostitution) or "out call" (worker and client agreed site). None were street prostitutes. They were all over 18 years of age with a median age in their late thirties. The major requirement for inclusion in my interview sample was the sex worker's self-acknowledged consensual engagement in sexual activities which involved controlling the exchange of body fluids. These sex workers, more explicitly described in Chapters Two and Four, are career sex workers and are not drug dependent. They work on a freelance and relatively autonomous basis. Most are also actively involved in community based organizations for health education, sex worker rights or feminist concerns and I have worked with some of them in such contexts as volunteering on sex information lines and political organizing. Their age, clientele, price ranges, and work sites all enable them to negotiate greater power and control in the sex work situation. Moreover, the conditions of this type of sex work establish an environment where safer sex practices are produced and shown to others, such as clients. These sex workers are also eloquent in explaining their own transformations of their professional selves encountered through practicing a sexual trade in the time of AIDS/HIV.

This dissertation is a detailed empirical investigation into a community of practice not often considered worthy of scholarly respect. It is an empirical investigation which does not start from a position of pathology but one of interest in the practical knowledge and skills of the

community. At the same time that I take into my evaluation the stigma and controversial positionality of sex work within American society, I do not interact with these social actors as personally stigma-ridden or controversial. Instead I approach them as experts on a knowledge system and innovators of technological solutions to situations of embodiment. I observe and interpret their strategies for maintaining their expertise and discuss the professionalization which may partially drive their refinement of existing safer sex discourse.

To set the stage, I have explored actors who continue to construct safer sex. Chapter Three identifies the three major sources of production of knowledge about safer sex in the United States: the Centers for Disease Control public service announcements, sex manuals, and sex worker narratives and practices. I employ content and discourse analysis methods to interpret how knowledge is produced, stylized and represented. The consequences of these realms of representation are also explored and compared. Safer sex thus becomes a series of prevention messages which describe practices aimed at enabling people to remain sexual while decreasing the chance of the transmission of HIV (CDC). Safer sex commonly appears as a list of practices with associated risks of probable transmission (sex manuals). It becomes also a discipline of bodies and consciousnesses (sex workers). I address the development of a cultural discourse around safer sex by looking at one location where safer sex is an ongoing accomplishment, the lives of sex workers.

Drawing on theories from the sociology of health and illness, Chapter Three illustrates that depending on who is doing the constructing, safer sex can be a quick and simple list or a component of a highly disciplined and complicated regimen. There is an overlap of safer sex as a form of resistance to domination and a form of surveillance. Sex workers practice safer sex as a form of resistance against messages that they should stop working because they are vectors of

disease. The state (through the CDC) and other conduits of cultural discourse of safer sex (sex manuals) create a discourse of safer sex to strongly persuade individuals to adopt surveillance of exchanged body fluids. Within this chapter, I ask

- What are some of ways metaphors are used to construct of safer sex (i.e. "having safer sex is like fucking with a raincoat on", "safer sex is a way to take care of the body") and what ideologies do these constructions perpetuate?
- Are individuals developing understandings and relationships with safer sex as influenced by cultural constructions?
- Building on the work of Foucault, Arthur Frank (1991:60) states that the "paradox of resistance [is that it] will often reproduce that which it initially opposed." Is this happening with safer sex and what are the consequences?

Certain ways of understanding safer sex may contribute to individuals' reluctance to incorporate practices into their everyday sexual activities. I want to understand what some of these negative meanings of safer sex and latex may be. As suggested by Jennifer Terry (personal communication, 1994), distinctions need to be made among the intentions, forms and consequences that different kinds of regulation, co-optation and resistance have on bodies and identities.[17] Just as safer sex advocates learned the value of differentiating risk in deploying education and awareness of safer sex modalities (Hart 1993; Watney 1993), so too must I work to understand the complexities and differentiations of resistance and normalization. I take up these subtle, yet powerful, nuances of normalizing tendencies and subsequent resistances within my analysis of research data.

In Chapter Four, I am primarily concerned with:

- Who are these practitioners of safer sex?
- What are the conditions under which bodies engage in different types of sex?
- What are the basic social processes actors need to go through in order to create and incorporate safer sex into their embodied sexual and erotic experiences?
- What are the new body techniques (Mauss 1934) developed by sex workers?
- What are these new subjectivities that have emerged during AIDS?

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[17] Similarly, in her article, "Finding the Man in the State", Wendy Brown (1992) argues for a more complex and deconstructionist analysis of the state as a disciplinary institution in women's everyday lives. Contradictions abound and require analysis.

- What are the emerging mobile subjectivities (Ferguson 1993)?
- How have new body techniques been consequential for identities?

In many ways, the embodied activities of the sex trade community have taught us a great deal about new ways to consider our erotic identities. I believe this research project can move current work on self and identity in new directions through investigating the consequences of safer sex practices for embodied identities. As previously noted by Patton (1989) and Watney (1993), there have been multiple consequences for sexual identities of both individual and institutional management of AIDS. I elaborate my interpretations of interviews with sex workers with specific attention to their deployment of safer sex within their work. I describe the conditions of sex work for these informants and analyze both the gradual and their own dramatic turning points and transformations of professional selves sex workers experience in confronting AIDS/HIV and safer sex using grounded theory and Labovian narrative analysis techniques (Labov 1972). Individuals are reminded to use safer sex techniques through both gradual immersion in an AIDS culture and dramatic lived experiences. Relying on my theoretical training in symbolic interactionism, I explore how these professionalizing transformations of professional selves are depicted in latex failure stories. Here, sex workers reveal vulnerable selves and selves in process. These selves negotiate the levels of risk and safety involved in their work while simultaneously maintaining face and seeking surer ways of performing safer sex practices.

Chapter Five moves to the technical tools of the trade in safer sex to analyze the meaning and use attributed to latex devices.

- How are these technologies for transforming eroticized bodies deployed?
- For example, how is latex used by and on the body?
- How does a sex worker understand latex?
- Does it transform one's relationship to the body as vulnerable or invincible?
- How does the practice of safer sex change the erotic nature of the body and body fluids?

Due to AIDS, sexual activity may well have become more deliberate and conscious and, as Linda

Singer (1993) suggests, forced a reinscription of the erotic body away from those "original"

inscriptions (such as one that "wallows in body fluids"[18]). Since embodied eroticism has to be

*re*invented in the age of epidemic, new body techniques have proliferated. For example, in the sex

trade, women have developed methods of putting a condom on a penis by using their mouths.

Many of the sex workers are activists in women's health agencies, safer sex education programs

and sex worker rights organizations. Thus, many techniques developed by sex workers have a

"trickle-up" effect and have been included in safer sex education throughout multiple communities

including high school sex education classes, women's magazines, and television programs.

Through the histories of these technologies and their regulation and an analysis of sex

worker narratives, I explore the development and transformation in meanings of latex devices as

they are deployed. Taking each device in turn (male condoms, female condoms, dental dams,

latex gloves, and finger cots), I suggest these devices have "interpretive flexibility." That is,

drawing on scholarship in technoscience studies, I explore how these devices are objects of

innovative practices to meet the needs of specific users. Interpretive flexibility means that these

devices were designed for distinct purposes and yet these devices are used in unintended ways.

The creator(s) cannot control the use of the technologies once they are made available to users.

Refinement of skills in using latex is a major component in producing knowledge about safer sex.

Through their work experiences with latex devices, sex worker's practices are both circumscribed

and configured by these devices which both present specific material constraints and offer flexible

resources. These configurations are discussed in Chapter Five. Furthermore, sex workers

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[18] Interview with Quincy.

introduce, and induct new users to applications of latex devices thereby altering the new workers and their practices and thus producing safer sex as a discourse and set of practices.

In concluding, I summarize the implications of sex workers' conceptualizations of safer sex and the ongoing accomplishment of competency among safer sex practitioners. I lay out the conditions of becoming a competent user and innovator of a new system of knowledge.

Chapter 2

Becoming a Social Science Safer Sex Researcher

Competency in Social Research

This dissertation is about the construction and production of safer sex as a contemporary discourse, set of practices, and knowledge. I have used three primary sources of data to explore the production of safer sex and the consequences of this production, including the innovation and configuration of tools/technologies: Center for Disease Control Public Service Announcements, sex manuals, and sex work. Yet, safer sex as knowledge is created in many more locations than these. However, these are three interesting, appropriate and mutually constitutive social worlds of knowledge production worthy of critical sociological inquiry. As I have shown, each participates in diverse ways in producing safer sex with implications for people's lives.

This dissertation is also about becoming a competent practitioner of a specifically defined system of knowledge: sociology. At the same time that I am interpreting how others become competent practitioners of safer sex, I am also, through processes of self and others' assessment, becoming a competent social scientist/academic/researcher. Through the course of my research, I have often come to pause in this ironic struggle. As I am trying to understand the conditions of practicing safer sex, the claims of authority, and the nebulous status safer sex expertise may provide, I simultaneously work through my own personal anxieties about becoming a competent social scientist and an expert on a very specific social phenomenon. I observe and interpret how others become competent and claim expertise while fabricating my own credibility as an expert. I have externally interrogated my data for the strategies, transformations, and consequences of sex workers' productions of safer sex. But I have also internally challenged myself with questions.

What are the strategies I rely upon to speak with authority, to make my own interpretive claims, to become competent? What are the routines I inherit, adapt and manufacture to develop into a professional social scientist?

In this appendix, I reveal some of these methods for exploring three social worlds of safer sex production. I also chronicle a subtext of self-actualization as an interpretive, qualitative, feminist researcher exploring one facet of human sexuality.

Researching sexuality and sex work

In the summer of 1992, I began my research in sex work as part of a course requirement for graduate education (University of California, San Francisco, Sociology 214a/b with Dr. Adele Clarke). As a fledgling doctoral student, I engaged in my research project with guilty and guarded enthusiasm, forewarned by some mentors that this was a seductive but potentially purient, delegitimating, sexy (in a pejorative sense), and un-professional choice of research topic. Many others pointed out how activists, historians, literary and cultural critics, and social scientists (including sociologists, anthropologists, and sexologists) have been the primary players in attending to the aftershocks of the sex wars.[19] This work had been done, well done, and did not need to be revisited. But I persisted and elected to read about, study, befriend, and interpret the stories of sex workers because I was interested in something (an aspect of sex work) that had not

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19 Although there were prior struggles, the clearest eruption of the sex wars occurred at with the 1982 "Ninth Barnard Conference of the Scholar and the Feminist." The two edited volumes which emerged after this conference, *Powers of Desire: The Politics of Sexuality* (Snitow 1983) and *Pleasure and Danger: Exploring Female Sexuality* (Vance 1984) have become the American texts representing some of the heterogeneous feminist perspectives on sexual politics. During this time period, feminists altercations over female sexual subjectivity exploded; for instance, the position of Women Against Pornography, illustrated in the ordinance written by Andrea Dworkin and Catharine MacKinnon which cited pornography as a violation of women's rights, was sharply castigated by anti-censorship feminists (Stanton 1992).

been investigated. This is a partial account of how I was able to conduct this research for my dissertation.

My initial exposure to sex work was in college in the mid 1980s. My experiences of campus organizing and participation in women's studies venues introduced me to many "famous" feminist authors, organizers, and artists. Many expressed ideas about sex work. I remember thinking that sex workers were implicated, constructed, and used in feminist debates but rarely did I hear from sex workers themselves. I read anthologies like *Good Girls and Bad Girls: Feminist and Sex Trade Workers Face to Face* (Bell 1987) to enrich my understandings of debates on female sexuality. This book contains the proceedings from a meeting of a variety of feminists and/or sex workers called "Challenging Our Images: The Politics of Pornography and Prostitution" held in Toronto. Participants were responding to particular legal and ideological constructions and representations of female sexuality. The conference was an opportunity for sex trade workers and feminists (academic and/or activist) to exchange ideas. Hoping to open the lines of communication between women, the conference committee used the good girl/bad girl dichotomy as a way to emphasize the definitional contests used to label women. Sex workers argue that in order to call oneself a feminist, women still need to be "good girls" (a definition which continued to change throughout the conference but generally meant professionals, monogamous, sexually cautious, vanilla) (Bell 1987). My readings of these types of books made me realize that many sex workers, like myself in certain ways, felt exiled from both the feminist community and other women.

A move to California in the late 1980s presented me with several opportunities to work closely with sex workers through political activities and volunteer work. I became immersed in diverse sexual cultures through groups like the San Francisco Sex Information Line, where I

trained and worked for 18 months. Enriched by my personal encounters with sex workers, I

continued my readings of anthologies and scholarly material on sex work. One edition of *Social*

Text (McClintock 1993) for example, was dedicated to the sex trade. Contributions include first-

hand accounts of S/M activities (Vena 1993), interviews conducted with sex trade workers

(Barbara 1993), theoretical essays on pornography and censorship (Royalle 1993; Jacobsen 1993)

and visual representations (photographs and advertisements) from the sex trade. Two essays

became especially helpful to my critical thinking. First, Gail Pheterson's (1993) succinct and

eloquent confrontation of prevalent psychological and psychosocial arguments which diagnose the

sex worker as maladjusted or neurotic or attribute her/his situation to economic and/or coerced

circumstances. After cataloguing several common "reasons" why women enter sex work and men

become pimps or johns, Pheterson grants that these explanations, although always partial, are not

entirely wrong. However, what she (1993:53) does find objectionable are assumptions that sex

trade participants are more neurotic, financially destitute, or "coerced into life choices" than

others. Traditionally, these reductionist explanations of sex work are often based on small studies

of incarcerated women and do not include the full diversity of careers and types of sex workers.

Another influential essay, Chancer's (1993) contribution, is a "hypothetical" rhetorical

investigation into the possible obstacles faced by a feminist sociologist researching, presenting,

and publishing from participant observation of sex work.[20] Chancer ponders the disapproval

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20Carol Rambo Ronai's (1992) piece "The Reflexive Self Through Narrative: A Night in the Life of an Erotic Dancer/Researcher" is another example of a sociologist's account of participant observation as an erotic dancer. Ronai examines the "lived emotional experience" by using the sociological methods of self introspective narratives and interactive introspective conversations to investigate the social worlds of erotic dancing, home life, and the academy; what she reveals in her essay is a multilayered interpretation of her experiences. Using narratives of her multiple voices, Ronai (1992:105) offers us a glimpse into what emotional embodied selves look like; "The self produced in this text is emergent from the interaction of those roles." Using these methods of introspection, Ronai turns the our common perception of participant observation on its head; she is a participant observer. Further, she wants to engage readers in their own self introspection using her narrative text as a tool.

within sociology for conducting such studies and suggests reasons why academics, particularly feminists, many have such ambivalent attitudes about studying sex work. This mutually reinforcing disapproval and failure to seriously consider prostitution in both feminist theory and sociology "impoverishes" both disciplines. A seemingly simple but nonetheless crucial contribution of Chancer's work is her discussion of the analytical distinctions between *prostitutes* as individuals and *prostitution* as institutions. This distinction can enable feminists to support the interests of prostitutes while at the same time critically evaluating the institutions of prostitution saturated with power inequities and unsavory practices motivated by profiteering and sexist, racist, and classist principles operating in the larger society. Analyzing the structural and cultural processes of hegemony in society, in which certain types of systems of domination based on race, gender, class inequities dominate, can illuminate the conditions under which prostitution takes place. This type of analysis which takes into consideration institutions and structures may move away from pathologizing individuals and reductionist interpretations of prostitution.

A blending of personal experience and multidisciplinary scholarship has thus fueled my work, enabling my pursuit of research in the area of human sexuality in general and sex work in particular. During my involvement with sex workers, I became interested in interpreting the reorganization of sexuality through the impacts of AIDS/HIV. Personally, professionally, and politically I have become deeply committed to trying to understand what exactly is meant by safer sex. My pilot research into sex work provided an excellent avenue for analyzing safer sex as a contemporary cultural artifact and discourse, suggesting it was an appropriate and interesting sociological topic. Throughout this dissertation I have been able to foster a belief that my work, although "potentially purient, delegitmating, sexy and un-professional," is also worthwhile and critically important intellectual work. The remainder of this chapter is divided into two sections.

The first describes and reflexively explores how I conducted my dissertation research. It is my own rendition of my research adventure, a demonstration of self-discovery through sociological investigation. In the second section, I situate my research within current methodological debates. Specifically I analyze dilemmas I encountered during my research and how these dilemmas illuminated controversial qualitative methodological issues.

On Becoming an Interviewer

My pilot work of interviewing sex workers, 1992-1993, focused on interpretations of their narratives about body image and emotional work during their sexual work practices. These first ventures into the world of the sex industry were scary, exciting, awkward, informative, and provocative. I felt as if I had established links with a particular group of people and wanted very much to convey their stories with my interpretations. Aided by a generous, patient, and clever key informant with whom I had been politically active in several health and sexuality based organizations and movements, I initially established contact with 12 sex workers. Quincy's connections and reputation within the sex work community assisted my entree tremendously. Her introductions afforded me the possibility and confidence to build rapport within a very specific and in some ways closed and protected community. In her unacknowledged but carefully assumed role as gatekeeper, Quincy met with me to evaluate my interview questions offering suggestions about the interview structure and linguistic cues to help me become an insider. For example, during this meeting, I received a crash course in "sex work 101" with a definition list of terms like "in-call," "out-call," "doubles," and "a half and half." [21]

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21 In call is doing sexual sessions at the worker's location. Out call is doing sexual sessions at an external site, generally the client's home or business. Doubles is sexual sessions with two workers. A half

After these initial meetings, Quincy suggested she include a written message to her colleagues, as part of a mass mailing for her own purposes, introducing me as a student researching human sexuality. Delighted by her support and assistance, I immediately accepted. During the next few months, I received several exciting and mysterious messages on my answering machine. Beeper numbers, answering service directions, and specific calling instructions were left on my machine. Eager to follow these potential informants' sometimes complicated instructions and hoping to build a large group of informants, I nervously returned these calls. The first year of pilot research I spoke with over 30 people. Of the initial 30, I interviewed 12 and by the completion of the study, I had conducted 27 interviews with 19 people.

My inclusion criteria for informants were that they:

- work primarily through in call (in-home prostitution) or out call (visit agreed upon site) and are not street prostitutes. These are self-identified consensual participants in freelance prostitution;

- be over 18 years of age; and

- engage in sexual activity which may involve exchange of body fluids.

Similar to most snowball samples, many of these initial interviews led to meetings with new informants not solely associated with the key informant. The strength of such non-probability sampling is its ability to enable the researcher to enter into a closed community. Thanks to Quincy, I had quickly established access to a smaller subculture situated in a larger sex work arena. At the end of interviews, I would ask interviewees if they could think of others who might be interested in sharing their perspectives with me. Many informants participated in recruitment and gave my number to other potential informants. Through this process of personal

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and half is performing oral sex on a man to the point of ejaculation and then starting sexual intercourse (usually penis-vagina penetration).

referral, I was able to establish speedy connections with new informants. The work of

establishing rapport and on-going negotiation of entree was a particular concern of mine at the

onset of my research adventure. This was a great relief.

Establishing rapport was a continuous process. The process often forced me to reflect

upon my own sexuality and the distinction between me and the research subject. Three of my

informants invited me to work with them in doubles situations as part of my field work and data

collection. This invitation was an example of the potential to engage in "going native", a type of

over identification with informants which threatens the loss of one's outsider interpretive stance

(Hammersley and Aktinson 1983). In addition to worrying going native, the invitations forced me

to reflect upon my own sexual subjectivity coupled with my anxiety as a researcher. What would

accepting such invitations mean to my data? To my own legitimacy as an enthographer in this

community and my own intellectual community?[22] Despite the considerable amount of

deliberation they may have inspired, I declined this invitations.

During our interviews, I presented myself to these informants as a graduate student

studying sex workers and their impressions and experiences of safer sex. My journal entry at the

beginning of my research illustrates some of the tensions I experienced meeting these informants:

> ...sometimes I feel like I am so close to these people and their stories, I actively listen to them
> in their narrative, engaging them at every corner in further elaboration of certain points.
> Then I transcribe their interviews, both listening and creating the words on my computer
> screen. Then I print their stories and code them--reading them again and again to see how
> meaning is invested and to interpret what they say. I seem to develop these independent
> relationships with each of the respondents, I adore some, like some, hate some. I get crushes
> on some immediately (particularly Billy) and I find myself thinking about them through the
> course of my day. In some ways, I feel beholden to them for sharing so much of themselves
> with me. Of course this will affect my analyses continuously and how I interpret what they
> say. I see myself in interaction with the person, the tape and the printed text (hard copy). I
> see how I am transformed through multiple readings of the same story depending on the

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22 These issues and others regarding the sexual subjectivity of the researcher are addressed in a recent
edited volume of anthropological essays (Kulick 1995).

> *perspective I take. I feel like I am so many different people at the same time. Do I have to admit this? Will admitting this make it invalid?*

Some informants knew me through political organizing or volunteer work. Others tested me at the onset of interviews to assess my own stance on sexual politics and knowledge about human sexuality. I was frank with these individuals, stating the exploratory nature of my research and my interest and quest to represent the diversity of safer sex experiences from a group of people I considered very well informed and often misunderstood. In my preparation for interviews and the enactment of them, I worked to establish a blend of knowledge and a quality of naiveté about these issues. It is difficult to express a formula for this blend, but I intuitively know that it afforded me great help in data collection. On the one hand, these informants wanted to know that I was both experienced and knowledgeable about sex work and safer sex. They wanted to know I had done my homework, was responsible, and was considerate. However, on the other hand, I wanted to *know* about their taken for granted, embodied knowledge of practices. I wanted to ask questions as if I did not know anything about the topic of safer sex. But this approach could and may have jeopardized my credibility to my informants. I wanted them to know that I knew what a condom/safer sex/anal sex was, but I wanted them to tell me what it was as if they were teaching me about it. Depending on the context of the interview and our interaction, I would vary my own self-presentation. Sometimes, I would state outright that I was going to pretend that I did not know anything and they should explain things to me. Sometimes, I would assume the role of two colleagues discussing work techniques with one another. And occasionally, they would treat me as such. And other times, I would subtly challenge informants to defend their positions on safer sex. As in most qualitative research, I, the interviewer, was the independent variable, changing my performance and quite possibly changing the level and quality of data I

received. However, I feel strongly that this allowed me a necessary level of flexibility in my encounters with many different people with different requirements for engaging in exchange.

Once initial contact had been made, such as Quincy's mailing, the informants, at their convenience and discretion, then contacted me to schedule interview time. Interviews were conducted at agreed upon locations. Most interviews occurred at informants' work spaces. These sites were rich with observational data, including sexual apparatuses and toys used in various sex acts demonstrating recent trends in sex work activities and equipment used in these activities. Due to informant illness and travel schedules, I conducted two telephone interviews. An information sheet was presented to each informant upon interview as a form of informed consent. Due to the potential illegal activities the informants could discuss, a signed consent form was not requested to further protect informants from possible identification.

This sampling technique is not one which would generate a representative sample of all sex workers. However, issues of representativeness of such a temporal, hidden, and often transitory communities brings up methodological issues of the stability of such an universe or population. There is no realistic way to know the universe of sex workers and thus, it is quite possible that there is no way to create a representative sample. Additionally, there is likely a limited range of variation in my sample for certain dimensions like work routines, and social class. However, there was a range of variation in safer sex practices (as discussed in Chapter Three). Additionally, the range of age and experience in sex work varied significantly (see demographics below). Many of these informants knew one another and shared information freely. This attribute of the community, the sharing of their own knowledge production and practices, is one of my key points in the dissertation. It is certainly possible that these 19 people represent an aberrant community of sex workers. Nonetheless, it is ethnographically important to study such a

community since they wield significant influence over the discursive and practical constructions of safer sex. Their influence through community work likely extends quite broadly. Further, I am not attempting to make an argument about these basic social processes of producing safer sex as generalizable to all sex workers; rather I am analyzing a series of processes within a particular community and discussing the specifics of their routine work practices. "The purpose of a grounded theory is to specify the conditions that give rise to specific sets of action/interaction pertaining to a phenomenon and the resulting consequences" (Strauss and Corbin 1990:251).

My interview schedule and interview techniques rely upon crafting a modified grounded theory (Strauss and Corbin 1990) approach to qualitative interview data and ethnographic observations. "Grounded theory is a general methodology for developing theory that is grounded in data systematically gathered and analyzed" (Strauss and Corbin 1994:273). A grounded theory analysis works to 1) generate concepts and build conceptual understandings through writing analytic memos, 2) explore and represent the range of variation of data and interpretations, and 3) use the constant comparative method to contrast like industries and basic social processes (Strauss and Corbin 1990).

My sampling criteria, sampling method, and timeline yielded 19 informants (27 interviews). The timeline was based on a practical decision for an individual doctoral student researcher to interview and analyze efficiently and effectively. This is a typical sample size for a descriptive and exploratory study. A small sample size allows researchers to develop a more comprehensive representation and contextual analysis of particular social phenomena. Also while the sample may be small, the interview data generated are not. Each of the interviews averaged 50 pages of transcribed data.

Interviewing populations who engage in illicit illegal activity raises several ethical concerns. Primarily, I had to be certain to maintain a high level of confidentiality so that informants cannot easily be identified. Confidentiality of the informants was maintained at all times. Occasionally, this was a challenge as informants knew one another and sometimes would refer to another person in my study. Although I had a fleeting desire to acknowledge my contact with this person, I resisted the temptation and avoided indicating recognition. All interviews were recorded without personal identification of specific informants; instead, each informant received a code number. Informants were able to use a false name if they so choose. Each informant received a pseudonym for any written or presented material. After each interview, I would write a few pages of extemporaneous field notes about the setting, rapport, and interesting issues of the interview. Most tapes were transcribed by a professional transcriber. I listened to each tape and reviewed the typed transcript for accuracy. This study was approved by the University of California, San Francisco, Committee on Human Research #H6577-08590-03.

As stated above these interviews were conducted between 1992 and 1995. Interviews were based roughly on the interview schedule below. Questions were meant to be open-ended and were used to enable informants to free associate. I have conducted 27 interviews with 19 self-identified sex workers. Eight (8) of my informants were interviewed both in 1992-1993 and 1995. Seven (7) informants were interviewed in 1995. The remaining four (4) were interviewed in 1992-1993. The first interview (or first section of single interview) was the life story, biographical sketch of work, and development of self as a sex worker. The second interview (or second section of single interview) focused on safer sex definitions, uses of latex, and views of self using latex.

The demographics of my sample are summarized below. This information was collected through the self identification of each informant.

Demographics

<u>**Gender:**</u>
17 women and 2 men.

<u>**Sexual Identity:**</u> [23]
5 bisexual
4 heterosexual or "basically straight"
3 queer
2 "pan sexual"
2 lesbian ("last country dyke")
1 fluid
1 gay
1 not identify ("I don't identify that way")

<u>**Age range:**</u>
24-56 (most were in their mid to late 30s)

<u>**Racial/ethnic identity:**</u>
14 white/Caucasian--This was the least specified group. ("Irish", immigrants from European countries)
1 African American
1 "Mixed race, I am basically a mutt of many different things. Part Puerto Rican, part English."
1 "Half Native American"
1 "Half Rumanian"
1 "Part Cuban"

The interviews were loosely based on a constantly modified interview schedule. The interview schedule included several key areas of inquiry.

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23 "Bisexual" means attracted to both men and women. "Fluid" means a sexuality that is in flux, changing to the different interpretations of the individual. "Pan sexual" means in Felicia's description "everything [is] sexual. I can get turned on by hugging a tree." "Queer", used by some of the younger informants (24-30s), refers to a deviant sexuality outside of the definitions of heterosexual, monogamous, procreative sexuality.

Sample Interview Schedule for Study of Sex Workers
version of Wednesday, May 15, 1996

I am conducting a study of sex workers' use of latex in their work. I am interested in how you have come to use latex and your experiences of sex with latex. I will use this interview as part of my dissertation research project but I am also interested in exploring other purposes for my data. I don't know what I will do with my interpretations but I am interested in your input about possible uses of the data and research project.

Personal Biography
To be conducted with those informants whom I have not previously interviewed. If I have interviewed them before, check in about the status of their working lives.

Sexual Practices
How long have you been working in the sex industry?
What kinds of sex work have you done in the past? What do you do now?
What may you change? (turning point)
Do you think there has been a transition in your sexual practices due to AIDS/HIV? (turning point)

Using Scenarios
Can you describe to me your working life and sexual life 15 years ago?
How is it different now?
Why is it different?

How do you define safe sex?
How do you define unsafe sex?

Latex Props
(ask to see the sexual props they use during sexual activity or show them the sexual props I have brought)
Do you use these props?
Show or Tell me how? Where do you keep them?
Did you hear about these from anybody else? Have you told anybody about any of these?
How does it feel to use them? (try to determine if over time relationship with objects have changed)
How do clients react to using them?
Have you always used these? When did you start to use them? For particular partners (own sexual partners not working, regular clients), for particular sex acts (oral, anal, intercourse, mutual masturbation).
Do you like/enjoy using latex products?
What led you to start using these products? (turning point) What were the circumstances? Does it change how you work? Can these things be used for different purposes? (Probe: contexts where latex is used)
Where do you get these products? Has the quality of latex products changed? What are your favorites?
How do you see yourself now that you use these? How have they affected how you see yourself? What do you think about yourself with latex?

Sexual Activism
Do you consider yourself an activist?
What do you do? (Get at the range of things that they do. Try and get at if there is a public health life/private personal life/working sex industry life)

Is there anything you would like to add?
Is there anything you would like to ask me?

After cleaning transcribed interviews, performing open coding on each interview, and

typing up my initial fieldnotes, I wrote a three page memo about each interview summarizing the

key themes that emerged from the interview and answering two key questions. My open coding

was guided by broad questions: How did this informant describe and define safer sex? How did

this informant use latex devices? From these questions and the interviews focus, I developed a

list of color codes for guided coding with highlighters and tape flags.

Pink=meaning of safer sex
Green=conditions of work
Yellow=work with latex
Purple=stories of transformation

These codes were then dimensionalized or broken down into "location[s] of properties

along a continuum" (Strauss and Corbin 1990:61). Codes were dimensionalized according to

frequency, extent, intensity, and duration. For example, one very significant property of safer sex

for my study was the frequency by which it was practiced, ranging from always to never.

Informants' narratives were evaluated for placement on the continuum. Each informant became a

multi-colored case. In-vivo codes or codes developed from informant's own words became

useful in organizing my data. For example, "whore educated guys" and "learning the ropes" were

two in vivo codes I employed throughout coding operations.

During axial coding, the more interpretive level of coding, I interrogated my data to

understand the conditions, contexts, strategies, and consequences of each code. I developed more

specific axial coding aimed at creating properties of each code. For example, for the green

conditions of work code, I started using typical job description codes like skills, fringe benefits,

quitting. This type of coding was a helpful strategy for writing thematic coding memos and

eventually developing my interpretations into chapters. For readers more interested in my use of axial coding, please refer to the addendum at the conclusion of this appendix.

About halfway through interviewing, after nine informants, I began to notice some commonalties and key themes emerging from the data. The latex failure narrative became a common storytelling device when discussing latex props. At this point, I used theoretical sampling to elaborate upon these common themes. Theoretical sampling, "checking on the emerging conceptual framework," involves purposefully looking at existing data for these themes and attending to these themes in the remaining interviews (Glaser 1978:39). In my study, I theoretical sampled for issues of gradual identity change in relation to becoming conversant and familiar with safer sex practices and discourses. I checked my data, looking for self-reflexive assessments of how gradually individuals felt they had changed to accommodate new conceptualizations of safer sex and new ways of enacting these practices. This process of theoretically sampling involved both interrogating the data purposefully and concentrating on gradual transformation in subsequent interviews.

Two key methods were used to account for the validity of these qualitative data and my interpretations of them: respondent validation and triangulation. First, respondent validation posits that through sharing aspects of analysis with the community of informants and asking whether informants see their own experiences represented and reflected (e.g., Bloor 1983). The informants will often elaborate upon earlier statements when they see similar experiences revealed in the data. This is particularly useful when studying "taboo" issues like unsafe sexual practices. This technique can also be used to test the adequacy and plausibility of the claims-making by the researcher in that informants can suggest reformulations or an expansion of data analysis (e.g., Olesen 1994).

Respondent validation does not provide a test of validity. Informants can, of course, choose not to respond to requests for their evaluative comments. Additionally, researchers may interpret activities and practices of the investigated community in ways that may not be accepted by the community (Bloor 1983). Respondent validation must also be reasonably evaluated as not a test of truth; this strategy has its limits. "While actors are well-placed informants on their own actions, they are no more than that; and their accounts must be analyzed in the same way as any other data, with close consideration to threats of validity" (Hammersley and Atkinson 1983:196). In my work, I felt it was crucial to involve my informants in my analysis of their stories. This was partially motivated by my understanding of their own interest and investment in how their community was represented. I also feel it is important, not in all research contexts but in this one, to allow a dialogue with my respondents about the "findings." There was a clear potential for *their* interpretations of *my* interpretations to be "highly pertinent to research analysis" (Bloor 1983:12).

I conducted respondent validation at two intervals, which was a personal challenge. I was quite nervous about showing my informants, each of them so smart and articulate, my findings. I was afraid that they would not want me to say that there was a range of variation in how they practiced safer sex but rather that they uniformly and always wrapped themselves and informants up in latex and performed sterile, clean, and healthy sex acts. I was afraid that the comfortable, mutually respecting, and friendly relationships I had established with many of them would be jeopardized.

After the first pilot work in 1992, I surveyed my informants by mail with a short synopsis of my research analysis. Although I received a few responses from my informants, since my analysis was primarily descriptive and not highly interpretive, informants did not have a great deal

of information to critically examine. My second use of this method has led to interesting results

and feelings. In October of 1995, I sent a second, more comprehensive mailing to my informants

regarding the analysis of the interview materials. A letter informed them of the procedures of my

method, grounded theory, and my interest in partially representing their experiences.

> *This summary document is a concise abstract of 100s of pages of analysis and is therefore partial. It is my hope that it will give you a sense of my style and interpretations. As you recall, I am interested in exploring how sex workers define, use and deal with safer sex issues in their work practices. The method I am using is called grounded theory, which seeks to explore phenomena from the perspective of the social actors, in this case, the sex workers. I have interpreted your experiences and attempted to allow your voice to be present. (Respecting full confidentiality.)*
>
> *I am interested in any feedback on how I have represented and explored these issues. It is important to remember that I have interviewed 18 other people; there is a wide range of variation within my sample. Since I have tried to capture that in my analysis and on-going interpretation, there may be aspects of my work that may not directly correspond to your experience. It is also important to note that there are multiple ways to interpret the data and at this point I am exploring one of the many ways.*
>
> *I would appreciate feedback within the next two weeks if at all possible. You can contact me at the above address and telephone number. I will not contact you in order to respect your privacy and confidentiality.*
>
> *On a final note, it is very important to keep this information in strict confidentiality. Although I have tried to protect individual identities, I ask that you not share this information with others. All names that appear are pseudonyms.*

Of the 19 informants who received this mailing, eight responded by telephone and one by mail.

From my perspective, these responses were from some unlikely informants, those individuals who

appeared to be less involved in the interview process. Their responses ranged from:

> *Felicia: "I received your letter in the mail and read it. I was very impressed by it and love your writing style. I just want to say thank you for doing the work you do. I just want to know which one I am, but I think I figured it out."* We had a lengthy discussion about how safer sex needs to be more situationally and individually tailored instead of absolutist.
> *Brad: "Got the report in the mail, looks good to me, wish you the best and take care."*
> *Hadley: "I don't have too much to say, basically I am just curious as to who I am. I am glad that you are doing this and glad to see what you came up with."*
> *Helen: "Good Luck. Move forward and keep trying to expand people's understanding of what we do."*

Olivia: "Lisa, I really liked your approach to this but I have some questions for clarification. Could you call me back?" When I returned Olivia's call, we had a lengthy conversation about the range of variation about safety. Being a very open informant, stating her own fears about HIV and safer sex within our interview, she was very curious and happy to see other latex device failure stories and how people handled them. She felt "proud" to belong to a "profession" where people openly talked about the difficulties of working. (Her terms in quotes.)

As these phone calls came in on my answering machine and in person, I was cautiously delighted. I felt as though I had at least represented these eight people's experiences adequately and could withstand some academic criticism about the adequacy of my interpretations. At the same time, however, I felt as though perhaps I had become a mouth-piece for the sex worker's experiences, saying exactly what they wanted me to say about their work instead of critically evaluating their remarks. Had I merely made these men and women into the heroes of safer sex? Did I represent their diversity enough? Was their approval of my work guiding my presentation of my findings? And why was it so important that they liked me and appreciated my work? Was I ever going to be a really good scientist or merely an approval seeking woman/student?

Then I received Erin's letter which set me spinning.

Dear Lisa:
The one word I would use for your paper is pedantic. Try counting how many times you used "latex". I would suggest you consider using "barrier" instead, in most/some instances. Your punctuation and sentence structure is correct. But/and it's dull, i.e. pedantic...but/and you did get the paper written-Congratulations! Thank you for sending a copy of your paper, that was considerate of you!!!

It took me a while to accept Erin's letter as a valid criticism of my work. The analysis (or materials) I had sent to my informants, a shortened but not changed version of the analysis in Chapters Four and Five, was written for an academic audience. Upon further reflection, I realized that pedantic did not necessarily concern my analysis. Rather Erin was objecting to my style of writing and presenting information. My analysis, which I sought to authenticate, was not questioned by Erin's comments.

Second, I used triangulation, "using multiple observers, methods, interpretive points of view and levels and forms of empirical materials in the construction of interpretations" (Denzin 1989b:270) which adds to the adequacy of the data. Denzin's four categories of triangulation have all been employed. First, data is triangulated by "search(ing) for as many data sources as possible that bear upon the events under analysis" (Denzin 1989a:12). These include theoretical and substantive literatures, in depth, semi-structured interviews with sex workers and health care professionals, ethnographic observations of work environments, and historical research. My work on the sex line was also informative and supported my analysis. Ion addition to sex worker's volunteering on the sex line, my conversations with individuals on the phone, particularly regarding their experiences with sex workers, suggested that clients were learning about latex, human sexuality, and community resources through their interactions with sex workers. Second, investigator triangulation (the use of multiple observers to increase the depth in interpretation) has been established through working with a student writing/analysis group, working closely with my dissertation committee members, and respondent validation. Third, theoretical triangulation (exploration of the "possible interpretations in a given area" (Denzin 1989b:241) is enhanced by my use of theories of feminism, symbolic interactionism, cultural and sexuality studies, and the body. Finally, methodological triangulation has been achieved through using grounded theory, narrative/discourse, ethnographic, and historical analyses.

This dissertation is based in constructionist, interpretive, interactionist epistemologies. Guba and Lincoln (1994) discuss the importance for constructivist qualitative researchers to achieve trustworthiness with informants based on transferability, dependability and confirmability and authenticity. Since constructivist studies are aimed at understanding and reconstructing the meanings people ascribe to actions and interactions, I feel that the trustworthiness of my study has

depended upon my abilities to adequately evaluate the range of experiences sex workers described to me. Through coding, writing memos, and theoretical sampling, I have been able to test some of my interpretations of the community. As for reliability or dependability, I cannot say if another researcher conducting a similar study to mine would interpret data similarly. Due to historical changes, individual perspectives, skills and attributes, and sensitivity to particular issues, I would anticipate similar and related but not identical results.

As far as authenticity, representing the authentic voices of my study population without falling into the traps that Michele Fine (1994, 1992) has indicated, has been difficult, particularly because these data have been so rich with in vivo codes and extremely seductive quotes which nicely tie up complicated social relations. Fine's breathtaking work alerts me to two complimentary dangers of qualitative research and possible solutions. First is the risk of "imperial translation" or the negation of informants' voices through the centrality of mine. Fine suggests this can be remedied by "invent(ing) communities of friendly critical informants who can help us think through whose voice and analysis to front and whose to foreground" (Fine 1994:80). I have attempted to rely on my informants by asking them if they are adequately represented in my analysis.

The second danger is much more risky with my materials. Fine cautions against romanticizing the voices of the women and men whom I encounter in my research adventure. Fine's three points about deploying voices in research analysis are particularly compelling to me. First, the selective editing of voices out of the context of the interview is used to illustrate particular points. In more biomedical settings, this is also called cooking and trimming of data. I think this is a huge and often unacknowledged problem in qualitative research. Specifically, researchers select bits and pieces of qualitative data (particularly dramatic quotes) to speak for

our arguments without explicitly acknowledging the context from which these quotes emerged[24]

In other words, voices are selected and edited to highlight our points (as researchers) rather than theirs (as informants). Opie (1992:67) has addressed this "textual appropriation of the other [as] an inevitable consequence of research." Although this textual appropriation cannot be eliminated from research, it can be mitigated by engaging in a deconstructive approach to qualitative data which includes representing the breadth of informants' experiences. In grounded theory, this is called the range of variation.

In my own research, I have worked to explain the context under which these interviews emerged however, I have selected certain pieces of interviews to illustrate certain points. I do not feel this is an atrocious act. I have attended to the broad range of variation within my informants' stories and located the dissimilarities and similarities. It is necessary to fully represent basic social processes evident in the community under study. However, in my research the struggle has often come in the form of saying what the community wants me to say all too well. I have felt nervous about becoming a community spokesperson not adequately pointing out the "bad" things about sex work or the slip-ups.

The second use of voice involves using the voice of one individual informants to speak for the entire social group. This can occur in qualitative research when more articulate voices are used to speak for all the data and/or in support of the theories that undergird my approach. In my research project, I have attempted to allow all voices to be present, amplifying the range of

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[24] It is rare to see a discussion of how quotes were selected and deployed in ethnography or other qualitative research studies (Opie 1992). Understanding the process of selection would be illuminating to other researchers as they could compare strategies for doing research. It may also help to evaluate the authenticity of research monographs.

variation evident within this group of informants. Additionally, my informants were all extremely articulate often discussing their work for over two hours.

The third use of voice which Fine warns against is the romanticizing the voices of more exploited women for their shock effect. My informants did not primarily identify with exploited lives. In some ways the nature of the data (sexuality, sexual activity, erotic feelings) can and has been viewed as sensationalistic and shocking, more generally. That is, my work as a whole is shocking to some. It can be arousing and sexy. But within the actual materials, little performs in such a fashion and I have not deployed it in such ways. Sex workers discuss much of their work and use of devices in a taken-for-granted daily life way; these are their work routines.

On Becoming a Cultural Critic: Viewing and Reviewing Safer Sex Productions

In addition to my ongoing field work with sex workers, I studied other resources which produced safer sex. Popular media materials represent and display safer sex messages that are highly consequential for individuals' conceptualizations of safer sex. As shown in Chapter Three, I analyzed Public Service Announcements (PSAs) produced by the Centers for Disease Control as a second major data source. PSAs in the forms of both television and print media advertisements were viewed. In addition, I sampled from poster advertisements depicting safer sex alternatives produced by the CDC and AIDS community based organizations throughout the Bay Area. Third, an extensive literature review of "traditional" (e.g., *The Joy of Sex*) and "alternative" (e.g., *The Good Vibrations Guide to Sex*) sex manuals yielded a subset of such texts as a third data source. I explored and interpreted the representations and discussions of safer sex within these texts. I used the methods of content and discourse analysis to analyze all of these video and print materials.

Content analysis is the study of *social artifacts* (Babbie 1989) which are used to make inferences to the larger society (Weber 1990). Similar to other qualitative research, content analysis can be *exploratory* and *descriptive*, enabling limited insight into why significant relationships or trends occur. Depending on the level of quantitative methodology used in content analysis, a formal hypothesis speculating on a relationship may be developed. Common to all content analyses, a population of study must be chosen. In this case, the population included both CDC PSAs and sex manuals.

After assembling the sample design and data collection plan, content analysis is essentially a coding operation. One must *define the recording units* (Weber 1990) or choose the units of analysis. This could be words, phrases, themes, key word in content (KWIC), and photographs. Assessing the meanings of these units of analysis is crucial for any generalization from the data. Hence, *category construction* is central to the reliability and validity of the research.

Operationalization, or creating the code book, requires prior decisions about what the researchers want "to get out of the data." Each coding decision can affect the reliability and the validity of the research. For instance, Babbie (1989) discusses the decisions researchers make in coding *manifest* and/or *latent content*. Manifest or surface content coding occurs by counting specific units of analysis. This generally ensures high reliability as it could be easily replicated by subsequent researchers. However, validity is jeopardized because researchers have not investigated the deeper meanings embodied in the data. In other words, counting the appearances of the word "smart," does not tell us how "smart" is used in each instance. In the sentences, "Jim isn't smart" versus "Jim is very smart," "smart" embodies different meaning. Conversely, latent or deep content analysis requires looking at possible underlying meanings of the units of analysis which means a more timely and costly analysis. This approach also poses a threat to reliability as

it may be difficult to replicate the meanings ascribed to the units of analysis by specific researchers. For instance, meanings can be attributed to words based on the highly subjective or even idiosyncratic whims of individual researchers. In my formulation, I used content analysis primarily for latent or deep content and meaning analysis. This was facilitated by training and use of grounded theory.

Additionally, scholarship in discourse analysis has been particularly useful in explicating the processes of analysis of texts (especially Mishler 1991 and Fairclough 1989). According to Fairclough (1989), discourse is created in two parts: 1) processes of text production and, 2) processes of interpretation. Text is thus both a product and resource. In this vein, I analyze where the specific texts (public service announcements and sex manuals) come from institutionally and individually. Simultaneously, I offer possible interpretations of these texts, providing my own partial readings of their messages and their social significance.

This analysis is intended to generate some basic themes and trends in PSAs and sex manuals' representations of safer sex. This study is not intended as an exhaustive or comprehensive survey of all existing PSAs or sex manuals of the decade. It is however a representative group. For the CDC's America Responds to AIDS Campaign PSAs, data sources are both the actual transcripts of the dialogue of the PSAs and a videotape of each of the PSAs as they appear on television (N=9) or sound on the radio (N=3).

My content analysis has been dimensionalized in three ways:

1) Tone-The tone message consists of ways of advocating for abstinence or condom use. I interpret tone by the visual, auditory and textual codes in each PSA. I interpret tone changes depending on the message of abstinence and condom advertisements and the implications of these messages. Tone can be indicated by the level of severity (ranging from playful to serious) in the

voice overs, the type of activity depicted in the PSA or the filming techniques used in the PSA. Some indicators of tone were type of voice overs (older, stern male voice or younger, gentle female voices), the use of color and images, and the type of musical arrangement (light jazz, quick, upbeat instrumentals, or symphonic music).

2) Implied Target Audience- It has been stated that the PSAs are aimed at young people 25 years old and below. However, there are subtle differences in each PSA which indicate a different target group within this age group. For instance, there are more conservative messages (*We'll Wait*) where white actors state their desires in monogamous relationships and there are fast paced messages with where actors of other ethnic/cultural identities engage in overt sexual activity (*Automatic* and *Turned Down*). These PSAs may be targeted at different audiences and played to different regions of the country.

3) Implied Definition of Safer Sex- Overall, the way these PSAs construct safer sex is extremely partial. Due to a lack of explicit discussion (usually much more explicit in sex manuals and sex work), what is *not* said becomes as important to the researcher as what *is* stated in the PSA. These PSAs have been analyzed for what is present and what may be missing in each.

Selection of sex manuals for intensive analysis was aimed at obtaining a wide range of variation in manuals (Strauss and Corbin 1990). This range of variation includes manuals which focus on a particular sexual practice (i.e., anal sex, sadomasochism), sexual orientation, or sexual variation. Moreover, it is difficult to get an accurate listing of the entire universe of sex manuals published in this time period. I developed my own sampling method[25] I visited 3 book stores

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[25] In order to determine the universe of sex manuals, I sampled from the Online Books in Print Service (Bowker 1987-1995). For the decade 1985-1995 using the key word search "sex education", the breakdown by year is:
1985-33
1986-38

which specialize in sexual materials. I frequented these bookstores and observed the changing displays of sex manuals. Additionally at each bookstore, I asked retailers which were the most popular selling and requested books. I included this information in my evaluation of which books to include in my intensive content and discourse analyses. Taking the texts in chronological order, the historical trajectory of producing and representing safer sex becomes apparent. The earlier texts include AIDS as an appendix with suggested practices to take into consideration when practicing the skills developed throughout the body of the book. Later texts integrate safer sex as an integral part of their sexual choreographies. Certain standards, like using latex condoms in intercourse acts, are universally present, but manuals vary in their vigilance toward containing other bodily fluids such as pre-ejaculate, vaginal secretions, saliva, and urine.

For sex manuals, the dimensions of analysis are:

1. The objectives and ideology of the book: The stated objective of the book is often embedded in an either explicit or implicit belief system operating throughout the production and presentation of information within the book. Understanding the ideology of a book offers the context in which knowledge about safer sex is being produced.

1987-36
1988-59
1989-98
1990-110
1991-104
1992-115
1993-128
1994-146
1995-92
"Sex education" included but was not limited to sex manuals. Other books captured by this search included books about education psychology on teaching about sex, pregnancy and conception, sexual politics, and sociological studies of gender differences. Sampling for the key words "safer or safe sex" and the decade captured 18 listings; four of these listings were books that I intensely analyzed. This sampling method also included a library search at the University of California's Online WorldCat system. This database includes a listing of all the monographs in the world. When searching under the title or key words "sex manuals" for the past decade, there were a roughly 100 titles listed. However, upon further

2. <u>The target audience of the book</u>: As stated by the author(s) of the manual, some have explicitly targeted audiences.

3. <u>The definition of safer sex</u>: A combination of the author(s) statements about safer sex and my interpretation of the manual's presentation and display of information.

4. <u>The recommended activities, practices, and devices to use in order to accomplish safer sex</u>: A brief cataloguing of the books' recommendations.

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examination, most of these manuals were in fact teacher's aides or sex discrimination publications. It was not very useful to use this strategy to determine the universe of books.

Discovering the meanings invested in physical objects

As part of my investigation into the production of safer sex, I found it necessary to develop an understanding of latex devices. Sex workers had discussed these tools of the trade in my pilot work. I began to collect these devices as evidence of the material culture of safer sex. From my understanding of scholarship in technology studies, particularly the concepts of innovation and configuration, and from sociological methodological insurgencies in interpreting physical artifacts, I approached these devices with new respect and curiosity. "Material culture is durable and can be given new meanings as it is separated from its primary producer" (Hodder 1994:398). Since the meanings of latex devices exist on a historical and contextual plane, I collected data on previous representations of latex in historical and analytic sources. Through my interviews with sex workers and manufacturers, distributors, and scientists involved with latex production, I gathered more data on contemporary meanings ascribed to the objects. Some of these contemporary meanings included the innovation of saran wrap for use in oral sex, or common latex gloves as fisting facilitators. These different temporal representations of latex provided a means to tie sex workers' meanings of latex into broader and ongoing social contexts of production, distribution, deployment and marketing of latex products. Reviewing documents like the House of Representatives' "Condom Advertising and AIDS" (Environment 1987) also helped explain the role of legislative and regulatory agencies in the politics of policing latex objects. I also conducted interviews with members of federal committees overseeing the approval of the female condom (Jean DeJoseph, RN, Ph.D. and Sheryl Ruzek, Ph.D.).

One useful methodological contribution of my dissertation research has been my success with using latex props during discussions of safer sex. The latex props (male and female condoms, dental dams, saran wrap, finger cots, and latex gloves) clearly facilitated certain

discussions. Discussions which focused on the routine, mundane, everyday sex work activity appeared to be particularly encouraged by the devices. Informants would pick up certain devices and talk directly to the device-- "oh, I hate you," or "this one is a difficult one, it's green." Additionally, informants would put on gloves or hold dental dams or saran wrap up to their faces and interact with the devices in familiar and kinesthetically memorized ways. As the anthropologist Abramson (1992) has suggested, the dynamics of recall for informants discussing sexual activities can often lead to more vivid memories and stories of the rarer activities rather than more frequent everyday activities. Those practiced daily and without incident become the taken for granted way of doing business, unremarkable and perhaps not worth mentioning to a researcher. However, these devices-- "visual data"-- enabled conversations of the familiar, allowing me to witness and testify to the skillful and intimate relationships informants develop with their tools. These relationships might have been hidden if it were not for the physical artifact being present during the interview.

Dilemmas and Lessons They Have Taught Me

Assessing the adequacy and credibility of my interpretive work has led me to seriously consider the power dynamics operating in interviewing. Many have written about power negotiations in qualitative research (Rosaldo 1989; Strauss and Corbin 1990). In particular, the methodological work of feminist theorists and scientists (Harding 1987; Harding 1991; Reinharz 1992; DeVault 1993; Lather 1991; Mohanty 1988; Clough 1994; Olesen 1994) challenges previous Enlightenment informed methods of inquiry. Within much of the scholarship about qualitative research, there is an implicit and explicit claim that "we", as researchers, have much power over "them", the researched. But I have not experienced my research as such a unilateral,

zero-sum power game. I approached each informant as an expert open to teaching me something about his/her lives and activities, and committed to accurately and responsibly representing their stories to new communities. At the same time, I must claim my own power in representing them, keep their identities confidential, and realize that I am using their stories in an operation of power to tell a story the way I see it. Power is a continuous negotiation in the interview; it does not rest with me *or* them. We each have our agendas which are not necessarily as hidden as one might think. I want to tell a convincing story which uses my informants' stories as tiles in a mosaic. They, collectively or individually, usually want to tell their stories in ways that depict themselves as competent, capable, safe, and important professionals. We continually shift positions over the course of the interview from sites of relative dominance to relative submission (Rosaldo 1989). Below I illustrate this power exchange.

Because safer sex is imbued with intense emotional, physical, personal, and ethical meanings, researching the topic has led to complicated situations. These situations get at the very essence of the problematics of qualitative research: the relationship between the researcher and the researched, the problematic nature of power circulating among the participants in an interview, and the problematic nature of representing the "truth" and of trusting informants. Although I started this project wanting to be responsible, clear, reflexive, and honest, these problematic issues prevented easy access to such claims. These very adjectives I wanted so much to be required ongoing re-definition and deconstruction. What was it to be responsible? To whom? To the community of the researched? To the academic community? To my conscience? What was it to be clear? Was clarity just laying out the transcripts and leaving them open to others interpretations? How do I represent what people say clearly and concisely? When has reflexivity been used enough? How can I not appear like a self-obsessed graduate student? How

can I appease my committee members and not use the word "I" too much? And what is honesty, really? Isn't this all just a story I am making up? Am I citing others to hope that I can buy some credibility by aligning my arguments with enough scholars who have "made it."

Each of my desires as a researcher presented me with choices about how to run my research project and choices about what when it was important to intervene, and when it was important to stay silent and be in mental spaces that were uncomfortable. To demonstrate these dilemmas of power, truth and commitment, I have chosen two situations in which informants revealed difficult practices to me within the context of the interview. These situations were disturbing points of rupture in my taken for granted methods of collecting data. I then explain my reaction to these situations, the choices I made, and what these choices depict about the problematics of qualitative research.

During one of my interviews, in a split second of the interview, an informant told me a latex failure story. This is the transcription of that moment in the interview:

> *Informant: I've had times when the condom's come off, so that's the stuff I didn't like. I went to douche right away, and that's a little scary. T hat's happened.*
> *Lisa: It just fell off?*
> *Informant: Once when it broke.*
> *Lisa: Do you think that happened because you weren't using enough lube or do you think the condom was just weak or...*
> *Informant: I think the condom just broke, that's the only time in a year and a half, and I actually -- let's see, it was a brand I normally don't use.*

It is difficult to portray exactly how crazed I felt during this part of the interview. In all of my training as a safer sex phone counselor, all of the safer sex lectures I had attended, all of my reading on the topic of safer sex, I had heard with varying degrees of certainty that women should never douche after a broken condom. It was an inadvisable thing to do since it aggravates the mucous lining of the vaginal and could lead to infections or increase the likelihood of transmitting

HIV. Although not convinced of its accuracy, I had given this advice countless times over the phone. But in the course of this interview, I was paralyzed. I continued the interview, asking her the next question on my schedule.

Throughout the course of that interview, I tried to smooth things over in my head, pushing down the voices that said, "You have to tell her. She has the wrong information." Or the alternate would pop in my mind: "She is the expert. You said so yourself. Maybe she knows something you don't know." Throughout the remaining interaction, with this internal dialogue raging out of control in my head, I had a choice. I could tell her that I thought douching was not the best thing to do and that maybe she should check it out. One possible consequence, the one most upsetting to me at that moment, was freaking her out. I thought of myself in that situation, thinking I had cared for myself and was OK, and then someone telling me I had done the absolute worst thing and that I had put myself in danger. I supposed I would have been happy to know eventually and then I would have changed my practices. But I could not bring myself to tell her. So I chose to do nothing. I chose to finish the interview, not corrupting the data with a potentially messy conversation. Avoiding crossing the boundaries of naive researcher to public-health-know-it-all-social-scientist, I left her without the benefit of my dubious knowledge. I opted for upholding the "myth of detachment" (Rosaldo 1989). In some eyes (somewhere), I was a good scientist, keeping the flow of the interview intact, but I ended up feeling guilty and like a bad person. I was afraid of asserting my power and speaking from a voice of authority (had my feminist training backfired?). I eschewed the opportunity to be the expert and rejected the opportunity to reciprocate with some information.

Another dilemma which emerged during an interview left me to question the trustworthiness of my informants and my own knowledge base.

Lisa: What are your favorite types of condoms?
Informant: The lambskin condoms are more sensitive, yeah.
Lisa: Are those good for HIV, I thought they weren't, I don't know.
Informant: They're not always, it depends on the lubricant. Some of them - they just have come out with some new ones out of England.
Lisa: Oh really, oh wow.
Informant: Yeah, this is brand new, this is within the last two months.

It was as if a switch went off in my head-- "I'm not gonna make that mistake again." In this instance, I responded with the information I had about lambskin condoms. These condoms were often imperfect and could transmit the virus through its membrane. Although not a forceful intervention into the interview flow, I questioned his choice of condom regarding safety. This was a tense moment in the interview. He quickly answered me, asserting that these lambskin condoms are from England and are safe to use. It is entirely possible that these condoms exist. However, I have not been able to locate them. Further, this short exchange embedded in a two hour interview irked me. Maybe he did not know what he was talking about, maybe he did not really practice safer sex, maybe he was lying to me throughout the course of the interview. How do I incorporate this voice within my entire analysis? How do I make room for the lack of accuracy from which an "expert" may speak?

These two situations, and others, left me with a deeper understanding that there are no hard and fast rules about how to manage the flows of power during interviews. In later interviews, I relaxed more and allowed myself to engage more in dialogues about what we each knew about safer sex instead of operating as if there was one interpretation of safety and only one of us had to be right. These discussions also included a recognition of the absence of scientific safety tests or adequate risk research on a number of sexual practices.

Above all dilemmas, and perhaps not merely a methodological dilemma but a moral and intellectual one, I have struggled with the purpose of the work I have accomplished thus far. If I

can state one thing about safer sex, it is that most people want to know **definitively** about safer sex. Most people want to have absolute rules regarding HIV transmission, which practices will transmit HIV and which will not. They may not choose to follow these rules, but they want them regardless. This is a key tension within safer sex discourse. We want to have a hegemonic and stable statement about what safer sex is, for we believe the knowledge may be able to save us, protect us, keep us from harm. However, as I have come to understand, such a hegemonic stability is both unattainable and dangerous. It is dangerous because it can become disciplinary and blind us to alternate conceptions of how to think about safer sex, human sexuality and well-being (as in CDC's limited representations of safer sex).

Throughout the course of researching and writing this dissertation, I have learned that to understand the role of safer sex in people's lives, the multiple sources of production and deployment must be examined including the voices of individuals. Although safer sex may have scary things attached to it (sickness, death, doom and gloom), it is a pleasurable topic. I have enjoyed routinely discussing detailed sexual activities with sex workers and I have learned how to respect these stories as important, in some instances crucial, to how we view safer sex. As stated in the Preface, when I talk about my dissertation with people, they want to know the latest safer sex guidelines--particularly for the marginally safe and slippery practices like oral sex. What new insights does my dissertation offer that will make a difference in safer sex education? My moral obligation of responsible research begs for an answer. I, too, had originally thought this research would lead me to a better list of safer sex guidelines. Through my analysis of existing materials and interpretations of sex workers' successes, I would make a difference. But it is always easier to criticize existing safer sex messages then to walk out on that limb myself. I cannot offer new guidelines. But nor am I sure this is the only worthy practical contribution of my research. I can

say that we must be very reflexive and skeptical of each message we create. We have to look at the ideologies operating in the construction of the message. This skepticism, grounded in sociological inquiry, can serve us well in discovering what it is we value about human sexuality, human illness and suffering, and human life.

Beyond skepticism, I have offered an illustration and explicated interpretation of knowledge production. Knowledge production is a multifaceted and multitiered social process that happens within existing social relations. The procedures outlined herein combine eclectic research methods with a keen, self-reflexive stance to explore a complex phenomenon of knowledge production. It is only through triangulating the multiple data sources and witnessing their interaction and mutually constitutive and simultaneous diversity that I am able to provide a well-rounded, theoretically robust and creative analysis of the social origins of a contemporary emerging system of knowledge.

Chapter 3

Variations of Safer Sex:
The CDC, Sex Manuals and Sex Workers Produce Safer Sex

The Slippery Slope of Risk Reduction and Safer Sex

After more than a decade of analyzing the multiple facets of AIDS, many scholars have

critically examined the various forces which socially construct our perceptions of the AIDS

epidemic (Abramson 1992; Aggleton 1993; Altman 1993; Berridge 1992; Juengst 1989; Watney

1994). Treichler (1988), for example, has coined several "sensitizing" (Blumer 1969) terms such

as an "epidemic of signification" to refer to the power of AIDS discourses to generate and

manipulate heterogeneous signs and symbols. Primarily concerned with how knowledge about

AIDS is produced and represented to different audiences, she implores researchers to interrogate

all sites which produce "facts" about AIDS:

> How and why is knowledge about AIDS being produced in the way that it is? Who is
> contributing to the process of knowledge production? To whom and by whom is this
> knowledge disseminated? What are the practical and material consequences of any new
> interpretation? Who benefits? Who loses? On what grounds are facts and truth being
> claimed? (Treichler 1988b:229)

With these insightful sociological guidelines in mind, in this chapter, I examine the production of

safer sex knowledge dispensed by three sets of actors: the Centers for Disease Control's Public

Service Announcements, authors and audiences of sex manuals and sex workers. I explore the

production, dissemination and consequences of safer sex messages. This chapter illustrates and

interprets some of the contested meanings of safer sex as represented. The messages and

representations of safer sex constructed by three different sets of actors differ in their scope. The

potential scope for these groups is the CDC as global, sex manuals as regional, and sex workers

as local.

First, I situate and critically interpret some of the Centers for Disease Control's safer sex AIDS/HIV prevention materials. As a "expert knowledge" producer with institutional standing and historical role in governmental surveillance, the CDC wields a tremendous amount of power in shaping safer sex prevention efforts. Second, I analyze sex manuals published in the past decade, exposing the stakes of each manual and interpreting how they represent, and thus construct, safer sex. I use the methods of content and discourse analysis to analyze data produced by the first two sites. Third, based on my interviews with sex workers, I explore their descriptions of actual practices as they correspond to varying degrees of safety. My purpose is both to demonstrate the range of variation in definitions of safer sex and to show how safer sex is more than a mere list of practices. Safer sex discourse and practices are situated within broader, sometimes unacknowledged, agendas of the authors, individuals or communities which create them.

Throughout my dissertation, I have attempted to not privilege one knowledge producer over the others as producing the best or most accurate knowledge. Indeed, as knowledge about safer sex is so varied and contested, it would be near impossible to determine what knowledge was "the best". I have symmetrically approached each of these knowledge producers, the CDC, sex manuals and sex workers, and identified possible gaps in their knowledge. It is not the design of my dissertation to respond to this uneven-ness of different knowledge. Rather, I have tried to show these differences and similarities in knowledge about safer sex and the traffic between those who produce knowledge.

Safer sex is not just a list of practices. It is a series of ideological commitments about the body, health and social responsibility wholly tied to economic, social and political systems; it is a strategy of professionalization for both sex manuals authors and sex workers; it is a mechanism of

social control disciplining audiences and consumers of sexuality; it is simultaneously a rational decision and an integrated component of an orchestrated activity; it is a threat and it is a promise. Researching safer sex as a system of knowledge and collection of messages enables the use of certain social theories of discourse, particularly the work of Foucault. Foucault, through his genealogical analyses[26], examined the historical context from which knowledge emerges in order to ascertain what social conditions make knowledge possible. Foucault repudiates much of the Enlightenment thinking regarding the singular Truth of science and progress and alternately evaluates scientifically and legally constructed "truths". His method of genealogical analysis locates power in its multiple locations, shows how it works on the subject, and reveals the strategies of power. The video (PSAs), printed manuals and interview text (narratives) are mutually constitutive of safer sex and produce substantial, different and similar discourses of safer sex. This production of discourse (or knowledge) is intimately linked to existing social relationships of power and existing strategies to create subjects or audiences in particular ways. As I demonstrate in my analysis, the CDC and certain sex manuals wish to produce particular audiences who limit their sexual behavior to monogamous procreative relations. Foucault speaks to this constitutive power of discourse to rely upon and reproduce certain social systems of domination.

> In every society the production of discourse is at once controlled, selected, organized and redistributed by a certain number of procedures whose role is to ward off its powers and dangers, to gain mastery over its chance events, to evade its ponderous, formidable materiality (Foucault 1981:52) .

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[26] "Genealogy as the analysis of historical descent rejects the uninterrupted continuities and stable forms which have been a feature of traditional history in order to reveal the complexity, fragility and contingency surrounding historical events...There is no hidden meaning or foundation beneath things, merely more layers of interpretation which through accretion have achieved the form of truth, self-evidence, and necessity and which in turn, it is the task of genealogy to breach" (Smart 1985:57,59).

Before moving on, it is necessary to clarify differences among these groups. Although on a broad level the goals of each of these actors in safer sex representation are similar (to limit the rate of transmission of HIV and other STDs between sexual partners), the ideologies undergirding each of the group's strategies are quite different. These ideological differences have much to do with issues of accountability, that is determining the level of responsibility of the source (how are the CDC, sex manuals and sex workers differently accountable to their multiple audiences?) and investment, that is the level of personal involvement in successful achievement of the transmission of knowledge (how directly does the message created affect the messenger?). In other words, the ends each group wishes to achieve may be similar, but the means and consequences of accomplishing these are quite different. For example, most sex workers, whether based on capitalistic business sense or political conviction, share an ideology of sex as a positive, consensual, recreational activity. Crudely stated, the more successful they are at popularizing and eroticizing safer sex, the easier and more lucrative their jobs will be. In contrast, sex manuals have different ideological frameworks depending upon their intended audiences. Safer sex can either be simply the focus of chapter in a book, woven throughout the entire discussion, or only occasionally mentioned as something worthy of concern. In even sharper contrast, the CDC, although acknowledging certain sexual activities of the American public, generally promotes a conservative message of abstinence, monogamy or condom use. Of the three groups, the CDC is in the unique position of answering to the organized, institutional political hierarchy of the federal administration which periodically changes. In obtaining funding from the federal government, the CDC must make messages palatable to the agenda of the elected party (often with direct

interference from the executive office) as well as the opposing party and the American public(s) in general (Silverman 1992).

Second, the target audiences of each of these three actors is different in composition and size. These different levels can be seen as on a continuum of global to local scope. However, in my analysis, knowledge produced about safer sex is assumed neither to trickle down nor to trickle up. Rather, there is traffic between and among all groups as they adopt and appropriate each other's knowledges for different purposes. Credit for these appropriations is often lopsided. Sex workers acknowledge the influence of the CDC and sex manuals. At least two of the sex manuals (Winks 1994; Patton 1987) acknowledge the skillful safer sex practices of sex workers while most refer to sex manuals and the CDC. The CDC does not cite the work of sex workers or sex manuals as being instrumental in constructing knowledge about safer sex. Although it is not uncommon for an institutional source to refuse to credit collaborated knowledge, it is noteworthy that the CDC does not discuss the diversity of sources creating the discourse of safer sex. By not acknowledging the safer sex experiences of sex workers and other sexual communities as crucial to current safer sex standards, the CDC creates a knowledge from "nowhere" and does not legitimate the very critical work of actual sexual communities.

Obviously, the CDC has much greater potential to reach out to the U.S. public(s) (Fraser 1989:167). The use of television to air Public Service Announcements (PSAs) and bulk mailings enable the CDC to contact large numbers of people. In contrast, because most sex manuals must be purchased, they have a readership limited by literacy, social class, accessibility, interest, geography, and so on. Finally, sex workers are perhaps the most limited source for the general population due in part to expense and illegality. However, the fact that their audience is in some sense a captive group leads to speculation about possibly high rates of successful education.

This chapter investigates the production of safer sex by three types of self-authorized actors. Taking each one in turn, I sociologically interpret the meanings, strategies and potential consequences of the knowledge each produces. This knowledge production process is not a one-way accomplishment. It is a dynamic process laden with unspoken agendas and unanticipated resistances. The CDC, sex manuals and sex workers each construct themselves as representatives of safer sex. They transmit knowledge to particular groups of people. In addition to setting forth guidelines and advice about safer sex, in the consumption of these messages, audiences are also created. In their enactments of writing and practicing safer sex, the producers make assumptions about their target audience's social class, including education level, sexual interests and geographic locations by using linguistic registers (for example, words and concepts can be medical or slang for body parts: i.e. penis or cock) and body techniques. I attempt to portray some of the consequences of the production and consumption of these messages. Finally, I summarize this chapter with a comparison of the three groups.

THE CENTERS FOR DISEASE CONTROL
Recent History

In her historical account of the CDC, Etheridge (1992) outlines the development of this unit of the Public Health Service.[27] Born in 1947, the Communicable Disease Center was organized initially to fight malaria which threatened training militias in the U.S. South. The organization changed its name to the Center for Disease Control in 1970 to "reflect responsibilities for noncommunicable disease problems" (MMWR 1992:1). The growth of the CDC followed closely the prevalence of particular infectious conditions throughout the past five

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[27] Etheridge's work was funded by the CDC. This insider approach to institutional history probably influences the way in which the CDC is presented to the reader.

decades. The success of the agency in managing and containing these diseases, more or less, determines its stability and reputation. For instance, the mismanagement of the swine flu immunization campaign in the mid 1970s, marred the CDC's reputation and has subsequently heightened media interest in CDC activities. In the late 1970s, the CDC began a reorganization move, expanding their scope to include environmental health and self-induced risks with an overall push to link their work to "the prevention initiative" in health care.

The CDC's recognition of AIDS in the early 1980s converged with this institutional reorganization and again, its renaming to the Centers for Disease Control. Etheridge's account suggest that the CDC had tremendous difficulties throughout the early 1980s in convincing government and health organizations like the Federal Drug Administration, blood banks, the Hemophilia Foundation and the media to take AIDS seriously. Amid massive organizational denial, cuts in government funding through the Reagan administration, and social apathy regarding those infected with the condition, the CDC attempted to piece together the mysterious puzzle of AIDS in order to create a plan of action for containing the epidemic. Throughout the early 1980s, the CDC worked to establish the routes of transmission of HIV infection, including sexual activity with an infected person involving exchange of body fluids, blood and semen-- particularly anal, vaginal intercourse, blood transfusions with HIV infected blood, sharing of intravenous needles with infected person, and infected mother to fetus. The laudatory final sentences of Etheridge's (1992:340) book indicate a belief in the tenacity of the CDC in such an adverse environment, "The action proposed by CDC during these years did not often find ready acceptance. By linking AIDS to a particular lifestyle, epidemiologists acted as a lightning rod for critics, but they also performed the task that historically has been theirs. They pointed out a means of prevention."

In contrast, many others claim that the agency has not responded quickly, adequately or forcefully enough since the beginning of the epidemic (e.g., Bull 1993). Don Francis (1992:1447), a former retrovirologist with the CDC, has called the CDC's response to HIV "public health malpractice."[28] Francis argued that 1) HIV is a big enough problem to justify a major public health response; 2) the national response has not been in equivalent to responses to other highly communicable conditions; and 3) the conservative ideological and political maneuvering of the Reagan and Bush administrations forced the CDC to lose "sight of its role as an advocate for the public's health and inadvertently became a servant of politicians who were uninhibited by knowledge, experience or wisdom" (Francis 1992:1445). Francis goes on to suggest issues the CDC must address in order to more successfully battle the epidemic.

In 1992, the CDC underwent its most recent name change to indicate its mission of disease prevention. Now called the Centers for Disease Control and Prevention, the CDC is in accordance with the Preventive Health Amendments of 1992 (MMWR 1992). Rosenberg and colleagues (1992) outline the major underlying assumptions of the CDC's prevention efforts. These include the belief that a knowledgeable and informed public is the necessary foundation to building a prevention program but is not sufficient to prevent the spread of HIV. This concept has been documented in many studies; for instance, research conducted on the sexual knowledge and sexual practices of lesbians and bisexual women (at both high and low risk) propose that although this group is highly educated about the risk of unprotected sexual practices, they are

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[28] Francis was depicted in Randy Shilts (1987) book, *And the Band Played On* as a vanguard scientist. The book chronicles Francis' constant struggles within the CDC for more funds to research the transmission and prevention of AIDS. Leaving the CDC in 1985, Francis was frustrated and disenchanted by the failing financial support for research, politicking of certain scientific personalities, and lack of vision of the CDC.

very unlikely to practice safer sex techniques (Einhorn 1994).[29] Changing behaviors requires

more than mere information. One way to achieve a more consistent behavior change is to include

community based organizations as part of the prevention team, thus building trust between the

social group and the prevention organization. The CDC has attempted to do this through

funneling money to different players in the AIDS prevention game, including public health

departments and community based organizations[30].

The history of CDC interventions specifically aimed at HIV/AIDS reveals a delayed

reaction to distributing prevention materials to the American public. By most estimations,

including the CDC's own, the epidemic hit in 1981 (Rosenberg 1992). The first groups to

respond were community and voluntary organizations in cities like San Francisco and New York.

In 1984, the Centers for Disease Control became the foremost government producer and

distributor of information about AIDS through the $10 million earmarked for AIDS education

intervention. In comparison, 1993 statistics show the leap in funding to just under $500 million.

However, although the CDC was the premiere governmental agency in prevention, education, and

surveillance, it was not until June 1988 that an informational brochure developed through the

efforts of twelve different focus groups with people from different genders, races and ethnicities,

social classes, and sexualities was sent to 107 million homes in America. This document

highlighted six areas: transmission, condom use, testing, casual contact, children, and blood

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[29] An alternate explanation of this could be that the CDC did not keep adequate statistics on lesbians and common lesbian sexual practices and therefore lesbians did not believe they were at risk for contracting HIV. At the same time, however, AIDS has reorganized our thinking about human sexuality in that sexual identity is not seen as the predominant organizing principle of risk assessment. Sexual practices comprise differentiated risk lists. Many lesbians participate in potentially risky sexual practices (i.e., sex with men who have had sex with men) and acknowledge that this is a risky practice.

[30] Take for example, the 3-year self-worth AIDS awareness campaign spearheaded by the San Francisco AIDS Foundation. This was funded by both the CDC and private business support. It is targeted towards young, stigmatized people who may have developed a blasé attitude about their health due to a lack of positive images with which they can identify (Armstrong 1995).

supply. Although this publication, entitled *Understanding AIDS,* was widely distributed, it was estimated to be read by only half of those who received it (Silverman 1992).

Public Service Announcements:
Abstinence makes the heart (consistently and correctly) grow fonder

There is an obvious two pronged AIDS prevention approach in these PSAs: abstinence and condom use. The condom message, or mantra as it becomes after multiple viewings of these PSAs, always includes the need to use condoms consistently and correctly. These terms are not defined within the confines of 15-30 seconds. For example, these PSAs often end with: "A latex condom, used consistently and correctly, prevents the spread of HIV, the virus that causes AIDS, and may save your life." The definitions of these words are, however, only included in the accompanying PMI materials which the CDC mails out in response to specific requests for the PMI, as follows:

> Consistently="using a condom from start to finish with every act of intercourse."

> Correct use=Includes the need to: use a new condom for each act, put condom on the erect penis before penetration, know how to put condom on, manage condom breakage, hold on to base of condom during withdrawal, use water based lubes, store condoms in cool, dry place.

It is obviously problematic that these words are not defined as part of the PSAs. It is difficult to interpret what consistently and correctly mean, particularly if one already believes they are using a condom correctly. It is also important, although not surprising, to note that the PSA does not discuss what practices the latex condom must be used for: anal sex, oral sex, penis-vagina sex, and sex with sex toys, however it appears to solely assume penis-vagina intercourse. No other latex devices are mentioned. The absence of specificity of these two aspects of safer sex, practices and devices, is evident throughout these PSAs.

One wing of the 1990s CDC campaign for prevention is named *America Responds to AIDS* (ARTA). In this decade, it is through ARTA that official knowledge is produced about safer sex and risk reduction. In October 1993, the CDC launched the Prevention Marketing Initiative (PMI) with the goal "to prevent the sexual transmission of HIV and other Sexual Transmitted Disease among young people 25 years old and younger" (Centers For Disease Control 1993). As part of this campaign, the CDC funded the development of twelve public service announcements, nine to be aired on network television and three on radio programs. While this is just one arena in which the CDC produces knowledge about safer sex, this campaign and its constituent segments represent the most explicit and "most direct" public discussion of safer sex[31] the CDC has engaged in to date. The constraints of time and political pressure,[32] in part, set the conditions under which these PSAs can be created. Additionally, even though the airing of PSAs is left up to the discretion of the local network programmers,[33] it is likely that these messages will more broadly reach populations than other published CDC information which must be requested. In other words, because of broad distribution to all network programmers, these messages about safer sex have the potential for wide public consumption (unlike knowledge developed by sex

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[31] Information on the production of these public services announcements and their unique content was obtained through an informal interview with Mr. Laporte, an employee of Ogilvy, Adams and Reinhart, the advertising agency responsible for the development, design, production and marketing of PSAs. Throughout the past 8 years, the ad agency has twice won the competitive bid (expiring in 1996) to produce these PSAs. The agency has produced between 40-45 PSAs through the collaborative efforts of CDC staff, subcontractors, medical personnel, and "a whole cadre of consultants, including local, public and community based organizations and state health departments."

[32] Prevention messages regarding safer sex, sexually transmitted diseases, teen pregnancy, and other sexual conditions have long been accused of encouraging youth to be sexually active. Proponents of this view believe that youth may actually be inspired by messages about condom use to engage in sexual acts they would otherwise not attempt (see for example, Samuels 1993). These groups wield considerable power which the CDC and its contracted advertising agencies must attend to in their production decisions (interview data).

[33] According to Mr. Laporte, there has been no dispute over the quality of these productions, yet the reception of the PSAs has been "hot and cold". Certain PSAs do not air in the "biblebelt". It is because of this reason that the ad agency has designed a "range of options" both in terms of time (15/30/60 second spots) and message (abstinence of condom use).

manuals and sex workers). According to the CDC's own promotional materials, these PSAs were tested both qualitatively and quantitatively. An 18-25 year old audience equally distributed by gender and geographic location with particular sensitivity to African Americans, Hispanics, economically disadvantaged groups, and men who have sex with men viewed these segments and offered evaluations. In part through the data garnered in this testing, twelve PSAs were chosen for distribution to television and radio programmers.

Broadly these twelve PSAs illustrate the CDC's limited construction of safer sex as the choice of either abstinence or condom use for specific sexual practices. The CDC eschews graphic discussion of human sexual activities and opts for messages which reproduce a particular type of sexuality. This sexuality is heterosexual and limited in its conception of heterosexuality as encompassing sexual behaviors primarily related to penis-vagina intercourse. It is a sexuality based on rational decision making and communication. I critically describe each message in turn with my interpretation of these implications of these messages.

AUTOMATIC: One version of this 30-second PSA begins at night in a well furnished apartment with a couple (undetermined sex/gender) making out in bed. Accompanied by upbeat *Mission Impossible* style music, an animated "latex condom" labeled wrapper jumps out of a bureau drawer. It lands on the ground with an "umpf," walks across the floor dodging the clothes littering the apartment, tiptoes past the cat, and ruffles the covers as it scurries into bed. It is a playful scene open to interpretation for a broad audience due to its lack of specificity of the human characters. A male voice over states in a relaxed tone, "It would be nice if latex condoms were automatic. But since they're not, using them should be. Simply because a latex condom, used consistently and correctly, will prevent the spread of HIV." The condom is the central character, a friendly device to be used to prevent spreading a disease. The safer sex message to be

gleaned from this PSA is clearly and strictly related to condom use. However, an explanation of how to use condoms is lacking.

TURNED DOWN: This 30-or 20-second ad is presented in English and Spanish. Each open up in a darkened apartment with an evening view of a city skyline. A series of closeups depict a heterosexual couple kissing, taking off earrings, a tie, shoes, sitting down on a couch and becoming increasingly physically intimate. Jazzy, mood music plays in the background. The woman states "did you bring it?" The man responds with a slight Hispanic accent: "uh-oh, I forgot it." The woman states, "Then, forget it." She reaches over and turns the light on, the screen fades turns to white and a female announcer states, "Next time, don't forget it and every time make it part of the relationship." Then a male announcer states, "A latex condom, used consistently and correctly, prevents the spread of HIV, the virus that causes AIDS and may save your life". In both versions, this PSA's target audience is heterosexual couples, specifically depicting Latino and/or Anglo actors.

The safer sex represented in this PSA involves an established relationship rather than a new or anonymous situation. It asserts that safer sex is something that requires forethought and constant integration into relationships. Additionally, safer sex requires at least abbreviated conversations prior to engaging in sexual relationships. In this scenario, the "it" (a condom) is supposed to be brought to the sexual situation by the male partner. The woman's responsibility is to check if he has brought "it" and to refuse to have intercourse if not.

FOR A FREE BROCHURE is perhaps the simplest of the PSAs. The 15-second ad opens with a male voice over, "Latex condoms are effective in preventing the spread of HIV when used consistently and correctly." The least creative of the approaches, this PSA may be generic enough to encompass a broad target audience. However, the lack of stylization may mean its

ability to compete for viewers' attention, among other messages that bombard viewers, is diminished. Again, safer sex is represented as something requiring the use of latex condoms without any explanation of how or when to use them.

PEER EDUCATOR is the last in the series of condom use PSAs. The 30 second ad takes a more 'realistic' stylized approach. The audience is positioned as if they were a passenger in car with Denise Stokes-AIDS Education Counselor, a young African American woman. Filmed with a hand held camera effect, quick shots of the street and the traffic in blurry lens, interrupt the camera close ups of Denise's face. These close ups are used to stress Denise's emphatic points. There is no music to accompany her statements, "I'm out here every week. Talking to people about sex. And my message is simple, if you're gonna have sex, a latex condom used consistently and correctly will prevent the spread of HIV and other STDs. People out there gotta understand. That's why I'll go anywhere to talk about latex condoms. Even your living room." This PSA has the potential to appeal to a broad audience. Denise is presented as someone who really cares about her work and, by association, about us. She will talk about sex to anyone, anywhere, anytime which suggests she has some authority on the subject. Therefore, we should heed her advice and use a latex condom to prevent STDs and HIV.

Each of the condom use PSAs assumes an educated audience. At minimum, this audience should know what a latex condom looks like (outside of a wrapper), and they should know how to use a latex condom. Safer sex is implied as requiring latex condoms always be used in a particular way. The abstinence messages take a different approach to preventing the spread of HIV.

PEER EDUCATOR also has an abstinence version. In this 30 second version, we are placed in the same viewer position with similar camera techniques. Denise is driving the car and

states, "I see a lot of people my age who aren't ready. I tell 'em: put off sex until you know more. Cause having sex can pose some problems. Like getting HIV. So just wait. It's a choice you can live with. And feel good about. People out there gotta understand. So I'll go anywhere to talk about preventing the spread of HIV and other STDs. Even into your living room." The ARTA logo and the phone number appear with no reference to condoms. Safer sex in this scenario, is about waiting until you are ready to have sex, until more knowledge can be attained. Knowledge, like age, is cumulative and delaying sex is portrayed as a good choice inspiring pride.

These next two PSAs are similar in content but present different gendered actors. *WE'LL WAIT* is a 30 second PSA filmed in soft focus. A head shot of the male or female actor fills the screen with soft piano music playing in the background. Each actor performs their lines with conviction. He says, "I want you. I want to hold you for hours at a time. I want to talk to you until I don't have a voice. Introduce me to everyone who is important to you...your friends, your family. Look at me, I want to spend my life with you. I'll never hurt you. I'll never lie to you. I'll never put you in danger. There is a time for us to be lovers. We will wait until that time comes." Her lines are quite similar, "I want you. I want your hand on my back when I make my way through a crowd. I want to feel you watch me when I talk to my friends. Talk to me. Tell me about your friends, your family. Look at me. I want to spend my life with you. And I will never hurt you. Never lie to you. And never put you in danger. There is a time for us to be lovers. We will wait until that time comes."

These abstinence messages have strong resemblances to marriage vows; there is a clearly heterosexual message attached to traditionally gendered scripting. The partners want to know certain things about their companions but not about previous sexual experiences; they do not state "tell me about old lovers," a recommended safer sex strategy suggested in some manuals. Also,

the actors' narratives propose an interesting connection of not hurting, lying or putting someone in danger to waiting to have sexual relations. One wonders, when the eventual time does come for these people to be lovers, will a condom be necessary? Since they will not hurt, lie or put one another in danger, should they not practice protected sex? Isn't safer sex still necessary even if you have been abstinent with a particular partner for a long period of time?

The last three PSAs are 30 second radio announcements. These are all condom use PSAs. The first version features the actor Jason Alexander of the television program *Seinfeld*. He states, "Suppose my voice were HIV. And listening could infect you. You wouldn't listen. You'd change the station or turn off the radio, am I right? But if I took a latex condom...(hear him open it) and put it on this microphone..(muffled sound of him putting it on the mic and trying to talk) Couldn't hear me, could you? So, you were protected from HIV. That's exactly what latex condoms do. So remember, sex without a latex condom isn't always safe. Listening to me on the other hand...always safe." A male voice over ends the PSA with "Call (phone number) for free brochure". Martin's lines are virtually identical to Alexander's.

The third Spanish version recites the text from the Spanish version *Turned Down* television PSA.. The Jason and Martin examples of the PSA, although confusing through the use of an analogy, do not produce an absolutist message about safer sex. The fact that "sex without a condoms isn't always safe" implies that it might sometimes be safe. This is true. This non-absolutist messages leaves room for people to negotiate their own differentiated risk strategies. It also implies that people have a great deal of education about how to assess risk and successfully communicate with sexual partner(s).

Taken together, what do these PSAs tell us about safer sex? The two options created by the CDC, condom use and abstinence, are constructed as mutually exclusive choices. Because

each message focuses on only one option, safer sex choices are an either/or operation. Either you engage in sexual relations with a partner and use a latex condom consistently and correctly or you wait until it is the right time to have sex. These PSAs imply that individuals will intuitively know when it is "right" to have sexual relations. Moreover, at that point it does not appear to be necessary to use condoms. Even though there are institutional sanctions against explicit discussions of sexuality such as network programmers not airing the PSAs, these CDC ads may make things more confusing for viewers.

SEX MANUALS
Beyond the Joy of Sex

For over a decade, sex manuals have incorporated safer sex advice and guidance to reduce the risk of sexually transmitted diseases, including AIDS. One important and to date unexamined source which produces knowledge about AIDS and safer sex practices are sex manuals.[34] These manuals are recruitment books persuading particular readers to become practitioners of a particular constellation of activities. These sex manuals, as an interactive event, purport to offer certain individuals a means of self-education and thus construct an ideal reader or user. I argue that these production events are highly interdigitated with three social themes: safer sex as an individual right, safer sex as a means to discipline the body, and safer sex as a platform of political consciousness raising.

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[34] Seidman (1989) conducted an analysis of sex manuals published between 1960 and 1980 and found that although manuals relied on sexist interpretations of women's participation in sexual relations, there was a shift in the ideology of sex manuals to a libertarian sex code which endorsed sexual rights of women and men. He suggests that this shift in the ideology of sex manuals toward more legitimation of pleasure and playfulness within sexual relations is a move away from previous repressive conceptualization of human sexuality.

The analysis which follows is based on my interpretation of eight manuals. The lack of explicit explanation of sexual interactions may be a valid criticism of the CDC materials by sex-positive health educators and communities. Sex manuals, however, do not have the same institutional sanctions against graphic display and representation of sexual activity. I have examined sex manuals published within the past decade, 1985-1995. This time period was selected in order to give writers an adequate amount of time to tailor their discussion to include at least a cursory acknowledgment of safer sex practices. Selection of the manuals was based on the following criteria:

- English language publication;
- Published within the 1985-1995 decade;
- Published with the specific intent to be a sex manual (books of erotica were excluded);
- Must be primarily concerned with activities that are penetrative (such as intercourse) and/or involve the exchange of bodily fluids (oral sex);
- Priced under $20.

These criteria excluded manuals mainly focused on masturbation, massage, erotic talking or becoming orgasmic, as these are not commonly considered high risk sexual activities.

How to get under our skin

If we assume that most individuals who purchase and/or read sex manuals are looking for vital information about the transmission of HIV, then the knowledge produced about safer sex is consequential. An individual may turn to a sex manual to understand if a particular practice is risky or can be done in an alternate, "safer" way. This individual, however, gets much more from a sex manual than a list of risks associated with practices and alternatives. I would like to more specifically explore three interrelated themes which emerged throughout my analysis of sex manuals. These are: 1) the explicit construction of safer sex as a right and a responsibility, 2) the

construction of safer sex as a part of a regimen of disciplining the body or duty to be healthy, and

3) the use of safer sex as a platform to influence political consciousness. Each of these themes is

represented in at least half of the books surveyed. Before I launch into this analysis, I have

created a chart of these manuals to represent their diversity. In this chart, I list the manual's title

and author, the author's self description, the intended audience of the manual and the manuals

definition of safer sex.[35]

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[35] If the author uses the term safe sex in their manuals, I do the same in my summary of their definition.

TABLE 2
How to get under the covers: Sex Manuals Represent Safer Sex

SEX MANUAL Author--author's identification	INTENDED AUDIENCE	DEFINITION OF SAFER SEX
Sapphistry: The Book of Lesbian Sexuality Pat Califia (1988/1993)-- Writer, long-time community activist	Lesbians	Adopting methods that prevent any transmission of bodily fluids between you and sexual partners. Practices for performing safer sex include: using rubber or vinyl gloves, using jar-contained water-based lubricants with latex devices, cleaning sex toys after each use, using dental dams for oral/genital or oral/anal contact, using condoms with spermicide for sex with men, and covering leather toys with latex.
Anal Pleasure and Health: A Guide for Men and Women Jack Morin (1981/1986)--Psychotherapist	Anyone interested in practicing anal erotic activities	Safe sex is "a source of freedom" (1986:223). Safe sex is "Sexual activities that involve only skin-to-skin contact, without the exchange of any body fluids, making it virtually impossible for the AIDS virus to be transmitted" (1986:223).
How to Persuade Your Lover to Use a Condom... and why you should Patti Breitman, Kim Knutson, and Paul Reed (1987)-- a health editor, a psychologist and a social anthropologist	People who use condoms during sexual relations especially recently divorced people, long term single women, and gay men.	Safe sex is "sex without risk of infection, sex that does not involve the exchange of bodily fluids. It is sex that is protected with condoms or sex that does not require condoms to be safe, such as massage, mutual masturbation, dry kissing (no tongues) caressing and fantasy" (1987:40).
Making it: a woman's guide to sex in the age of AIDS Cindy Patton and Janis Kelly (1987) --Activists and policy makers	Aimed at "women-heterosexual, bisexual, lesbian, rich, poor, single, married, of color or white" (1987:5).	"Safer sex is a new way of looking at our health. Safer sex starts with each one of us--individually and as part of a group effort-- doing it, talking about it, trading advice with friends. Decisions about safer sex and drug use are not about doctors and tests; they are about each of us choosing to respect ourselves" (1987:5).

The Complete Guide to Safer Sex Written by the senior faculty at the Institute for the Advanced Study of Human Sexuality (McIlvenna 1992) -- sexologists	"Everyone" Both individuals and institutions: churches, schools, social service agencies, the military, the media, law enforcement personnel, the Justice Department.	Safe sex is defined in the admonitions, "Do not exchange body fluids...don't share body fluids, and use barrier protection every time there is anal, vaginal or oral penetration in sex" (1992:53/77). Embracing safer sex as a *new way of life* is reiterated throughout the manual.
Lesbians Talk (Safer) Sex Sue O'Sullivan and Pratibha Parmar (1992)-- self-help health educator and writer and a theorist, writer, and filmmaker	"Lesbians are not all women who have never had sex with men, or never will; who have never injected drugs, or never will; who have never been raped, or never will be, who had no blood transfusions before 1985; who had never self-inseminated with sperm from an untested donor. There is no single, pure definition of what a *real* lesbian is, let alone what real *lesbian* sex is" (1992:11).	"Safer sex is not about do's and don'ts. It is about much more than just latex. It is foremost about making our own informed decisions and assessing our own risks, taking into account all that is risky about sex. We know how to do these. We do this all the time about a myriad of sexual issues. Safer sex is about figuring out our own and our partners' histories, being honest with ourselves, and remembering that sometimes people lie to get sex. It is about making decisions about behaviors, and/or using latex barriers, based on knowledge. And safer sex is mostly talking. Practicing safer sex can push us to negotiate and communicate more clearly. It reminds us that we do have choices about our sexuality and that our sexuality is ours for our health and enjoyment" (1992:32).

Safer Sexy: The Guide to Gay Sex Safely Peter Tatchell (1994)-- Author and gay activist	Gay men Men who have sex with men	Safer sex is "pro-sex. Real sex. Sexy sex. Raunchy without risk, it's about having sex in ways that are satisfying and safe....safer sex is simply a different, risk-free way of experiencing sexual pleasure. What safer sex involves is redirecting our sexual desire, not denying or diminishing it. To avoid the danger of HIV, we need to make some adjustments in our erotic techniques... safer sex is a sexual revolution... safer sex expands our erotic horizons and spices our sexual experiences with new delights" (1994:13/14).
The Good Vibrations Guide to Sex Cathy Winks and Anne Semans (1994) -- Workers for 8 years at Good Vibrations, a 17 year old "worker owned vibrator store" and an international "sex business"	Everyone	"Safer sex is the term used to describe sexual activities which do not involve the exchange of bodily fluids, the most common method of transmitting the AIDS virus" (1994:216).

Unlike the CDC PSAs, these manuals are written to address specific communities.

Therefore the ways the messages are constructed and stylized rely upon a variety of community

standards. For example, my analysis shows how manuals produced by and for primarily lesbian

audiences (Califia 1988/1993; Patton and Kelly 1987; O'Sullivan and Parmar 1992) rely upon a

combination of self-help consciousness raising tropes and an explicit explanation of certain sexual

practices common in lesbians sexual repertories (cunnilingus). Patton and Kelly's (1987) manual,

rooted in the women's self-help health tradition, stresses the benefits of "girltalk" as a means to

get support for safer sex. They suggest three possible exercises for women to use in support

groups; these are ranking sexual activities on a scale of personal safety, competitive condom

application races using fruits and vegetables, and role playing with "real life" sexual scenarios.

Additionally, lesbian manuals blend their safer sex education objectives with discussions of identity politics. O'Sullivan and Parmar's (1992) manual attempts to address women as communities of ever-expanding different identities (sexual, racial, gender, class) from a socialist feminist sensibility geared toward women's health movements and consciousness raising. "We want to begin to build a flexible framework of ideas that will help lesbians (and others) to make sense of their uncertainty and confusion in relation to HIV and AIDS" (1992:48) In many ways, this book represents the difficulties of building a unified health movement which takes into consideration differences, particularly at a time when identities (based on these differences) are being deconstructed as fast as they are being constructed. How is a political movement of lesbian health possible when what it means to be a lesbian is so contested? In order for lesbians to have these "meaningful discussions" about safer sex practices, the authors must define the target audience. Always and everywhere definitions about sexual identity are contested and contestable as AIDS has taught us that sexual risk is about actual practices and just not risk groups, and that sexual individuals may vary greatly in their criteria and self-justifications for sexual identity labels.

This manual appears to make a certain promise to its audience about how information about safer sex should be conceptualized and distributed: "Giving information is not necessarily creating empowerment. For that to happen, the information has to make sense and there has to be a critical yet flexible framework to help individuals and communities to evaluate it and to distinguish what is important and relevant within the overload thrown at them" (1992:19). They go on to define safer sex as part of a complex system of decision making and health care; a system which lesbians, as women and as part of a sexual minority, are familiar with and capable of recalling for implementation. As in the CDC radio announcements, there is room left for

individuals to negotiate their own risk-taking behavior which implies a certain level of reader

education. However, a lesbian interested in the actual practices of safer sex and the nitty gritty

how-tos of practical application of latex devices might be better served by other books.

Comparing this manual with Tatchell's (1994), written for gay men, is illuminating. *Safer*

sexy blends self-esteem messages with safer sex images. This manual is written "to encourage the

adoption of safer sex is by using sexy images which glamorize risk reduction and by using explicit

language which makes the facts accessible to everyone... gay self-esteem and self-empowerment is

a crucial aspect of the fight against HIV" (1994:7). Photographs portray physically fit men

between the ages of 20-40 of different ethnicities and sexual variations (s/m, piercings, fetishes)

engaged in sexual acts, be they penetrative, oral, or masturbatory. Colored and/or lubricated latex

objects, like condoms and dams, are prominently featured in penetrative and oral acts. Catchy

and colorful slogans in fuchsia and turquoise, echoing fashion statement or sound bites of

advertisements, accompany each image-- "Hard On, Rubber On," "Have you got the latex

fashion?," "Make him happy, keep him healthy. Cum *on* him not *in* him", and "What the well

dressed man is wearing this season." Woven in-between the photographs, text discusses

particular sexual scenarios or acts (for instance, discussion of threesomes features a photo of three

men having safer sex). After skimming through the entire book, it is apparent that one does not

need to know how to read to understand the visual messages of using latex. Knowledge is

produced about safer sex in a visual medium with common representations from gay male

repertories of erotic symbols. This knowledge relies upon attaching sexiness (erotic imagery and

pornographic photographs) to practices with latex.

As stated above, the intended audiences who may consume these manuals shape the nature

of *how safer sex is constructed* by the authors. For example, although it is apparent that the

accessibility, availability and mobilization of resources, material, social and fiscal, were different for each of these manuals, comparing the content of manuals produced for lesbians or gay men can tell us a great deal about the ways certain members of sexual identity groups choose to represent sexuality and discuss safer sex. O'Sullivan and Parmar (1992) use intellectual arguments and dialogue between experts to illustrate their points, Tatchell uses splashy, glossy, and colorful photographs to fill the 112 pages of this sex manual. Where the O'Sullivan and Parmar (1992) book suggests that safer sex is about talking and debating, the Tatchell (1994) book seems to suggest that safer sex is about doing and adjusting. I do not want to suggest that lesbians and gay men have the same access to sexual exploration or the same sexual priorities. Historically, women and men have had different concerns regarding sexual activity. It is possible that these manuals represent the very best way to reach the targeted communities.

Safer Sex as an Individual Right

First, if one were to read the eight manuals surveyed in this analysis, she or he would see safer sex illustrated in familiar metaphors. According to these manuals, safer sex can be conceptualized as a responsibility, a "source of freedom" (Morin 1981/1986), a health issue (Patton and Kelly 1987), "a birthright" (Winks and Semans 1994), a "sexual revolution" (Tatchell 1994), "an acquired taste" (Winks and Semans 1994), a communication system (O'Sullivan and Parmar 1992; McIlvenna 1992) and, most overwhelmingly, as an individual right. This Liberal rights discourse arises directly from the manuals focus on a particular sexual identity or sexual variation. These are manuals which intend to reach a sexual minority group (lesbians, gay men) or a group of individuals who participate in a particular sexual practice which may be considered outside of the mainstream (s/m, anal sex). Sexual rights discourse establishes certain sexual

activities as worthy of sexual exploration and potential sources of freedom from repression. In at least six of the manuals, there is a discussion of sexuality as a right. Granted the words sexuality and right can and do mean many different things within each manual. But for my purposes, within the manuals, "a right" is generally used to mean freedom to make sexual decisions and explore eroticism in a mutually consensual situation without interference from outside forces aimed at regulating behavior. Implicit in the rights discourse is an understanding of negotiating power relationships between people, like sexual partners, and larger social forces, like the state. In other words, in lesbian and gay sex manuals, sexuality which is non-heterosexual is established as a right even though certain repressive state apparatuses may condemn such behavior. It is within this framing of sexual identity as a right that rights concerning safer sex are also introduced. For example, Tatchell's (1994:3) book is about "validation and celebration of queer desire and sexual diversity...it offers a sex positive and homo-affirmative guide to gay love and lust without risk."

Previously, it has been suggested that this popularization of safer sex has been organized to support a particularly western, liberal sexual ideology. In her work on AIDS in Cuba, Brazil and the United States, Scheper-Hughes (1994) deconstructs the Western, individualistic, and overwhelmingly prevalent prevention tactics as based on an assumption of sexual citizenship. Sexual citizenship is conceptualized as "a broad constellation of individual, political, medical, social and legal rights designed to protect bodily autonomy, bodily integrity, reproductive freedom, and sexual equity [and]...implies the ability to negotiate the kind of sex one wants, freedom from rape and other forms of pressured, non-consensual or coercive sex, and freedom from forced reproduction and from coerced abortion" (1994:993). This sexual citizenship is ideological in that it makes invisible its prioritization of a particular group of people's sexual conceptualization, that of heterosexual Western men. Often, prevention tactics based on such an

ideology do not translate to other communities of people, including non-Western women; ideas about sexual negotiation and consent can be foreign concepts not easily applicable in daily life. It is paramount to consider the ways safer sex messages are organized to reach a particular segment of the sexual public and is therefore limited in scope. The overwhelming assumption in the safer sex messages from the United States is predominately based on this formulation of sexual citizenship: individuals have sexual rights; safer sex is one of these rights.

In sex manuals, rights do not come without responsibilities. Or to paraphrase *How to Persuade your Lover to Use a Condom* (Breitman 1987), "good sex is your right" (3) "but it is not without responsibilities" (11). At the same time that a theme of a rights discourse operates in a majority of sex manuals' depictions of safer sex, two very different themes of responsibility emerge which seem to split the sample: manuals that encourage safer sex through an entire system of body discipline (Morin, McIlevanna, Tatchell) and manuals that promote the development of political awareness through discussions of safer sex (Califia, Kelly and Patton, O'Sullivan and Parmar, Tatchell, Winks and Semans). Although I do not want to imply there is a causal relationship between safer sex as an individual right and the two other themes, the establishment of safer sex within a rights discourse is deeply interconnected with the construction of safer sex as a discipline of the body and the use of safer sex as a political platform. In many ways, a rights discourse, with its component parts, personal empowerment and individual responsibility, lays necessary foundations for manuals to encourage personal responsibility.

The Duty to be Healthy

Sexually transmitted diseases and reproduction have already placed human sexuality within the realms of health and illness and medicine. There was a prior discourse about sexual health

within which to situate safer sex and HIV concerns. Most of the sex manuals include a discussion of other sexually transmitted conditions including advice on how to manage transmission and how to recognize the symptoms. However, discussion of safer sex often takes the STD discussion a step farther. Within at least four of these manuals, safer sex is a component in the total overhaul of a current lifestyle questing for the perfect body. Here are two examples of safer sex discussions couched in a regimen of corporeal renovation. Both authors identify as health care providers.

From Jack Morin, psychotherapist:

> It is very important you do everything you can to maximize your health and, therefore, your capacity to fight disease. Give more attention than ever to your diet. Make sure you are getting adequate sleep. Consider ways of reducing all forms of stress. Find at least one form of relaxation that you enjoy and practice it every day. Take an honest look at your patterns of use for all drugs. Consider conducting this test: stop using all recreational drugs for two months. If you cannot do this, or you experience strong discomfort, this is a sign of dependence, or perhaps addiction. Seek professional help...Think about your psychological health...If you decide to make any health-promotion changes in your life, be patient with yourself. Over-zealous attempts to change too much, too quickly cause more stress. (1986:225/226)

From the sexologists' group of the Institute for the Advanced Study of Human Sexuality:

> use the AIDS crisis as the impetus to create an overall health improvement plan -- a holistic approach to health, life and happiness. Defeat the AIDS epidemic by becoming healthier than ever before. There are many ways to enhance our natural defenses against AIDS such as exercise, nutrition, stress reduction and adequate sleep (1992:50).

Of course, most would admit that having a healthy immune system and feeling physically well would be a helpful defense mechanism for battling potential sexual infections. However, in aligning safer sex with health promotion discourse and personal empowerment/responsibility for health status has particular consequences for how we view health, illness and personal accountability versus social preservation.

Health, in these accounts, is an individual, individualized and individualizing goal, a duty, an obligation, and a responsibility which can be achieved through following recommendations of health promotion campaigns (Crawford 1985). Safer sex as part of a campaign is an integral part of body discipline; these campaigns are aimed at disciplining the body to refrain from particularly unsavory pastimes (such as drug abuse, unsafe sex) and to engage in particularly virtuous activities (such as exercise, safer sex). Crawford (1985) has noted, in rationalized, Western, industrialized societies, health is a balance between release and self control. Health is an achievement of societal expectations encouraging particular types of bodies be manufactured for contemporary capitalist cultures.[36]

Edgley and Brissett (1990) broaden Crawford's explanation of a health conscious disciplinary society and coin the term Health Fascism to stand for an "emerging political order...exercising increasing vigilance and control over what people put into their bodies and what they put their bodies into" (1990:259).[37] Within their work, health is conceptualized as a fleeting concept whereas a person is healthy only if they are free of disease even though we live in a society of ever increasing disease labels. Health is an unattainable norm which can never be realized because it is constantly changing; it is always just out of our reach. From this theoretical perspective, certain safer sex messages are produced by those who have the perspective of health nazis; a health nazi perspective "identifies and regulates the personal habits of suspected purulents" (1990:260). According to the authors, health fascism delivers hegemonic messages

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[36] Ruth Greenblatt, a prominent physician at UCSF, stated in a recent lecture that the greatest cost of AIDS/HIV is the loss in worker productivity (lecture data).

[37] The idea of Health Fascism is similar to the example of Body McCarthyism developed in the cutting edge book Body Invaders: Sexuality and the Postmodern Condition, Arthur and Marilouise Kroker (1988). The authors coin the term panic sex to describe the constant creation of new ways to be sexual, including *sex without organs* and *sex without secretions*. According to the authors, panic sex, and other factors, have inspired Body McCarthyism, a system based on the hysteria of controlling the transmission of body fluids. One outcome of dealing with this hysteria and anxiety has been to develop safer sex practices.

which encourage individuals to create the perfect body which, although mythical, is presented as if it were an individually attainable end:

> it is slender, fit and glowing. It does not smoke. If it drinks, it does so in moderation. It carefully regulates its diet in terms of calories, carbohydrates, fats, salt, and sugar. It exercises regularly and intensely. It showers frequently. *It engages only in safe sex.* It sleeps regular hours. It has the correct amount of body fat. It has flexibility. It has proper muscle strength. It has appropriate aerobic capacity...it is, in a word, healthy. (emphasis added, 1990:262)

Why is it of interest that safer sex manual writers are aligning their advice with health promotion campaigns? It is important theoretically because it offers empirical evidence for my arguments and those of Crawford and Edgley and Brissett. In linking safer sex with entire regimens of health achievement, these prevention messages establish yet another criterion for determining health and wellness. They position safer sex as an entirely individually motivated possibility, neglecting to recognize the social power relations which may disable or severely impede an individual from achieving health or safer sex. This assumption establishes a criterion from which to evaluate and separate those who are healthy, moral, and virtuous from those who deserve what happens to them because they did not heed the warnings and practice safer sex, get enough sleep, reduce stress and eat correctly. There are entirely practical applications of these theoretical conceptualizations of health and illness.

Safer Sex as Political Discourse

On one hand, sex manuals present the reader with a call to transform the body into a temple of "health" advocated by the psychotherapist and sexologist authors. On the other hand, authors of manuals from groups traditionally oppressed in society (lesbians, gays, and women) advocate different forms of personal responsibility within/through their safer sex messages. The

third theme that emerged from sex manuals' representations of safer sex is the linking of political

messages to messages about safer sex. Within these manuals, educating audiences about the do's

and don'ts of safer sex is also an opportunity to participate in consciousness raising. These

examples range in their particular causes but use similar tropes to reach readers. Messages range

from taking a stand against AIDS discrimination, engaging in public service for AIDS

organizations and supporting the rights of a particular sexual orientation:

From Pat Califia, speaking to a lesbian audience:

> There is another disease that is every bit as dangerous as AIDS, and that is AIDS
> phobia....The struggle against AIDS discrimination, demands for better treatment for
> people with AIDS, and obtaining funding for educating the public about AIDS prevention
> have to become part of the lesbian agenda (1986:185/186).

From Kelly and Patton, speaking to women:

> Become involved in AIDS work by inviting speakers to your workplace, place of worship,
> sports team, or civic group. Join an AIDS organization as a volunteer. Or simply talk to
> your friends. Never let an AIDS joke or wrong information go uncorrected (1987:23).

From Tatchell, speaking to gay and bisexual men:

> You can help change the world. Begin with your own life. Come out. Stand up for queer
> rights. Practice safer sex. Love people with AIDS. Support the lesbian and gay
> community. Encourage your friends to do likewise. Together, we can defeat AIDS and
> homophobia (1994:9).

From O'Sullivan and Parmar, speaking to lesbians:

> We can only meet the needs of specific groups if we admit that everyone affected by HIV and AIDS to the arena. Supporting the differing needs of groups and communities need not take away from the groups most in need or most disowned by society. It need not ignore or downplay the serious health crises women face besides HIV and AIDS--such as breast cancer. Rather, a united response could be a more effective means of exerting enough pressure on governments and agencies and people with money, power and resources to meet the needs of everyone affected by HIV (1992:49).

This is but a mere sampling of the political messages expressed in the pages of these sex manuals.

They all brim with political slogans aimed at expanding consciousness to consider safer sex in a broader societal context.

While seemingly a noble gesture, this call to arms to unite all in a struggle of liberation also carries a political responsibility that can have pernicious side effects, similar to the effects of body discipline. In making safer sex part of community struggles, the responsibility of having safer sex and expressing certain political views changes the individual's accountability from the self to the social. With this overwhelming responsibility to an often disenfranchised community, an individual's feelings and practices about safer sex take on added significance. This association of safer sex with "political correctness" may lead people to remain silent about the difficulties in maintaining safer sex and the possibilities of engaging in unsafe activities. As Odets (1995:4 emphasis added), a psychotherapist working with gay men, states in his review of AIDS education efforts of community based organizations:

> ...from the beginning, we have promoted safe sex as a moral responsibility for the gay man and treated any unsafe sex as *a moral transgressions against the gay community.* Like the lie about community standards of behavior, the most profound effect of this moralizing has been to keep unprotected sex and feelings about it unconscious. Moral authority makes ambivalence or confusion about the issues or the occasionally practice of unprotected sex a forbidden topic and prevents men from consciously thinking about their sexual feelings, desires and behaviors.

Society as a whole, or the body politic is implicated in both instances of safer sex being invoked as a responsibility. Responsibilities to a political cause entangle safer sex in an agenda of protecting the community while the discussion of rights leave the individual ultimately responsible for his or her health. Within these manuals, individuals are simultaneously accountable on the micro-sociological level for their own health and on the macro-sociological level for their communities and society more broadly. Ideally, in the cost-benefit analysis of practicing safer sex, sex manuals and public service announcements would like to encourage individuals to be risk managers. Self surveillance would be the ultimate victory of these recruitment documents. Individuals would attain their sexual rights, conceptualize safer sex as a component of the quest for the healthy body and organize their political priorities in recommended ways.

While I do not mean to suggest that being responsible for the self in sexual situations is a necessarily nefarious goal of these manuals, it is important to recognize the limits of individual responsibility. Given the access to the necessary resources (including education, tools and information), it is legitimate to recommend that individuals be responsible for their actions. However, what appears to be occurring in many of these manuals is the linking of individual responsibilities of safer sex with multiple other responsibilities. There is an overwhelming encroachment on the individual to be attentive to the self, sexual partners, local communities and the state. These strategies of manufacturing rights and responsibilities around the highly sensitive topic of safer sex has at least two consequences. We are creating neurotic individuals unsure of what safer sex actually really entails. It has become a monumental and complex series of messages and practices. Simultaneously we are creating grounds to discriminate against people because they have not been responsible for themselves. In not acknowledging the *social* nature of the *production and access* to knowledge about safer sex, and thus suggesting it is equally within

each individuals grasp to understand and adopt safer sex, individuals can be deemed non-compliant, problematic, and solely accountable for their health status.

To summarize, sex manuals differ from the PSAs and construct safer sex in dialogue with localized audiences. Safer sex is explicitly presented as an individual right, albeit for a diverse number of individuals. Manuals approach safer sex with more frankness and graphic discussion of sexual activities; readers can learn how to apply, use, store, and maintain latex devices. Many authors of manuals are also invested in agendas of political liberation for various groups of sexual minorities. In aligning safer sex with responsibilities to political goals or duties to be healthy and physically fit, safer sex becomes much more than abstaining from sex or using a condom consistently and correctly. In this next section, I analyze data from the "real" lived experiences of practicing safer sex and how knowledge about safer sex is produced in action and interaction.

SEX WORKERS
Sexual Ambassadors

> *I mean absolutely prostitutes, like me, play a significant role in educating straight men about safe sex.--Angela, 28 year old prostitute*

> *I'm very angry about the fact that people keep talking about safe sex educators and safe sex control of the sex workers because we're not the problem, if anything we're one small population where there is a solution going on. There are a lot of people, doctors and health educators included, who don't have a clue and could learn a lot from us. I mean you want to learn it from somebody who actually knows how to have fun doing it. And actually the doctors would like to learn it from those of us who know how to have fun too. Excuse me, but if you doctors do know anything about safe sex most of them learned it from us. So please, stop trying to save us. Come learn from us.--Michelle , 35 year old prostitute.*

I now turn to the production of knowledge as a hands on experience in which sex workers are *practitioners* of safer sex. The knowledge they produce about safer sex is different than the previous two sites because *sex workers actually produce knowledge in action and interaction.* The knowledge they produce is transmitted in the sexual encounter with clients. Additionally, as

sex workers rely on different sources to shore up their own knowledge base about safer sex by requesting that scientific work be conducted on the transmission rates. With particular fluids, like urine, sex workers also invent their own ways to embody the concrete practices that are producing health, professionalism, and competency through safer sex. To reiterate, the production of knowledge about safer sex is a social processes; it is assembled in multiple, overlapping and sometimes divergent ways. The CDC constructs very limited messages about safer sex related to the strategies of abstinence and condom use. Institutional proscriptions define the boundaries of these messages and lead to limited assortment. Sex manuals, with tacit and explicit agendas of co-constructing particular types of audiences, individualize our relationships with safer sex and manufacture readers as singular healthy, dutiful constituents.

As sex workers continuously update and refine their knowledge base and in turn their practices, definitions of safer sex take on a fluid and changeable quality. Safer sex with a baseline definition as 'no exchange of body fluids' is reiterated in all the interviews. However, one need only look a little further to see the multiplicity and nuances of the definition and differences in what safer sex signifies to sex workers. Strategies to contain body fluids are variable and require sex workers to develop flexibility in their work management (Martin 1994). Broadly, sex workers explain safer sex in two different ways. First, safer sex is likened to other activities or agendas. I call *metaphorical* constructions. Sex workers describing practicing safer sex as a way to achieve professionalism or health. Second, safer sex is a series of activities performed in sexual encounters. I call this *practical* constructions.

Sex work communities are key sites where experiential knowledge about AIDS has proved invaluable. Prostitutes and professional dominants have capitalized on their embodied knowledge-based on their local situated experiences and developed sophisticated strategies to

manufacture and distribute information to others (Haraway 1991). This distribution has occurred

at multiple social levels. For instance, institutionally CAL-PEP, an organization founded by

prostitutes and ex-prostitutes, provides health care, prevention and risk reduction information for

"at risk" for HIV exposure African American populations in San Francisco and Alameda

County.[38] Another level at which sex workers develop and distribute information about safer sex

is based on individual contact, through the sexual work they do. The remaining portion of this

chapter focuses on my analysis of interviews conducted with sex workers. I begin by discussing

where sex workers get their ideas about safer sex and their own definitions of safer sex. I then

review the range of variation in their alleged practices. Finally, I explore the strategies sex

workers use to impart knowledge they produce about safer sex to their clients.

Knowledge about safer sex[39] is not produced in a vacuum. Most frequently these sex

workers learned about safer sex from three places: other workers;[40] the media, (including sex

manuals and alternative magazines like *On Our Backs*), and safer sex workshops. For instance,

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[38] Forty percent of the target population is prostitutes. Obtaining state, federal and private foundation moneys, CAL-PEP's annual budget is $700,000. CAL-PEP is an exemplar of the ironies arising in times of fiscal crises of the state(O'Connor 1973). In Altman's (1993:5) estimation the state often finds itself in contradictory positions: "governments have adopted polices which have in effect legitimized unpopular and sometimes illegal behavior in interests of public health." One probable reason the paternalistic, late capitalistic state funds CAL-PEP is because it is less expensive to legitimate the existence of prostitutes (although technically illegal) than to "let them get" or spread AIDS leading to a reliance on an already over-burdened healthcare system. Thus the state is admitting that the experiential knowledge of prostitutes is perhaps more effective at reaching sex workers than it (the state) is. Additionally, these strategies maintain patriarchy in that it is primarily male clients who are "protected" by educating female and male sex workers to use these safer sex techniques.

[39] In this section, when referring to safer sex, I specifically discuss safer sex as it relates to HIV/AIDS transmission prevention. Other sexual concerns such as pregnancy and STDs--crabs, clyamdia, Hepatitis B, genital warts, herpes, were brought up occasionally by workers but overwhelmingly most indicated that they began to incorporate safer sex for the explicit purposes of managing HIV.

[40] Two of my informants identified as trainers of other sex workers and professional dominants. As part of their instruction, they include considerable time and training on safer sex practices. Professional dominants are individuals who work in fantasy or sadomasochistic sessions as the governing partner. Sometimes a professional dominant can be referred to as a Mistress or Master and is often in charge of running a sexual scene after extensive conversations with the other participant(s) about the details of the fantasy/session.

Gina recalls, "I learned about it from reading books about sex and working with more experienced women in the brothels."[41] Billy explains, "The media. It was basically a fact of life when I was growing up and becoming sexual." Honing one's knowledge, skills and practices about safer sex are continual and active education experiences. Anne, like many informants, considers herself to still be learning about the many aspect of safer sex. She has learned about it "in college, from a lesbian crowd I hung out with, from friends in the porn industry, other workers. It is really an ongoing learning process." Sex workers also avail themselves of institutional resources to verify the safety of particular sexual practices; as part of a continuous updating of information to integrate into their work. For example, when concerned about a particular sex activity with human urine, Hadley "called the CDC about piss play and they say it is safe to take it into your mouth. They just started saying that recently though, very recently." Hadley periodically checks in with the CDC, scrolling through her list of questionable practices. This may appear as a trickle down knowledge transmission. The sex worker calls the CDC to verify her practices. Hadley claims and I concur that her "check-ins" with the CDC encourage the institution to conduct research to meet the needs of the public. Of course, the institution is not as responsive as one may wish. The institution does have the appropriate resources to investigate particular empirical problems regarding body fluids and Hadley (and other sex workers) "nudge" the organization to consider different sexual practices.

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[41] All names are pseudonyms.

The Metaphors of Safer Sex: The Healthy Professional

> *I mean because what I am doing, again the service part of it, has to do with my body.*
> *And I want to present a good product. I take care of it and part of that means I have to*
> *do it safely. I have noticed the change. I look after it. I used to cover myself up, and*
> *now I like I do lots of stuff for exposure I guess. I dance for this queer band. You know I*
> *have put a lot of work into my body and I am not going to fuck it up with doing unsafe*
> *things or getting sick. And um, so, I am getting paid. So it is fine. -- Billy*

There are two key ways in which sex workers metaphorically define safer sex, first as an

aspect of health regimens, and second as a strategy of professionalization of sex work per se. Sex

manuals advocate safer sex as one component of body discipline as a quest for the healthy body.

Like these manuals, sex workers' focus on safer sex one method to maintain health. Both sex

workers and sex manuals co-construct and rely on a concept of the ideal body as free from

disease. However, these two sources differ slightly in that sex manuals attach safer sex to a

renovation of the body. Speaking more generally to a broad audience, sex manuals more actively

construct the ideal body as resulting from the components of nutrition, exercise and safer sex.

Sex workers, in anticipating client's interest in their bodies, develop strategies to present their

own bodies to meet clients' ideal which includes a manifestation of "health" as freedom from

disease. This is not to suggest that sex workers do not also construct ideal bodies. However, sex

workers are in the immediate position of having to respond to others' extant constructions.

In a capitalist system, most extremely evident in sex work where one's body is a commodity,

it is in one's best interest to maintain health. Gina's comments are representative of the general

feeling about contracting curable STDs, "Yeah, I have had a few things like crabs, scabies and

general flu like bugs. It is a drag to have to deal with that shit." Pregnancy is another concern

and generally condoms are used to alleviate the fear of becoming pregnant. General health must

also be maintained as sex workers need to be physically well to work. Although I did not ask

informants their HIV status, several informants volunteered their negative status often adding their previous experiences dealing with sexually transmitted bugs.

Safer sex is part of a package of tasks oriented toward producing one's own health. As Billy notes, "If you can't work, you can't make money, and this is a very image based business. Your health is one of your biggest assets." Informants mention picking up sexually transmitted "bugs" or other illnesses, like flus, that put them out of work for days or weeks. By operating with certain safer sex procedures, workers feel they can minimize their exposure to at least some of these ailments. As Olivia mentions when discussing her interest in protecting herself from AIDS, safer sex "is stress reduction to me". Sex workers must not only manage their own embodiment but also must at the same time assess the client's physical health, taking necessary precautions to protect themselves from the client's body. Several informants discussed seeing over 30 clients a week at points in their career. Intimate contact with this many different people increases one's exposure to countless germs and bugs. Sex workers develop protocols for judging clients' hygiene, cleanliness and health. Sex workers look over clients bodies for signals of STDs and other illnesses. If a client does not look healthy or has bad hygiene, sex workers may ask the client to leave or only engage in certain sexual behaviors that they feel are safer. One of precaution which assists in managing exposure to these health hazards is using safer sex. Safer sex, for these sex workers, is linked to a future desire to be able to present their bodies in a healthy way on a routine and regular basis.

Second, using safer sex strategies is also linked to professionalism among sex workers. Professionalization, as theorized Freidson (1986) encompasses three key tactics: establishing licensure, producing and applying of specialized knowledge, and creating a code of ethics/conduct particular to the profession. Of these, it is the production and application of specialized

knowledge that sex workers most closely link to their own conceptualizations of professionalism. The sex workers I studied have chosen to develop safer sex as a body of knowledge. This claim enables them to appropriate a certain level of occupational prestige (Turner 1987). Safer sex then becomes a explicit strategy of professionalization. If one is adept at the skills required to master safer sex, it can add to the professional presentation of self in a sexual encounter. When asked how her use of latex in different sexual acts makes her feel, Felicia replies, "How do I feel whenever I wear latex? I feel whenever I do my gloves or whatever, I feel knowledgeable and I feel professional. I feel like I'm a real--it's like the chance that sex workers are sex educators and I really believe that's true. And I feel like that every time I do it, because you know I could put on a condom like with my mouth, and my partners are like whoa! They're just amazed by that."

There is an extension of knowing how to use a technology, developing routines and procedures for practicing safer sex and becoming and being recognized as a professional. Brad sees himself as a representative of a larger safer sex culture and a professionalized group when explaining his professional identity.

> *How do I see myself when I am using latex? Well for people who aren't urbanites, my customers, who might be there one hour, I see myself as an emissary. That I get the opportunity to educate these people, that when they look back--you know, when they think about all the exchanges from the second I arrived at their hotel room, they can recall every instance in their mind, that at this point Brad put on a condom, it's a great feeling. That I'm an ambassador.*

Brad is an ambassador from a place where he is intimately connected with the culture of human safer sexual relations. It is in his conceptualization that we witness the construction of a professionalized group; Brad comes from a particular community of people or community of knowledge. In symbolizing himself as an ambassador and emissary, Brad outlines the particular

activities that encompass this job description including "the opportunity to educate" with his specialized knowledge.

Fiona has actually made a business out of the knowledge production process and education of safer sex practices. This represents the most clear example of someone actually teaching or professing about safer sex as an expert.

> *I now advertise myself as a sexy older woman to teach, and I still charge a lot of money because it is illegal and my copy reads something like--the first ad I was writing like this the headline was "essential skill" and then it said "fun, nonjudgemental fun, hands on guidance to the ins and outs of women's sexuality by beautiful sexy older woman". And its going over great. I am amazed, absolutely amazed... So safer sex education would come into what I do with them. And what I do is different for each client. But it incorporates a geographic tour of women's bodies and there's lots of bits that they don't know about and what works and doesn't.*

This strategy of advertising has brought two groups of clients to Fiona: young men who want to learn about sex and are often virgins, and older men. For the older clientele, the "last time they were single the rules were very different, so I might be showing them that there can be fun with latex. And not to be intimidated by condoms."

In situations where the safer sex education is not an explicit part of the sexual encounter, the professional sex worker must master safer sex in a way that portrays a convincing (sometimes spontaneous-like) performance to the client. While discussing the actual work of maintaining a safer sex encounter, Michelle likens her profession to that of contemporary health care workers: both have standards to manage body fluids. However, her profession is constrained in specific ways:

> *Because my cleanliness standards are so strict I know it gets on some people's nerves. Cleaning up this pre-ejaculate, it takes a certain amount of planning and time and carefulness to make sure that you are practicing all this safe sex when you're working with somebody who doesn't-- who wants to think they're having a spontaneous romantic moment. And it's not like you've got a partner who's thoroughly educated. You sit down and have a discussion beforehand and now you're going to have spontaneous safe sex. You're dealing with*

somebody who doesn't know shit and you're trying to educate them and have a spontaneous moment with them at the same time. It's hard work. And sometimes I can tell that I'm not getting the cooperation I want and I'm getting a little bit uptight, and they're starting to feel like -- one of my clients calls it the "hazardous waste material". I mean going to see my dentist becomes--I feel like a hazardous waste material myself. First he had some new goggles, well then he got a shield, you know, and next I expect him to come in just like -- you know, a space suit next time. It's so funny. But that's what we're having to do. See, the medical profession has the luxury looking like they're in this space suit. I can't look like I'm in a space suit. I have got to look like I'm being very intimate and everything, and yet really I am trying to have my own little space suit going on here.

Sex workers use these metaphorical constructions of safer sex to situate their work within discourses of health and strategies of professionalization. Using safer sex is part of taking care of the body and is part of a valuable skill similar to other work skills. These metaphorical constructions can serve to legitimate the work they do by stating it is, in one instance, producing health and, in another, a specialized skill of a professional group of people. These ideas about what safer sex means and how it is explained is highly related to how safer sex is practiced. Practices about safer sex, although having some similar components, encompass a broad range of variation. I now turn to the second aspect of safer sex, the practices sex workers perform in sexual encounters.

The Practice of Safer Sex: Containing the Hazardous Waste Material

The actual practices of safer sex in the moment become orchestrated acts that require many considerations. But the professional must also keep the ambiance authentic and sexy, managing their body fluids in a way that is safe and un-intrusive. Sex workers must <u>reconcile</u> the seemingly dichotomous constructions of safety and sexuality into a convincing performance. Michelle explains how she must appear to be relaxed in an effortless experience with her client when in actuality there is a lot of work required to engage in the sexual encounter. In these interactions, being sexual means being available for physical experimentation, as in being naked or scarcely dressed. Being safe means being able to protect oneself and others against antigens.

While sex workers construct metaphorical understandings of safer sex, they actually practice safer sex in different ways. 'No exchange of body fluids' as an absolutist stance becomes malleable and situational when translated into actual practice For instance, particular body fluids can be exchanged (vaginal↔saliva) with less degrees of concern than others (vaginal↔seminal). Additionally, body fluids can have contact with different parts of the body after a survey of the quality of the skin (i.e., no cuts on hands, no scratches on stomach). Therefore, sex workers have choices to make.

Angela has spent time on a safer sex education circuit organized by an AIDS group. When discussing safer sex, she suggest that safer sex would ideally mean a risk assessment by both partners engaging in sexual activities. However, Angela points out that she and other sex workers don't have that "luxury of time" so they must use latex. I have constructed this two tier diagram to demonstrate how sex workers deploy latex differently and engage in different sexual activities. This diagram is meant to illustrate the wide range of variations in practices of my informants.[42] The top tier of the diagram Use of Latex corresponds to the practices listed below on the second tier. Sex workers practical application of safer sex ranges within my study illustrated in this diagram below:

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[42] My informants actively evaluated other sex workers' safer sex standards. They are aware of the range of variation in what sex workers deem to be safer sex. Michelle evaluates her own safety standards based on what she knows of other's practices, "I have seen a lot of girls not be that safe. I mean they always use a condom, that goes without saying. Every prostitute uses a condom, that's why there's such a low incidence of STDs in the sex worker industry, but aside from that they don't practice enough safety for me." Other informants have compared their standards with other workers. There appears to be an on-going sex industry discussion of professional safer sex standards but this discussion is informal (unless as part of a community based organization, COYOTE, organized program on safer sex and working).

<div align="center">

TABLE 3

</div>

Safer sex:
Use of Latex over Specific sexual practices[43]

SAFEST<-->**LEAST SAFE**

Condoms, Dams, Gloves	Condoms, Dams, No Gloves	Condoms, No Dams Gloves	Condoms, No Dams, No Gloves	Condoms only for intercourse or toys
intercourse w/ condom	intercourse w/ condom	intercourse w/ condom	intercourse w/ condom	intercourse w/ condom
condom for fellatio	condom for fellatio	condom for fellatio	condom for fellatio	fellatio w/o condom
dam for cunnilingus	dam for cunnilingus	cunnilingus without dam	cunnilingus without dam	cunnilingus without dam
gloves for digital penetration	digital penetration w/o gloves	gloves for digital penetration	digital penetration w/o gloves	digital penetration w/o gloves
latex on toys, gloves for piercings, no urine	latex on toys, no gloves for piercings, no urine	latex on toys, gloves for piercing, plays with urine	latex on toys, no gloves for piercings, plays with urine	latex on toys, no gloves for piercing, plays with urine

My informants were eloquent in articulating their safer sex practices. Two informants represent the extremes of the range. Hadley explains, "my party line is rubbers for fucking, rubbers for sucking, dental dams, barriers every time fluids are exchanged. I don't do anything without a barrier. Privately, I kiss but in my professional life, I don't." This is in contrast with Natasha's practice of using condoms only for intercourse, both anal and vaginal, "I have always felt comfortable performing fellatio without rubbers and as long as a woman is not on her period I feel comfortable having cunnilingus without latex." Gina, carving out her own niche within her

---

[43] In this diagram, the top box indicates the use of latex. Five boxes underneath indicate the associated practices with that use of latex.

own standards of safety, believes safer sex enables her access to her own project of transforming

eroticism. Within the confines of safer sex, Gina works to "create an alternate erotic experience

that doesn't just rely on genital pleasure, you know, make them see that there is more about being

erotic and sexual than just exchanging body fluids. I feel like I can do that and I am good at it."

As noted earlier, oral sex is the arena where the most diversity of safety standards exist. Sex

workers craft very different strategies and practices for engaging in oral sex with their clientele,

particularly oral sex with women as the recipient: cunnilingus. Reasons cited for the diversity of

strategies are "the CDC says it is ok," the collective experiences assembled through talking to

other workers, the belief that "the risk is minimal to me," and the lack of research about

transmission of the virus through cunnilingus. For instance, Olivia discusses the unknown risk

factor in describing her practices: "Well, there are some things that I am really sure about, like

intercourse of any kind, but other things seem to be really undecided, like oral sex with women."

Michelle has the same standards around intercourse and oral sex on men (only practiced with

latex condom) as Olivia. But Michelle engages in cunnilingus without latex barriers. She defines

safer sex as:

> no exchange of body fluids, that means no contact with anything that comes out of a dick,
> I am talking about pre-cum too. But, as far as we know there's a higher concentration of the
> HIV virus in semen and less in vaginal fluid. But, as far as I know, oral sex is still not
> considered safe sex. So some of them would choose not to do it [cunnilingus] and others will
> do it anyway. A lot of my clients go down on me [without a barrier] and I don't know if it's
> peculiar to me or what. If I can get them eating pussy for a little while. To me it's also less
> dangerous to my health.

Oral sex on men is also at the point of being renegotiated and reconsidered, as indicated by

Erin. With an ironic sense of humor, Erin states, "Now fellatio is not considered unsafe sex.

Um, and a lot of people who put this out must be men." Despite the humor indicated in this

comment, it is obvious that as knowledge from other sources (including the CDC[44], AIDS

organizations, the health care profession and other sex workers) is updated, sex workers must

decide upon their own practices. This changeable quality of the knowledge leads to a range of

variation in practices. Standardization of particular practices is fairly widespread; others, like oral

sex, vary.

The Transmission of Knowledge: How to create the "whore educated" guy

Just as knowledge about safer sex is in the process of being produced and reformulated by

these sex workers, it is also transmitted through their sexual encounter with clients. Some

evidence of this transmission of knowledge or education of clients is the claim by many of my

informants that clients come to them already knowing particular standards of practice. These are

described as "whore educated" or "prostitute educated guys."[45] These "guys" are clients who

frequent prostitutes and have become accustom to the routines of safer sex. The client, often a

regular or referred to the sex worker by a colleague, may bring his own condoms to the session.

In their anticipation of certain routines of safer sex within sex work, these clients are an example

of the success of lay knowledge produced by sex workers. These men are memorable to sex

workers and stand out as enjoyable, relaxed and "hassle-free" sessions.

But how do these men become "whore educated" guys besides responding to Fiona's

advertisement for the explicit purposes of learning safer sex practices? Sex workers use differing

---

[44] Currently the CDC's AIDS Hotline states that oral sex without latex protection could transmit HIV and other STDs and therefore it is not safer sex. However, certain sex manuals and community based organizations indicate that oral sex without latex protection is safer sex because it is safer than unprotected intercourse.

[45] During a conversation about the infrequency of resistance to using condoms in her sessions, Olivia states, "I mean I would think that the people who pay me $200 an hour have experienced the culture and are comfortable with what goes on."

strategies to insure their safer sex practices are followed in sessions. Sex workers discuss the need to tailor their safer sex information to each situation and interaction. Not all sexual encounters are considered appropriate or worthy of educational energy. Here, sex workers may use *ready-made* strategies to encourage the following of safer sex standards. Other sexual encounters, including regular and well-liked clients (at least first impression) are deemed worthy enough to deserve educational strategies. Sex workers are flexible about the vagaries of each sexual encounter and used different tactics around safer sex. Usually these are delineated like an easy trick=ready-made strategies or an educational experience=a tailored message.

Sex workers also use ready-made strategies to deal with reluctance on the part of clients. There are typical client resistance statements. "They got a whole litany of cute little lines you know, 'condom, schmondom', 'I never use a condom', 'I can't feel anything', 'it's like fucking with a raincoat on'." These ready-made strategies include constructing themselves as possibly infected, a high risk partner. A common scare tactic that several sex workers, like Brad, use is "you know like when they say, 'oh you don't have to use that.' I say, 'yes, I do. I have to use this. You don't know my sexual history, but you are sleeping with every person I ever slept with.'" Most informants have prepared comebacks for the reluctant client. These prepared comebacks are used to diffuse a type of reluctance that sex workers feel is more of a challenge. Sometimes clients try to test the limits of sex workers' safer sex boundaries, in a game of wills. Sex workers, experienced at this game, use the prepared and ready-made statements in an almost requisite conversation with this type of client. Then their work can proceed without further incident. These ready-made strategies enables sex workers to engage in their work safely and quickly attend to safer sex considerations.

Alternately, a sex worker may take an opportunity to actually educate clients. In the remaining section, I discuss the ways sex workers successfully integrate safer sex into their practices using body techniques. The following illustrates Anne's decision-making to invest the time in educating a particular client about safer sex.

> Anne: I don't put it on right away because quite frankly if I can get away with just doing a hand job instead of having intercourse I would prefer that and I don't bother using a glove when giving a hand job. I check my hands first to make sure I don't have any open cuts, you know. I don't have a problem with them coming on me. As long as I don't have a cut there's no way it could enter my blood stream obviously. So no, I don't put it on right away. If it's looking like--- you kind of have to really sort of read where they're coming from, because you can overly communicate which I think sometimes my partner does to the point where it becomes really unerotic for them, extremely unerotic.
>
> Lisa: How do you avoid that? Well what does she do...
>
> Anne: She becomes very clinical, sometimes she'll talk about how we're sex radicals and how you didn't know you were getting involved with sex radicals. Sometimes she'll talk about how we like to watch fags together and their dicks become flaccid. But it depends a lot upon how quickly I can tell if they're going to come. There's some people who come quickly and who don't say " whoa, slow down," and there are other people who say, "whoa, slow down" and that probably means that they either don't want to come right away or they don't want to come like that, meaning they would rather come through intercourse. So you kind of just have to be able to really read what's going on. And for people who aren't coming from other kinds of stimulation then it's pretty obvious that the condom is necessary. Then I would ask them, would you like us to put a condom on? And virtually everybody knows what that means, that means okay, we're talking about oral sex or intercourse right now. But the other day I actually had a client who-- I said would you like for me to put on a condom now, and he said no, actually I prefer not to, and I said, okay, so then he doesn't want to do that, that's fine, you know, but then he said at one point, can I go inside of you, and I said, well definitely not without a condom.
>
> Lisa: How did he respond to that?
>
> Anne: He said, "Oh, okay, I was hoping not." And I said, "Really, you know." So I put it on him but I didn't want to go into a whole clinical discussion and talk about AIDS at that point, but I did afterwards with him. And what ended up happening is he didn't stay hard with a condom on. So he said to me, "Okay, I guess I would prefer a hand job then." So I took it off and gave him a hand job. After I said to him, "I have some things that I can tell you about this, you know, education" , I taught him a good way to get over that would be to masturbate with a condom on.
>
> Lisa: Do you think he appreciated that or is it just like, okay, this is some crazy woman telling me...
>
> Anne: No, he gave me a $40 tip and I don't think it was just because he thought I was attractive.
>
> Lisa: Wow.

Anne: I gave him some other information, too, and I think he realized where I was coming from. I was obviously educated.

Simultaneously, Anne reveals her agendas to make her work both easier and safer. She has a self interested strategy in trying to do a hand job for greater ease and safety. There are certain sex work acts that she likes better than others, in this case giving hand jobs. In this story, it becomes apparent that Anne has a specific practice of introducing condoms to signify a particular sex act. She indicates that there is preferred way and time to talk about safer sex in sexual interactions; she gives me examples of the wrong and the right way of educating. The timing is important to actually transmit information to a client at the same time not disrupting the sexual exchange. In a specific interaction, Anne enforces her standards of safer sex. The consequences lead her to an alternate method of pleasing her client. The appropriate time to discuss safer sex, including ways to become comfortable with condoms, is after the sexual interaction. This is a clear example of how her production of knowledge about safer sex is linked to the education of the client. This transmission of information about safer sex can be verbal as in the case of Anne or physical (putting bodies in particular positions or applying devices) or a combination of both.

Body Habits and Latex

Safer sex can be effectively and successfully used, when physical or corporeal integration is achieved. Sex workers describe how they use their bodies and the bodies of their clients to increase the comfort level around a new technique of doing things. Inscription and incorporation practices, we learn, develop and refine body techniques. Among the first theorists to take up such concerns, Mauss (1934:73) argued that techniques are simultaneously unique habits of the individual and part of an on-going education of practices stemming from particular communities:

These habits do not just vary with individuals and their imitations, they vary especially between societies, educations, properties and fashion prestiges. In them we should see the techniques and work of collective and individual practical reason rather than, in the ordinary way, merely the soul and its repetitive faculties.

Body techniques are commonly developed to accommodate body tasks (Frank 1991). Body tasks involve managing physical components of the body, excrement and fluids. For instance, there are socio-cultural rituals for the removal of bodily waste which have particular histories. Body fluids, such as semen, vaginal fluids, menstrual blood, are now potentially toxic substances.

New body techniques involving the use of particular latex tools have been constructed by sex workers. There seems to be some level of awkwardness and adjustment time to actually successfully integrate these techniques. Success is marked by the actual use of safer sex practices, according to a sex worker's definition, in a sexual interaction where the sexual transaction goes without incident. Success occurs mostly when there is not an awkward, clumsy, obvious or difficult thing to perform. When safer sex practices become habitual enactments, it makes the self/body feel more dexterous and fluent in the technology. The more proficiently these techniques can be used, the more able they are to be integrated smoothly into a sexual setting. As Olivia states, "I pride myself on how I put on a condom. I put it in my mouth, I begin a massage putting the condom on so it's like a lot of the times they don't even know it is on, it just feels so good so it incorporates the latex as a part of a very pleasurable experience."

Quincy discusses her own realization about her "prowess" with latex and how it enables her to use latex more confidently and hence successfully during her sessions,

And actually I haven't ever made this connection before. but there's a prowess thing with that, too. It's like with gloves that don't fit, using a barrier for oral sex I feel more clumsy. I feel less like I know what I'm doing and I feel less that it's very likely that I'm going to do a good job, which affects my morale about being in a sexual situation in the first place. So that's -- I hear I myself say that, I think that's one of the really big difficulties with oral sex barriers in the first place. Particularly with oral sex with women. I don't have that experience so much with

women. I don't notice my feeling of prowess. I think that's because with women I am less experienced and I can't use the device proficiently do what I want to be doing here.

Sex workers also discuss creating a physical reaction to the use of latex through close associations of latex to pleasurable acts. Quincy discusses her use of latex devices with clients:

They at least get a taste of that Pavlovian strategy. It's really the way it is: The bell rings, the dog salivates, the condom goes on, they guy knows it's time to fuck. And I think that that's a really potent part of education. I try to do it with gloves too. I like to snap my gloves because it is exciting to me and they hear it and hopefully it will be exciting to them too.

Snapping of gloves as a strategy to alert clients to upcoming sexual activities is discussed in several interviews as a means to create a sensation association. Hearing a glove or seeing a condom will hopefully encourage pleasant associations with what's to come, what is expected. The uses of latex devices and the varying degrees of successful integration into specific sexual encounters will be discussed at length in Chapter Five.

Fluid Knowledge Production: Linkages Across Different Sites

The AIDS pandemic has had and continues to have a devastating impact on our world. With no cure in sight, behavior modification has become the primary (some might say the only) method to curb the continued transmission of HIV. Originating in marginalized sexual communities, safer sex was a collection of practices which allowed communities and individuals to remain sexual despite the conservative right-wing messages of abstinence and heterosexual monogamy. In the popularization of these safer sex practices through PSAs, sex manuals and sex worker's practices, there continues to be a transformation from the original, grassroots and word of mouth activities to a series of competing doctrines on practices, philosophies and liabilities.

Currently safer sex messages and their applications are produced in everyday life to promote health and wellness. While the construction of safer sex messages is highly consequential

for how we understand the concepts of health and illness, social and political responsibility, and individual rights, it also has the potential to become another form of discipline of the body (like dieting and exercise). Living though the epidemic, we are told and often shown that we must vigilantly protect our body's orifices from secretions and fluid exchanges. Building on the work of Foucault, in particular his formulation of biopower, Linda Singer (1993:117) posits that the epidemic actually "provides an occasion and a rationale for multiplying points of intervention into the lives of bodies and populations." I have reviewed but three of the sources of potential prevention intervention into daily life. In these sites the originally resistance practices of safer sex can be associated with messages of individual and social accountability and/or integrated into a fun, playful sexual experience. It is crucial to testify and document these transformations, for as Foucault (1979) states, out of resistance comes new forms of discipline and new mechanisms to dominate. In the case of sex manuals, in particular, we see the alignment of safer sex with existing constructions of healthiness and virtue which have the potential to perpetuate social inequity.

If knowledge about safer sex is not viewed as connected to ideologies and agendas of these actors, we can lose site of the stakes in producing the messages and practices. In other words, safer sex is produced in a world that already exists with power differentials. Certain types of safer sex messages and knowledges supports these power arrangements, certain messages attempt to dismantle them, leaving new ones in their place. Although the production of safer sex is done by different actors with different agendas, some of the resulting messages are similar. For example, all rely on constructing the individual as potentially ultimately capable of doing safer sex. It is up to each individual person. But something in is certainly missing in this construction. By relying on the construction of the individual as a flexible risk manager, the individual is often

taken out of the social context. As I show in the Chapter Four, these sex workers reside in particular communities that enable them great control and latitude to produce and perform safer sex. We do not all reside in places where control and information are so readily available.

In this chapter I have explored three specific sites of safer sex production. First, the CDC's PSAs have an anticipated large audience. These messages establish dichotomous constructions of safer sex as entailing either a commitment to abstinence or an unproblematized adoption of consistent and correct condom usage. These messages are aimed at a presumably young (18-25 year old), heterosexual, ethnically diverse audience.. Within these short, slick, precautionary advertisements, safer sex is a prevention tactic to avoid a deadly virus. It is not presented as an extension of one's sexuality, as in sex manuals and by sex workers. Rather, choosing between two alternatives is the simplistic message of the PSAs without regard to the mitigating circumstances within which we live our lives.

Second, sex manuals although less accessible to the general population, can more explicitly address safer sex. Although there are abundant differences in style and approach, these manuals rely on relatively similar standards to engage their readers: sex information, differentiated risk lists, advice regarding latex, including self empowerment and self esteem exercises and advice. Simultaneously, they represent a historical phenomena of late twentieth century American society. At a critical time of health care economic devastation, they promote crusades for perfect individual bodies and social reformation and in turn create new and bolster extant standards by which to judge our sexual practices, our corporeality and our political convictions.

Third, sex workers, probably the least accessible source of information about safer sex to a large audience, present the actual embodiment of safer sex within the work that they do. Safer sex is indeed part of a regimen of health awareness within sex work. Since sex workers must rely

on their health for their financial compensation, they develop strategies to maintain their well-being while serving clients' interests. At the same time, safer sex has been appropriated as a specialized knowledge toward goals of professionalization. Sex workers advertise their aptitude and expertise, develop different strategies to incorporate safer sex within the sexual session and teach clients to become whore-educated guys. This safer sex in action, attested by these sex workers' accounts, encompasses a broad range of variation in activities. Safer sex is presented as an ongoing performance which varies from client to client. It is an enactment which is situated within specific conditions of immediate environments and not related to an absolutist message, like the PSAs.

What are some of the effects of these three sites of knowledge production about safer sex and our society in general? Despite their differences in presentation, method and messages, these sites are mutually constitutive forces in creating knowledge of safer sex. There are varying degrees of interaction between the three sites: sex workers call the CDC and read sex manuals, sex manuals cite sex worker practices and CDC information. Additionally, audiences have the potential of taking in information from all of these sources. Sex workers' knowledge about safer sex formed with and transmitted to their clients, and their clients' subsequent interactions beyond the work dyad, have the potential to filtrate this knowledge to other social worlds and larger arenas. The boundaries between these knowledge producers are porous, therefore audiences can develop their own cumulative and sometimes contradictory conceptualization of safer sex. In this vein, safer sex has become a complex system of information, produced by different sources with different agendas and available for consumption on television, the radio, through books and printed materials and interactions with others. Taken together, these three sources of knowledge production may filter into broader transformations in thinking about health and the human body

in the time of epidemic. These messages, the proliferation of safer sex concepts, point to changes in how we view ourselves within contemporary arrangements of sexuality.

Similarly, Martin's (1994) analysis of the role of immunology in contemporary American society points to a overwhelming shift in thinking of how to evaluate the human body and its qualities. She traces the impact of scientific and popular representations of the immune system, splicing in the comments of individuals' discussing the immune system, and suggests that flexibility has become a highly valued quality in our work, medical, scientific and recreational environments. Martin acknowledges how we have all on some level participated in admiring and encouraging the growth of flexibility as a desirable quality in several applications. Discussing the serious consequences of admiring flexibility, she states (1994:248)

> the trouble is that this ideal (as would any) rest on a *narrow* vision of the able person, one that will discriminate against many people. Keeping this in mind might allow us to broaden our notion of who is fit to survive in this world. Even as economic processes may seem to force our *corporations* to become flexible, lean and agile, perhaps when it comes to *persons* we could relish both the flexible, lean and agile and the stable, ample and still.

Flexibility entails the ability to be responsive to deadly threats, the ability to adapt to new situations and eventualities. Each of these three sources construct safer sex as an application to be used in situations, with sex workers as the most flexible knowledge producer in multiple situations.

Sex workers actually demonstrate the requirement of finessing flexibility to meet needs of diverse situations. Quickly judging a sexual situation, sex workers must choose different strategies and morph their bodies into the correct position to transmit the embodied knowledge of safer sex. This flexibility of sex workers activities, differentiated risk lists and advice from manuals and even the limited two pronged PSAs enable future users the selectivity they may need

when encountering a sexual scenario. However, the valorization of flexibility can also lead to

problems in adequately addressing the social conditions under which flexible decisions can be

made. In Chapter Five, I investigate the very specific conditions under which sex workers can

accomplish their work and safer sex (however defined). Although these conditions are not

available to all, each of us are judged upon similar criteria. In other words, the discourse of safer

sex, as shored up in PSAs, sex manuals and sex workers' conceptualizations and practices, have a

reverberating impact on each of our own conceptions of safer sex.

Chapter 4

On Becoming a Practitioner of Safer Sex:
Professional Identity and the Conditions of Sex Work

The Making of Competency: Sex Workers Transformed by AIDS

To be a self-identified sex worker practicing *safer sex* (variously defined, see Chapter

Three), one must go through processes from being inexperienced, unskilled and naive to

becoming proficient, competent, confident, self-assured, agile, satisfied and conscientious. In the

era of AIDS and with the proliferation of technological latex gadgets, sex workers have gone

through transformations in their work practices and work identities. Previous working routines

have been revamped and customized to include clever and humorous ways to communicate with

clients, standard and innovative methods of applying latex technologies, and internal mechanisms

to alleviate personal anxieties. Similarly, previous self-conceptions of professional identity have

been re-aligned to form newly skilled proficient selves. Development of this professional identity

is linked with claims of expertise and a tacit mapping of the jurisdiction over delivering

professional safer sex practices and services. Staking a claim for one's own proficiency of safer

sex involves a combination of creating competency using and discarding the resources of written

materials, (CDC and sex manuals), the interactive work experiences with clients and latex devices,

and the continuous self reflection. Through their stories of both dramatic turning points and

mundane, everyday habitual accomplishments, sex workers illustrate how their work practices *and*

their professional identities have gradually changed in their skillful (and sometimes careless)

management of body fluids.

Establishing the variable definitions of safer sex, I turn my investigation to the practitioners of safer sex. This qualitative grounded theory study of a particular community's lived experiences of constructing, practicing and resisting safer sex demonstrates some of the conditions under which these particular embodied identities engage in safer sex work. I describe the conditions and dimensions of my informants' sex work to sketch the environments within which their work takes place. Next, through analyzing the stories of my informants, especially stories of latex failure, I identify some of the basic social processes involved in mastering the latex technologies and the rituals of safer sex. These stories and my analysis of them explore how sex workers transform themselves into competent and professional practitioners of safer sex from "inexperienced" and vulnerable sex workers. Through investigating the development of skills and tacit practices that comprise the working standards for each individual freelance worker, I explain the gradual self-creation of a proficient self/body. Before doing this, I briefly discuss work in symbolic interactionism, with particular attention to scholarship on identity, since this theoretical perspective has guided my analysis. Symbolic interactionism is a theory supremely concerned with the meaning making activities of individuals and how individuals construct themselves in relation to things around them. As interactionist perspective is useful in interpreting how individuals understand and co-construct safer sex messages and artifacts and how these constructions impinge on the self.

Symbolic Interactionism and Theories of the Self and Identity Construction

Since forms of disciplinary knowledge develop by appropriating and interweaving with other emerging thought systems, historical roots of postivistic conceptualizations of the self are not limited to sociology. Jane Flax (1993) discusses modernist, late 17th century philosophical

constructions of a disembodied, fixed and unitary self. According to Flax, theorists of modernism developed two types of theories of the self and subjectivity: rationalism and empiricism. Rationalism, conceptualized in part by Descartes and Kant, posited a solid self as separate and distinct from the corporeal. This self is capable of transcending the body through the use of reason. Hume's empiricism alleges that all knowledge is based on experience; a subject can not grasp reality or truth without experiencing these facts. She posits that this way of understanding the self has been rendered obsolete by postmodern turns in feminism and psychoanalysis. Efforts to complicate the modernist notions of the self are not restricted to self-identified theorists of postmodernisms (Mead 1934/1962; Clough 1994; Dewey 1970; Denzin 1992). Key symbolic interactionists, both classical and contemporary, have developed theories of identity construction which articulate alternate methods of understanding identities and selves. In this chapter, I investigate the consequences of AIDS and the advent of new meanings of latex on embodied identities. To do so I have relied upon symbolic interactionist literature on the construction of selves and identities.

Avoiding prevalent psychologically reductionist interpretations of individual behavior, Durkheim (1951) crafted one of the first "official" sociological research projects to find social facts leading to suicide. Social facts, Durkheim (1982:52) claimed, are ways of acting which may constrain individuals: "[T]hey consist of manners of acting, thinking and feeling external to the individual, which are invested with a coercive power by virtue of which they exercise control over him." These social facts are sui generis and exist as separate, independent and external to the individual. Subsequent reformulations of Durkheim's thought established a strict, mutually exclusive divide between the social and the individual (Lukes 1982). From this sociological tradition, we have inherited a relatively static, normative conceptualization of the self and individual as derived, yet distinct, from social structure (Lester 1984). The self, according to

classic, positivist perspectives, is a discoverable unit which reflects the configuration of roles that one has learned, acquired and internalized. Evolutionary changes in social structure may cause adjustments to the available roles and new configurations of identity; changes are usually generational. Positivist and functionalist explanations of the self, like those of Talcott Parsons, rely on finding and measuring the "objective" indicators of the true, male, fixed self, a self that is enabled through internalizing pre-existing roles (Kotarba 1984).

Rooted in the traditions of the American Pragmatists (1890-1932), including John Dewey, Charles Cooley and George Herbert Mead, Chicago School symbolic interactionism posited new ways of understanding the production of meaning and identity. Rejecting dualistic epistemological claims, nascent theories of symbolic interaction speculated that meaning did not reside in the object (realism) nor was meaning an expression of psychological elements independent of human experience (idealism). Rather, meaning emerges in the defining activities of individuals in the situation (Blumer 1969; Thomas and Thomas 1978). For instance, Herbert Blumer, a sociologist who dedicated his career to explicating the components of symbolic interactionism, asserts that there is an obdurate character to the empirical world. At the same time, he firmly contends that the world is continually recast by meaning-making, interacting individuals. People's actions, safer sex practices, and their definitions, meanings of safer sex, (expressed in symbols such as language) continue to be key issues to symbolic interactions. Since these dynamic meanings are created, transmitted and interpreted through selves, symbolic interactionists' have devoted much attention towards theorizing the self and identity.

Fictionalized accounts are part of our cultural understandings of how we define ourselves. Key concepts in symbolic interactionism are continually illustrated in cultural representations. In the American classic <u>To Kill A Mockingbird</u>, Atticus Finch teaches his daughter Scout the

importance of taking the perspective of the other, a key tenet of symbolic interactionism. Atticus, trying to explain the seemingly peculiar behavior of Boo Radley, an African American neighbor, tells Scout to "consider things from his point of view, to climb into someone else's skin and walk around in it" (Lee 1960:36)[46]. To some extent, Atticus is teaching Scout role-taking strategies which impact her sense of self. "Selves can only exist in definite relation to other selves" (Mead 1934/1962:164). The self emerges in this ability to incorporate the perspectives of others into one's mind. Through walking around in the skin of another or role taking within specific social worlds, we learn the range of acceptable and appropriate behaviors to manifest.

Ways of understanding the formulation of the self can be found in many of the pragmatists' writings. For instance, in conceptualizing a social psychological understanding of the self, Charles Cooley (1994) developed theoretical constructs like the 'looking glass self'. This involved a process where individuals self-regulate their own actions based on reflective evaluations of the actions of others.[47] More specifically, it is the work of Cooley's colleague, George Herbert Mead, an extremely influential theorist to symbolic interactionists' work on subjectivity, that best relates to my work. In Mind, Self and Society (1934) Mead asserts that individuals must be objects to themselves in order to develop selves. Developing an attitude toward the self involves a complex dialectical process of taking the attitude of the generalized other toward ourselves. The

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[46]Max Weber's (1968:7-9) methodological application Verstehn, or interpretive sociology through empathetic understanding, also echoes the idea of taking the perspective of the other. Through Verstehn, Weber posited social scientists can understand the inner reality of the particular situation. This supposition was based on his deep belief that since people invest life with meaning, it is the job of sociology to understand and interpret the meaning people assign to social action.

[47] It is remarkable how similar this formulation of self-regulation through visual disciplinary monitoring and the normalized society is to Foucault's rendition of the panopticon. In many ways, Cooley's looking glass is a metaphor for our discovery of our appearance to others. We then adjust our behaviors and appearances to meet what we imagine is expected. Certainly, a more benign example than the circular, back lit prison, Cooley's formulation has the same potential as Foucault's to offer another example of how individuals learn to appropriately conduct themselves.

generalized other is an "organized community or social group which gives to the individual his unity of self" (Mead 1934:154). In other words, the generalized other is an individual's mindful representation of *social worlds* one has encountered.

Sex workers build their identities in relation and interaction with several social worlds. Social Worlds/Arena Theory developed by Anselm Strauss (1964) offers an conceptual framework of social organization, steeped in interactionist epistemology. Clarke (1991) situates Strauss' relativist/constructionist theory as emerging from Chicago School interactionist sociology and social ecology. Clarke (1991:128) defines an arena as "a field of action and interaction among a potentially wide variety of collective entities." Within these arenas, numerous social worlds can be found. Social worlds are defined as groups of shared commitments, shared resources, and shared ideologies. In accord with interactionists' views of the group as the primary unit of analysis, social worlds are the crucial ingredient of collective action. The operations of the social worlds are dependent upon continual communication. The required communication is defined as Straussian (1964) negotiations occurring within and between social worlds and between arenas. Safer sex becomes a product offered to the public and is therefore a productive social world or "enterprises embedded in specific product and service markets with established audiences, sponsors and consumers" (Clarke 1991:21). Just as sex work is itself a social world, sex workers must also interact with numerous other social worlds which transform their individual and collective identities.

Individuals may interact with many generalized others/social worlds in their life histories. My informants identified several generalized others/social worlds they consider when regulating their identity performances. There are societal generalized others, such as the cultural milieu of "sex negativity" suggested by a majority of my informants. Breaking the ice at the beginning of

interviews, informants would often comment on current events. For example, Olivia brought up the "stupidity" of the firing of Jocelyn Elders, Surgeon General, because of her positions on human sexual health. Other workers discussed the political climate of Republican middle America and how this climate lead to the "lack of advertising these things (condoms) on T.V." and "blaming us for spreading AIDS to them." Additionally, there are institutional generalized others/social world which sex workers confront frequently including law enforcement agents, local, state, and federal politicians, and health care workers. Each institutional generalized other/social world creates and operates policies aimed at restricting the activities of prostitutes. There are also "insider" generalized others or communities, such as sex worker rights organizations (COYOTE), feminist and sex-friendly grass roots movements and organizations which, in addition to participating in as members or volunteers, sex workers also must attend to as members in these social worlds (Becker 1963).

Ongoing alterations and refinements of Mead's theories of the self have occurred throughout the history of symbolic interaction. His original idea of the self as "a process in which the individual is continually adjusting himself in advance to the *situation* to which he belongs, and reacting back on it" (Mead 1934:182) has been complicated by others' intellectual contributions. I have emphasized the word "situation" herein because it is a variable with myriad interpretations consequential for the self. Since selves are dynamic entities with specific embodied pasts, the way in which situations are defined and interpreted may vary greatly. For instance, John Hewitt (1989) uses his book Dilemmas of the American Self as a forum to criticize the lack of consideration of biography on the part of early symbolic interactionists.

> A biography is the property of the individual, although it is clearly dependent upon social experiences, couched in familiar cultural terms, and constructed with the collaboration of others and not only by the person acting or thinking alone. (Hewitt 1989:183)

Hewitt sees biography as adding a sense of continuity to personal identity. The self does not solely emerge in present interactions. In addition, the self, though one's biography, is also brought *into* interactions. In addition, at points of rupture when individual's biographies do not appear to be taken seriously in current interactions, mnemonic devices like announcements may refresh meanings of the self. As I show, biography, a memory of the body's previous lived experience, is relied upon heavily by sex workers' in their stories of latex failure. I used situational analysis (Clarke and Fujimura 1992) to get at elements of situations which can be human (clients and sex workers) and nonhuman (latex devices and laws). The development of a professionalized safer sex identity occurs through repeated experiences and occasional failures of compliance with individually constructed safer sex guidelines.

To restate, since an individual brings partial and fragmented remembrances of lived experiences (their biographies) into particular situations with others, each individual's interpretations of these situations might vary. The "definition of the situation" has long been an integral unit of analysis for many symbolic interactionists. W.I. Thomas and Dorothy Swaine Thomas' (1978) discussion of the definition of the situation explores the stages of examination and deliberation each individual may encounter to perform action in various situations. This process acknowledges that there will be as many "real" definitions of a situation as there are individuals experiencing it. "If man defines situations as real, they are real in their consequences" (Thomas and Thomas 1978:154). This statement opens up a space for considering how power and resistance operate in displays of the self. The process of defining situations therefore, is highly relativist, highlighting the social construction of meanings.[48]

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[48] The recent empirical work of interactionists in the analysis of domestic violence uses Thomas' concept of the definition of the situation. Lora Lempert's (1992) Definitional Hegemony and Donileen Loeske's (1987) Definitional Contests expand Thomas' definition of the situation by further developing an analysis

Because of these complex and multiple tactics of defining a situation for self it is an imperative for symbolic interactionists to analyze the material and cultural world that sets conditions for human action and self creation. Peter Hall (1987) credits an historical forefather, Everett C. Hughes, for insisting that both social structures and phenomena are situated activities. Hall's elaboration on the theory of the meso domain makes it apparent that he is also conversant with other sociologists. He (1987:18) is critical of the use of a priori categories, instead arguing that interactionism provides the necessary tools to approach a study of social life that is "simultaneously concrete, observant, processual, conditional, contingent, dialectical, comparative and contextual." His (1987:1) construction of the meso domain, "where situated activity, history and structure converge," includes an integrative process that eradicates dichotomous constructions of society: the micro-macro split. Hall's concept of the meso domain is constructed using six key analytical categories: collective activity, network, conventions and practices, resources and power, processuality and temporality, and grounding. Each of these concepts are consequential for identity.

The roots of Hall's *collective action* can be traced to Blumer's joint act. Both stress the need for communication between groups of people in establishing future courses of action. Hall's use of the term collectivity can be viewed as favoring the social unit, rather than the individual, in the joint act. Collective action, in this rendering, can lead to the innovation and configuration of technology as discussed in Chapter Five. Hall's (1987:12) social unit is conceptualized as a network, "a set of linkages, representing transactions and relationships, between the actors of a population." Hall

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of the social power invested in the social actors' definitions. Specifically, these contemporary researchers explore the definitional contests ensuing in which actors attempt to establish definitional hegemony (Lempert 1992), the ability to enforce an "official" interpretation of the situation on others through mobilizing resources. The legitimization processes dialectically condition the interpretations of situations. For example, Loeske (1987:230) explains how the production of "official, formal, typified and objective" definition/labels of wife abuse may condition the subjective definitions/experiences of certain battered women.

highlights the concept of *network* and its utility in mapping social organization. Strauss's social worlds/arena theory is equally capable of representing diverse and changing processes in society where joint/collective action defines social worlds.

Conventions and practices are created by groups of individuals to establish standards and routines. However, conventions and practices are not the only events that create contingencies and conditions. Sex workers learn conventions and practices from other workers, they refine and modify these conventions and practices for their own business. Certain conventions and practices, like using a male condom for vaginal and anal intercourse, are universally adopted by these sex workers. The relationship of social actors to *resources and power* can also influence interaction within the meso domain. Hall (1987:14) defines resources as the means by which things are accomplished and power is described as "resource distribution and mobilization." As I demonstrate below, this subset of sex workers has a unique relationship to power and resources, allowing them a greater success with compliance from clients to their conventions and practices.

Hall's use of *processuality and temporality* refer to social organization in the constant 'process of becoming'. Hall discusses how all social phenomena--social order and social change--require human activity. Human activity occurs in the shadow of pasts, while situated in the present and conditioning the potential futures. Sex workers are thus in the continually process of becoming competent safer sex workers and knowledge producer about safer sex. Any social action is highly temporal, particularly when the knowledge (safer sex) one is basing social action upon is constantly changing. Finally, in Hall's meso level theory, *grounding* positions phenomena in the historical and structural context from which it emerged. At the same time that interactionists resist the determinacy of Althusserian structuralist interpretations of subjectivity as strictly ideologically determined, they must continue to investigate the constraints, including social structures and corporeality, under which identity

formation emerges.

To summarize, we create ourselves in continuing processes of becoming and execute our identities through polyvocal (sometimes cacophonous) experiences with ourselves and others (generalized others/social worlds) and the external world (meso domain conditions). Sex workers interact with their social worlds of work relationships, families and larger institutions. They have an internal dialogue with the constellations of selves that makes up their being. Additionally, they interact with, are configured by and innovate latex devices and work place tools which enable and constrain the work they do. All of these components of daily interaction construct the changing selves of these sex workers. Although these processes of formulating selves occur in a world imbricating and abrim with power relations, we are not *determined* by these power relations. They condition and constrain our thoughts, actions and expressions of human agency, and shape our potential to resist hegemonic definitions.

Transformations of Identities

Understanding how individuals develop and change their identities and selves has long been the focus of developmental psychologies, from Freud to Piaget to Erikson. In particular, as children develop and are able to acquire more roles, they are expected to meet certain normatively established phases of development culminating in functional adulthood (Chodorow 1978). In contrast, drawing upon the traditions established by Mead and Blumer, Anselm Strauss (1959/1994) takes an interactionist sociological -- or social psychological -- approach to human development and change. To Strauss, biography is not a linear metanarrative; it is not a consistent and complete story of an individual's past. Instead, he frames a theory of identity concentrating on how changes occur through turning points. When we reassess our biographies,

reorganize our futures and are transformed in the process. In other words, there is no "original"

self or identity to return to after self reflection; identity and self are always in process, changing.

This continuous reassessment indicates that there is not a transhistorical, stable self yet rather the

self is temporally situated (Strauss 1969). These temporal identities are the referents which we

reflect upon and indicate transformations of self. According to Strauss (1959:336), "With new

experiences, everyone discovers new meanings and orderings in his or her career."[49]

Strauss (1959:322) defines turning points as "points in development when an individual

has to take stock, to reevaluate, revise, resee and rejudge." There are three indicators of turning

points: 1. institutionalized events, often milestones which are generally socially acknowledged

(also called regularized status passages); 2. regulated anticipation of changes which are phases

either institutionally sanctioned and/or personal (These turning points are temporary identities

people adopt for particular circumstances, for example a mourner. We can juggle multiple

temporal identities at once;) and 3. others outside the orbit of more visible social structure (This

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[49] Ferguson's (1993:154) conceptualization of mobile subjectivity is another way of thinking about temporary, fluid identity change: "Mobile subjectivities are temporal, moving across and along axes of power (which are themselves in motion) without fully residing in them. They are relational, produced through shifting yet enduring encounters and connections, never fully captured by them. They are ambiguous: messy and multiple, unstable but preserving. They are ironic, attentive to the manyness of things. They respect the local, tend toward the specific, but without eliminating the cosmopolitan. They are politically difficult in their refusal to stick consistently to one stable identity claim; yet they are politically advantageous because they are less pressed to police their own boundaries, more able to negotiate respectfully with contentious others." What is most useful about this formulation is the centrality of movement, mobility, and action involved in constituting one's subjectivity. As expressed by early interactionists, this action and interaction occurs on numerous levels between the me and the I, our selves and generalized others, subjects and material and discursive constraints. Identity, itself is an interactive process exhibited in daily life. Echoing the earlier work of West and Zimmerman (1987) and Butler (1990), Ferguson (1993:159) states "Identity is something one does, an active corralling of practice, events, desires, contingencies, a regulatory semiotic and material operation." Even though our linguistic, intellectual and institutional constructions are not erected in ways that stimulate our thinking and talking as mobile subjectivities, I attempt to be attuned to the clever mechanisms individuals use to let mobility seep into their identity pronouncements.

last indicator seems to be a residual category to catch the less obvious or easily predicted turning points.).

I see a particularly useful application of Strauss' turning points to the AIDS epidemic and the subsequent transformation of identities and revised erotic body. As Strauss notes, transformations of identity are often very gradual; the new relationship to the self occurs over time and can most clearly be recognized in retrospect. In one example, he suggests that recent immigrants go through a gradual process of acquiring certain habits and new senses of belonging. Alignment work has to occur to fit new expectations of external performances and specific biographies of embodied pasts. In many ways, AIDS represents a turning point originally outside the extent of visible social structures, now institutionalized through legal, medical, social discourses (perhaps creating new generalized others).

The turning point which AIDS creates for the taken for granted operation of everyday life has not only been a *threat* to perceptions of sex workers (vectors of disease), it has also been an *opportunity* for sex workers to establish professional jurisdiction over a domain of knowledge. Abbott (1988) defines a jurisdiction as the linkage of the profession (sex work) with the actual work practices. According to Abbott (1988:58), in order to establish a profession, a group must have "concrete social claims" of expertise and "legitimizing responses" within social relationships. Sex workers claim, through the work they do and the ways the talk about this work, to have the unique ability and expertise to solve a particular problem--the manufacture of sexual and erotic experiences in a ways that attend to the dangers of AIDS and other STDs.

This turning point has hugely affected certain communities (like prostitutes and gay men) who have responded with the alignment work of developing safer sex body techniques. Here I borrow Joan Fujimura's theory of alignment work and tinker with it for my purposes. Fujimura

(1987) conducted in-depth interviews with cancer research scientists. Giving voice to the various

social actors, Fujimura stresses "how people are led to align their acts in different situations"

(Blumer 1969:76). Alignment is the intersection of different levels of work organization, each

composed of different participants--in one instance, it is "coordinated efforts between laboratory

directors, another scientist and management" (Fujimura 1987:265). The work or 'do-able

problems' are not a priori pre-determined accomplished acts presented to the scientists to

examine, instead doability emerges in "the alignment of several levels of work organization"

(Fujimura 1987:258). Her analysis relies heavily on the Blumerian (1969:72) joint action concept:

> working out the joint actions in which participants have to align their acts to one
> another. [**Alignment**]
> Each participant does so by interpreting the acts of others and, in turn, by making
> indications to others as to how they should act. [**Through Articulation**]

Accomplishing safer sex involves similar alignment work. The mere creation of protocols for

safer sex, such as differentiated risk lists, has involved monumental alignment work of community

based organizations, activists and sex and health professionals. The actual practice of safer sex

work also involves alignment work taking into consideration the diversities of sexual scenarios.

Sex workers must align their work with their accumulated community knowledge of human

sexuality, the needs and desires of their clients, their working relationships with their tools and

their own conceptions of safety and health. Figuring out how to deploy safer sex involves aligning

the actions of sex workers and clients.

> *Some people aren't very direct about what they want and you have to sort of*
> *figure it out by the clues they give you. You know, they might be moving their*
> *bodies in a particular way or whatever. I have to figure all that shit out.*
> Michelle

> *I had to see where they were at with latex before I applied it. There are a lot of*
> *different ways to approach things. With regulars, I know what they want. But*

that took practice and talking about it. When I used to see new guys, that was a challenge. Quincy

I could tell he wasn't going to come with a condom on so I gave him a hand job (without a condom). And he came. Anne

Fujimura underscores that doing alignment work is not a conflict-free, effortless accomplishment; social groups constantly confront contingencies and constraints. In the case of sex work, these constraints can include lack of sexual competency, limited tangible resources, and physical power differentials, each of which must be negotiated through developing strategies.

Linda Singer, a feminist philosopher, proposes that developing safe sex techniques challenges pre-existing notions of the erotic. "Safe sex encourages a reorganization of the body away from erotic priorities with which it has already been inscribed" (Singer 1993:122).[50] This

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[50]Another area where I have explored the role of biography and diasporic (migrating) selves is in cultural studies. Paul Gilroy (1992) and Stuart Hall (1987) both discuss the political efficacy of rupturing the notion of stable, static identities tied to feelings of nationalism. From Gilroy's (1992:188) perspective, scholars of cultural studies need to examine problems of nationalism, location, identity and historical memory and challenge the absolutist paradigms. Additionally, Hall argues (1987:?) "Now it is possible to think about the nature of new political identities, which isn't founded on the notion of some absolute, integral self and which clearly *can't arise from some fully closed narrative of the self* (emphasis added)." Just as the individual's self (ves) is a semi-permeable entity (ies) capable of constant rearticulation and reformation, theories of individual's body (ies) need to be developed to understand the heterogeneous histories of embodiment. How is this task to be done without creating a linear metanarrative of one's body?

Biography, as a interpretive device, can be used, the story of the body, to explore, explain and interpret the multiple configurations of identity. Charting the Journey: Writings by Black and Third World Women (1988) offers one method to represent the heterogeneous navigations of multiple selves. Claudette Williams' (1988:145) polyvocal autobiographical essay begins with a self-conscious insurgency: "Migration like slavery could not and will not silence our voices and kill our spirit." Her essay stresses the embodied sensations of her experiences while narrating the emergence of her many identities.

> It snowed on our first day in London (7 November 1965), and after the initial elation and excitement of watching the soft, fluffy snowflakes fall and accumulate, Orvil and I rushed out to play. It did not take long before the sharp, piercing cold reached our inadequately clad hands and feet. The cold that day left them stinging, the pain of which has been repeated many times, reducing me to tears (151)

Since this new environment (Britain) is not recognized as part of her embodied past, new bodily sensations can be jarring interruptions of her "fully closed narrative of the self". Through her twenty year residency in Britain, she may adapt to aspects of this new environment, but each time she feels that "stinging" cold, she will be reduced to tears and reminded of her migratory/stranger status. Her biography, the story of her body, integrates memories of Jamaica--the sights, sounds, smells, tastes and feelings--with her ongoing present everyday self. Williams' essay sustains synchronous biographies interwoven to represent her multiple identities; there are reflections of different types of bodily activity including political organizing, family gatherings, and domestic

reorganization of the erotic body is an acknowledgment of its very corporeal vulnerability to illness. As Virginia Olesen's (1992:213) related discussion of mundane illnesses indicates, when we subjectively confront our vulnerable body, there is a diffuse effect on our multiple selves: "[V]ulnerability experienced via the body and threatened physical self seeps into the aspects of existence and other selves, invoking a fear for a current and future social self." In transforming ourselves to combat AIDS, we may need to envision the current or future erotic self differently and reinterpret previous biographies of erotic lives as unsafe, dangerous or lethal. This envisioning has led to body techniques and new technologies, for instance using latex, gradually surfacing in particular social worlds.

As we next turn to embodied selves and the production of safer sex knowledge and practices, Mead's multiplicities light a theoretical path:

> We divide ourselves up in all sorts of different selves with reference to our acquaintances. We discuss politics with one and religion with another. There are all sorts of different selves answering to all sorts of different social reactions. It is the social process of itself that is responsible for the appearance of the self; it is not there as a self apart from this type of experience. *A multiple personality is in a certain sense normal* (Mead 1970/1934:385 emphasis added).

As Mead's statement suggests, we are continually creating an astonishingly wide array of selves and identities; multiple personalities are dispersed both within and among subjects. Until quite recently, coming to terms with accommodating, tolerating and encouraging fluid and multiple forms of subjectivity has not adequately or consistently occurred in social practices and discourses. Jane Flax (1993) believes that scholars and practitioners should develop and assiduously pursue strategies which allow multiple selves to flourish. It is because heterogeneous

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work. The use of (auto)biography as a technique of representing migrating and multiple identities reveals how the processes of embodied pasts impinge on present selves.

power applications operate to discipline subjects, Flax believes (1993:34) that "only a multiple self can act against domination in a way that will not merely recreate it."

It is this idea of multiple selves, existing and interacting within one individual, as interpreting and transforming to particular constellations of social factors that is most useful in my analysis. Although my informants were very active in multiple domains, I focus my analysis on the "becoming" of their professional identities as safer sex workers. Before I explore the basic social processes, I describe the dimensions and conditions under which these informants accomplish their work.

The Dimensions and Conditions of Safer Sex Work

Describing the conditions of safer sex work is important because my sample of informants are from a unique segment of the sex work arena. From my interviews with 17 women and 2 men (1992-1995), I have developed a composite portrait of sex work using analytic dimensions from an archetypal job description. All informants were consenting participants in sex work, non-coerced, career prostitutes or sex workers, and not drug dependent or addicted. They considered themselves freelance workers, and were not associated with pimps or madams. Two professional dominants paid a fee in order to use a professional workspace. Although there was a great range in work experience (between 6 months to over 25 years), most informants had between 5-10 years of work experience.

There are two distinct sub-groups represented in the sample: 1) sex workers to whom safer sex and AIDS were always considerations and who had never had sex without a condom;[51]

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[51] Angela stated the experiential and generational difference between her and some of her clients. "And then some of the old guys say, 'you poor thing, you've never had sex without a condom, you'll never know what it's like to have true intimacy', and that's when I think, 'you dumb motherfucker'."

and 2) sex workers who had already become sexual individuals in both their private and professional lives before AIDS became a threat. However, this distinction does not appear to significantly impact the meanings and uses of safer sex practices within sex work. The actual practices sex workers discuss depend upon factors other than when these devices entered their sexual biography. For example, exposure to AIDS on a personal level, frequency and type of interaction with other sex workers, and personal beliefs about the transmissibility of AIDS through specific practices, were all factors that greatly influenced safer sex decision making.

The level of involvement in public service organizations is very high among my informants. Almost all are currently or have been active in community based organizations or national political groups. Some of these groups are: COYOTE[52] , Call off your old tired ethics, a sex worker rights organization; NOW, National Organization of Women; CAL-PEP, a public health organization; Planned Parenthood; San Francisco Sex Information Line; VD Hotlines; community based AIDS organizations and; the Society of Janus, a sadomasochism visibility and community support organization. In addition to participation in these organizations, informants' activism also extends to consciousness raising in multiple arenas. Many write for feminist or sexuality publications, or publish articles or essays in journals for sexual health, or sex worker's

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[52] Scholarship on the role of this political organization in sex workers' lives is illustrated by the recent contributions of Valerie Jenness (1993) and Ron Weitzer (1991). Both of these authors focus on COYOTE (Call Off Your Old Tired Ethics), a sex worker membership organization founded in the early 70s in San Francisco. Jenness' (1993) book Making it Work is an analysis of COYOTE as a social movement. Jenness shows how COYOTE's claimsmaking work and activities challenged common definitions and representations of prostitution as a social problem. By integrating prostitutes into three specific social arenas (law enforcement, moral and social crusades, and public health) through fundraisers, public relations events and political organizing, COYOTE members were able to counter some of the deviant images of prostitutes creating new definitions and representations. In an alternate interpretation, Weitzer (1991) explores the failure of prostitute rights movements, and more specifically COYOTE to consistently mobilize material and organizational resources to survive as a social movement. Taken together, these articles represent an attempt to evaluate social movement/problems theories and their substantive applications.

rights. Some informants have done "the talk show circuit" to raise awareness of sex work on television programs like *Geraldo* and *Oprah*. Informants gave examples of how activism can also be pursued in everyday interaction with clients. Fiona states, "I think the most activist thing I do, Lisa, is to be who I am. That's it. To be an articulate, no class, middle aged woman. Talking about prostitution from the inside, that's the most radical thing, the power comes in who I am. Who these guys see and who people think I am."

Responding to my queries about activism, sex workers also brought up how their contributions to activism are incorporated in their work. For example, Helen, a highly successful adult entertainment performer, discussed her development of a production label in order to offer alternative representations of safer sex and human sexuality. She intends to draw on her experiences in the adult entertainment industry to create narratives which include erotic presentations of safer sex. These productions differ from the CDC and other public health productions in that they will be explicit, rely on her knowledge of pornography and depict individuals engaged in diverse sexual scenarios.

Earnings varies depending upon the type of sex work one does. Male prostitutes earn between $100 to 150 per hour with a negotiable fee when doing escort services for longer periods of time. Female prostitutes earn between $200 to 300 per hour with similar negotiable scale. Professional dominants earn between $120 to 200 per hour. Sex workers actively watch the market, "what the other girls are charging," in setting their prices. There is a type of collusion in the market place. Job entry occurs through meeting others in the industry at conferences, through friends, at cultural events, through stripping, escort services, massages services, and phone sex services. Overwhelmingly, entrance into the industry at this level occurs through social networking which generally includes some apprentice work. Apprentice work can be a formal

arrangement, particularly with professional dominance where there is an interview and training period. An interview for a prospective professional dominants includes a discussion of previous experience as a private player in acknowledged s/m circles. The teacher/space owner takes 30% as a commission from each session. Prostitutes tend to learn through informal training by friends and lovers often starting with doubles (two women per client). Rationales for entering the profession range from a way to earn money to pursue other interests such as art, education, or performance to a desire to give a "gift to society in the form of relief stress of daily life" (Olivia). All informants discussed the great benefit to having economic freedom and self-supervision in their working lives. It is possible that this creative freedom enables them to explore multiple types of safer sex applications within hour long sessions.

Most informants prefer to build a clientele of regulars since it results in a steady income and an established routine plus familiarity with particular interests of known clients. However, sex workers also talk about maintaining boundaries with regulars so as not to lead to too much emotion work (Hochschild 1983). Arlie Hochschild, widely cited sociologist of emotion, uses an interactive approach to continuously develop her theory on emotion management. In her groundbreaking work, Hochschild develops an emotional management framework citing her two primary intellectual influences, Goffman and Freud. Hochschild develops a terminology in which *feeling rules* are the socially, culturally and historically specific norms which guide our emotional displays and *emotion work* is the activity that individuals do to maintain the appropriate emotional demeanor of situations. Selves are constantly managing their emotions to fit the ("appropriate") internalized feeling rules. Hochschild maintains that socialization of these rules are based in the reproduction and maintenance of dominant social structures. For example, in her analysis of flight attendants and bill collectors, the emotional management system, the gender system and the class

structure work together to designate and train certain women as certain types of emotional managers in both the private and the public sector. Sex workers also do emotion work during sexual encounters to allow for the "very intimate activity going on here" (Michelle) while attending to issues of safety and risk. These concerns for maintaining emotional boundaries may be influence how sex workers use the physical boundaries of safer sex devices and practices. Engaging in a repertoire of safer sex, sex workers are able to clearly delineate what is appropriate behavior and can operate within a work routine.

The metaphor of walking a tightrope is often invoked to illustrate the delicate task of establishing rapport with a client and also protecting oneself from too great familiarity. Michelle's experience reflects a general clientele description: "By and large most of them are still between the ages of 25-45. Two thirds are married, a third single. Most of them are professional, every once in a while I get a blue collar person who has saved his pennies or makes a lot of money." Anne refutes a potential economic barrier argument due to higher fees: "We definitely see a lot of working class people still but of course working class people, blue collar people, can still make $20 or $30 an hour so they could very well afford it. But I would say probably a little bit more in the way of professionals."

Although there exist no formal or institutionalized job descriptions for sex work, there are particular skills that sex workers must develop in order to accomplish their work. When entering the market, after the initial apprenticeship, workers must become business people. In addition to having a "head for business," "good intuition," "good acting ability" and "telephone etiquette," sex workers must also establish routines for getting paid. Some workers use a ritualized strategy such as "place your offering in the dish by the window." Generally, sex workers place ads in local sex entertainment publications and take calls through intricate networks of beepers,

telephone, voice mail services, and answering machines. Some publications are known to cater to particular audiences and sex workers can place ads according to their work preferences. Additionally, most informants developed numerous ads, emphasizing different skills or physical attributes. Once a client calls, sex workers conduct their own marketing analysis by asking which ad a client is responding to. In this way, sex workers can determine which marketing strategy is most successful as well as this particular client's preferences and desires.[53] Once contact is established over the phone, sex workers rely upon their intuition to screen clients. Felicia, a professional dominant, discusses her screening practices:

> *Lisa:*   *How do you do screening over the phone?*
> *Felicia:*   *The first thing I ask them is,*
> *"have you ever seen a professional woman before?"*
> *And they say,*
> *"Yes, I've seen...Mary."*
> *"Can you tell me some of the things you are interested in?"*
> *And they tell me--*
> *you know, I can tell, I mean they try to...*
> *but I can tell if they're full of shit...*
> *they're lying.*
> *I can tell.*
> *So that's how I primarily cover it.*
> *I look for like details, just to*
> *like make sure they have been with someone else.*

Sex workers must also develop systems for remembering clients. One disadvantage to advertising through publications is that phone numbers are then broadcast to thousands of people. Potential clients may be shopping around for a sex worker without scheduling an appointment or attempting to have non-consensual, free phone sex. Additionally, clients sometimes make appointments only to cancel, not show up or leave once they arrive at the location. This

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[53] In addition to catering to different audiences, publications can vary depending on risk to arrest. In other words, some marketing venues appear to be safer than others. Olivia believes her arrest was directly related to advertising erotic massage in a particular publication known to attract police attention.

unpredictability of work flow can lead to sex workers receiving between twenty to fifty calls for

each client actually seen. Remembering clients both saves the sex worker time when weeding out

the "wankers" and no shows, and impresses clients with the sex worker's ability to recall them.

Erin describes her process for remembering clients and their interests. During our interview, she

continued to take calls and allowed me to observe her enacting her organization system:

> *Oh this is my whole filing system.(Points to a 8 X 10 inch rectangular box). I can talk on the phone. I find that the easiest system is index cards. I can take notes while I talk to them on the call. I write the appointment time here and I file them alphabetically. I have only had two repeats. I have done probably a little over 40 since June and I have probably talked to over three hundred men. Some of them more than once because it is free phone sex. This is my box, I get their name, the first letter of their last name and the month they are born. Just because I like to know their sign because it gives me more information. I write down where they saw the ad so I know which ads are working and bringing me what type of clientele. I write down what they want. They call and we set it up and I make them call the day before to confirm and then I tell them where to go and to call me from the phone on the corner. If they don't confirm, then I have room for someone else.*

In addition to latex devices (discussed in Chapter Five), sex workers use other tools to

make their work more manageable. I have already discussed the use of communication systems.

Sex workers also use credit card machines for accepting Visa, Mastercard and Discover

payments. Costumes, sex toys, lubricants and pieces of fabric are also commonly used within the

sexual encounter. Non-oxynol nine, a spermicide, is used by roughly half of the informants.

Olivia innovates her own "secret potion" of spermicide and lubricant.

> *Olivia: I'm not allergic to it (non-oxynol nine). I mix my own. I buy a spermicide and I mix it with astroglide which I really like.*
> *Lisa: Kind of like a secret potion.*
> *Olivia: Yeah, which is actually kind of hard because it doesn't mix that well. I am still trying to perfect the right amounts.*

Professional dominants have a wide array of devices at their disposal to use in scenes. My

fieldnotes from Felicia's work space indicate a collection of tools commonly used by professional

dominants.

A couple of things I wanted to add is that I went into her work space which was designed kind of like a dungeon but kind of brighter than normal. She had an armoire and inside she had lots of whips and chains and lots of stuff for ball and vice torture, this really weird things that cupped around the end of a penis. She had a dental instrument to scrape the inside of a penis, Q-tips to put in the urethra, lots of different little things to do torture to the penis. Then she had a dresser drawer with Bengay in it and Icy Hot and all these different kinds of ointments and Vaseline and everything like that. She had a huge box of gloves, lots of different condoms. She showed me photographs she's done to tie people up. There's lot of different pictures, a picture of her which kind of looked interesting-dressed in dominant attire with a mini-skirt and her hair all done up. She was on a bench press and all these different chains hanging from the wall. Each drawer had different things in it, ropes and ace bandages and all different kinds of equipment. A little cup that said Pussy on it like for a dog or cat to drink out of but I think it was used for humiliation scenes.

Hadley also discusses the use of a biohazard, Sharps box during her work practices of piercing and cutting (preferences of some clients of s/m services). She disposes of the used needles and other tools exposed to blood (blades, etc.) into this container originally designed for health care environments.

Other occupational hazards include the ever-present threat and occasional enactment of violence. Since clients can become violent, sex workers develop strategies to handle the possibility. When doing outcall, workers will sometimes travel with a driver or call a friend before a session and again immediately after to check in. Some women work in exclusively in doubles situations, partially to cut down on potential violence. Workers also share work space and invent signals to use in case of emergencies. Since getting arrested is always a possibility, workers screen their clients using particular linguistic phrases as not to get trapped in a charge of prostitution, pimping or pandering.[54]

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[54] From the Penal Code of The State of California (1992), the legal record for Placement for Prostitution, under Section 266 documents the laws for prostitution. Enacted in 1872 and reviewed and operative in 1984 the law for *Inveiglement or enticement of unmarried female under 18 for purpose of prostitution, etc.; aiding and abetting; procuring female for illicit intercourse by false pretenses; punishment* partially reads "Every person who inveigles or entices...any female to have illicit carnal connection with any man, is punishable by imprisonment in the state prison, or by imprisonment in a county jail not exceeding one year, or by a fine not exceeding two thousand dollars or by both such fine and imprisonment". In addition, there are several other laws which outline the illegality of pimping and pandering such as, Section 266e. *Purchasing person for purposes of prostitution or placing person for immoral purposes* of 1905, amended 1975 in which "every person who purchases, or pays any money or other valuable thing

The unpredictable income may also be a source of anxiety for workers and, as Gina stated, often discourages new workers from entering the business. Finally, an overwhelmingly powerful occupational hazard discussed by each informant to varying degrees is the stigma associated with doing sex work. For many, the work they do is a secret from family members and friends. Workers, commonly, state, "I'm not telling anyone in my family. I don't think they could take it" (interview with Anne).

Despite this lengthy list of occupational hazards that sex workers must confront in their line of work, there are fringe benefits or perks to doing this type of work. Some perks discussed by workers included getting a big tip from a client and feeling appreciated. Informants enjoyed sincere clients who wanted to learn about sexuality. Angela adored those clients that she considered "whore educated guys." She summed it up well, stating, "Everybody loves a player." Angela and other sex workers appreciate a player since it is an indication of the fruits of their labor. They, in conjunction with other messages and actors in safer sex production, have mutually constructed a "player", a client who is educated on the routines of safer sex, a client who participates in the rituals. Additionally, informants became enthusiastic and animated when discussing especially attractive clients or clients who wanted to focus on *skillfully* pleasing the sex worker-- "I felt like I should be paying him." All workers discussed the gratification of receiving "cold, hard cash" immediately after a session, adding to feelings of work satisfaction. Reaching the pinnacle of the profession would likely involve establishing a steady clientele who preferred in

for, any person for purpose of prostitution...is guilty of a felony"; Section 266g. of 1905, operative in 1977 *Placing or permitting placement of wife in house of prostitution; punishment*; Section 266h. added in 1953, and effective in 1983 *Pimping; punishment* in which "any person knowing another person is a prostitute, lives or derives support or maintenance in whole or in part from the earnings or proceeds of the person's prostitution. or from money loaned or advanced to or charged against that person by any keeper or manager or inmate of a house or other place where prostitution is practiced or allowed"; and Section 266i. added in 1953, and effective in 1983 *Pandering; punishment.*

call. In call sessions are conducted at either a rented space dedicated specifically for sex work, or out of one's home.

Leaving the sex work industry in the form of "retiring" or "quitting" was another dimension I explored in my interviews. Some informants felt as though sex workers reach burn out after about five years. This can vary depending upon the number of clients a worker is seeing and the level of emotional involvement permitted. Many workers were using the profession as a springboard into other careers in the sex industry. For example, several informants were in the process of writing and publishing books, becoming public speakers on prostitution or sexual alternatives, and exploring other venues in the sex industry realm. Burn out appears to come from the customer service part of the job. In other words, many informants wanted to remain working on sexually-based projects but desired a move away from client intensive activities. Options discussed included the production of adult entertainment videos, the management of cooperative type sex work houses (similar to brothels), the supervision of a sex club, the development of a sexuality health care clinic for women.

It is crucial to situate these informants within the conditions of sex work as these conditions foster a greater level of sex worker control; these workers set their own parameters regarding safer sex. These sex worker informants often compare their situation with the "girls and boys on the streets" suggesting that the street environment is not as conducive to enforcing safer sex. My informants were aware of their high level of control of the interaction--based on their organizing the sexual encounter, often on their own turf. Further, their higher cost meant that a particular type of clientele responded to the ads. When discussing negotiation of safer sex, Gina explains, "I think that it is more problematic for sex workers who feel they don't have as much control or experience. And unfortunately the laws increase their risk because it is more

difficult to spread information. And some of them are not feeling like they have any control. They are younger, more easy to intimidate. I guess I am also drawing a distinction here between professional prostitutes and those that are doing it for drugs or other stuff and not really a career." When thinking about negotiating safer sex and sexual encounters in general, Quincy asks "how empowered is somebody to think sexuality is under their control in the first place." In other words, my informants are working under specific conditions which enable them to negotiate safer sex in particular and controlled ways. Their age, their clientele, the price range, the location and work experiences enable them certain power to choreograph the sexual encounter.

These conditions of sex work provide the scaffolding upon which networks and resources can be built. Sex workers can and do communicate through casual connections, community based organizations and political organizing. These practices of transmitted knowledge between and among themselves have enabled particular conventions and practices to emerge and be developed and shared among other sex workers, clients and others. Responding to the social organization of AIDS has created a "shock of identity" (Treichler 1988a) in which there have been subtle and dramatic shifts in how these individuals formulate, understand and adjust their identities. When one is in the business of human sexual interaction, achieving and selling competency in safer sex is imperative to livelihood. How is it that these sex workers become competent and maintain this competency with changing conceptions of AIDS/HIV? What are the basic social processes that enables these transformations of selves?

"I was just learning the ropes": Embodiment and Identities Interface with Safer Sex

From the evaluative comments of my informants, it appears that there are two major types of transformations of self that occur gradual change among most sex workers and dramatic

turning points. The first type is a gradual process of using safer sex and becoming comfortable with the emerging body techniques and developing agility and proficiency. Similar to Strauss' turning points of gradual transformation, this process of personal change is represented in retrospective accounts. Often dramatic epiphanic turning points, the second type of transformation, are the catalysts which begin the gradual processes of professional identity changes. Taking each process in turn, although they are highly interrelated, I next explore how sex workers tell stories of the changing professional self through narratives of using safer sex.

The chief catalyst for sex workers to actively integrate safer sex within their practices cluster around their personal experiences in confronting AIDS. I queried informants about what made them take AIDS and safer sex seriously. Several informants had seen friends and lovers become sick and die from AIDS. As Hadley states, "It does just not compute to me why I would do something to make me die. Especially AIDS, I have seen people in the dying process and it is a terrible way to die." As part of a sexual profession and often a sexual community, these informants learned about AIDS not only from institutional authoritative voices like the CDC or public health departments, but also as witnesses through repeated experiences of coping with the devastation of the AIDS epidemic. Many cared for loved ones with AIDS or learned to be aware of AIDS through their initial work experiences in doubles or apprenticeships.

The gradual transformation of self or the ongoing and cumulative education of sex worker to one proficient at mastering the practices of safer sex is partially represented by the use of commonplace AIDS speak. Sex workers, as situated within the culture of AIDS and safer sex sexuality, drop the familiar safer sex slogans into interviews. There is a general knowledge of the epidemiology/prevention messages used. As Billy and Brad quip when discussing the possibility of unsafe sex in his interviews, "you know it is like having sex with everyone that person ever had

sex with" adding a wry smile to suggest a bit of irony. Hadley indicated the lack of information in her occasional calls to the CDC with her tongue in cheek comment to me of safer sex requiring using "condoms consistently and correctly." Other informants rely on the idea of the "pyramid concept" of sexual activity (in which the number of people you have sex with increases on a tiered schema when you consider their sex partners) and often season their comments about the epidemiology of AIDS with "you know what I mean" suggesting our common embodied knowledge about AIDS. For example, when discussing HIV testing Felicia stated how she knew she "wasn't ok, until she started doing it every 6 months." Felicia, like several informants, developed a regular, six month schedule for HIV testing as part of a regimen of their own health awareness. These slogans and routines of AIDS prevention have seeped into the sex worker consciousness and, in turn, informants assume that I, as a researcher, have also been indoctrinated into this common, standard AIDS culture.

Many informants discuss, sometimes quite nostalgically, for a time when things were different in their work and sexual practices. Changing these practices takes place on a temporal dimension with practice at perfecting new skills with latex. Perfecting new skills is consequential for one's self concept and one's relationship with vulnerability. These self-reflexive statements about how "things are different now" introduce a new sense of self. For example, Quincy remembers "the good old days when you could wallow in body fluids. For the most part, those days are gone now and somehow I have managed to really like and get turned on with latex. The smell and sound of it. You know, something in me switched through all these years of getting used to it. But I still think of the old days." Hadley, Gina and Billy have each abandoned practices they now consider unsafe for safer alternatives.

>Hadley--*In the 70s, I used to like to blow massage clients with the right financial incentive. But I would never do that now.*
>Gina--*I would suck guys without a condom but now I feel as though it's not a good idea. I can do it with a rubber and I have even gotten pretty good except I hate the taste of Trojans.*
>Billy--*I'll let someone blow me without a condom and I used to do the same. But now I use a condom.*

Before AIDS, many sex workers did not have to consider prohibiting or modifying certain sexual practices. "If it felt good or if the money was right, you just did it" Billy aptly noted. But gradually, as new information on transmissibility of AIDS and HIV became available and as individuals developed their own new work routines, sex workers had to reflect upon what sexual practices they wanted to perform and in what ways.

As more information became available from friends and health resources, Michelle changed the way she thought about her sexual identity and the differences between her working identity and her playing identity.

>*I used to think that lesbians couldn't get AIDS and if I said that I was a lesbian that I would be safe. I actually didn't think I could get AIDS from a woman. I still have a hard time thinking that. But I don't when I am working. If I'm working I say, yeah, I could get AIDS from this woman. But when I am playing I think, nah. When I'm playing with women I take more "chances" (used quote marks with her fingers), I don't take as many when I am with men.*

Later in the interview, she shifts her own conscious interpretation of her lesbianism stating "I also had to be honest that I wasn't really a lesbian anymore." Confronting her own concepts about AIDS encouraged Michelle to reinterpret her self concept and gradually move into other sexual identification categories like 'bisexual' and 'queer' which she uses interchangeable in the interview. With her growing awareness about AIDS and herself, Michelle classified her sexual practices in at least two different ways. Practices she did while working were to be conducted

with more attention to safety, while practices accomplished while playing included an element of

chance.

There are not only practical considerations of managing HIV but the hysteria surrounding

the social construction of AIDS must also be managed by sex worker, often with gradual

repercussions to the physical self.

> *Lisa: So has anything changed in your work since you became aware of AIDS and HIV?*
> *Max: Well no...but well I guess this sort of counts because it did really change the way I*
> *looked and my body image and stuff like that. I used to be very skinny. I didn't eat any*
> *fat. I mean, you could see butter go through my veins if I ever ate a drop of it. Well I was*
> *so thin, working out at the gym four days a week. I had my head shaved too because I*
> *liked to have short hair and I could wear wigs if I thought that a john would want me to.*
> *When AIDS was on the scene, people started to think that I was sick. I mean I guess I*
> *looked pretty sickly. I was so thin. So I started to gain weight and grow back my hair*
> *because I didn't want people, especially my clients to think that I had AIDS. I slowly*
> *started to look very different. Kind of like I do now. Not fat but plump more womanly. It*
> *really changed the way I present myself.*
> *Lisa: What do you think about that?*
> *Max: I really like it. I like the way I look now. You know, I am not sure I would have*
> *done it if it weren't for having to look a certain way now. But I am really pleased. You*
> *know I am softer now. I feel different. I act different.*

Max's presentation of self is highly related with the specter of AIDS and HIV. Her physical

countenance was gradually transformed to accommodate social fears about her work practices and

her appearance.

Additionally, the level of initial pause, shock and bafflement at my questions "how would

you define safer sex?" and "do you use condoms?" lead to their immediate facial expressions

revealing an "are you serious?" response.[55] The informants' impressions of my "simple" line of

questioning their very basic and taken for granted ways of doing business was a disruption. To

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[55] It is also entirely possible that these questions forced informants into a defensive position feeling as
though I was using these questions to trick them into slipping up and admitting to unsafe practices. While
this is a possibility, I strongly believe that my methods of establishing rapport and conducting interviews
mitigated this need to assume a defensive stance. Please see Chapter Two for more detailed discussion.

them (and they also assumed to me) the answers to these questions were completely obvious. To many, practicing safer sex had become a self-evident fact incorporated into their daily experience. A parallel example of how a taken-for-granted protective way of managing the body seeps into our being might be asking individuals "how do you define clean teeth?" and "do you use a toothbrush?"

As discussed briefly in Chapter Three, sex workers successfully integrate safer sex as part of their routine of work through developing body techniques (Mauss 1934). The incorporation of these uses of latex makes their job easier, makes them feel like professionals, competent and able to do their jobs and in control. But proficiency takes time, safer sex skills are learned over time and need to be tested out. This can involve tasks like finding an available supply of latex devices that fit well, allowing the self time to practice, and negotiating safer sex applications with clients. Quincy discusses how this negotiation is an ongoing accomplishment, assiduously pursued for each sexual session with a long term goal of configuring clients toward their own (client's) transformations of self and self practices.

> *One of the things that I especially try to do with clients who felt a little bit like they were nervous around a latex or not very happy about the latex, they get this look. When you pull the condom out they get this look if they haven't gotten to a mutual place about it. And I would usually talk kind of playfully, kind of erotically about, oh you know what this means, this is great part, because now we get to fuck, or something like that, so that even if it doesn't jilt them all the way over to the other side into positivity, they at least get a taste of that Pavlovian strategy, it's really the way it is, the bell rings, the dog salivates, the condom goes on, they guy knows it's time to fuck. And I think that that's a really potent part of education...I try to do it with gloves too. I like to snap my gloves because it is exciting to me and they hear it and hopefully it will be exciting to them too.*

In this last statement, Quincy recognizes a conditioned response she engineered to increase her own sexual excitement. Through this self-experimentation, she has the confidence and desire to attempt it on her clients.

There is a level of confidence and competency that sex worker develop in their construction of safer sex rituals. Part of the knowledge production process is an exceptional performance to finesse the use of these devices. Again, Olivia's description of one critical aspect of her work demonstrates her confidence and technical know-how.

> *Olivia: I also take pride in how I apply a condom.*
> *Lisa: How is that?*
> *Olivia: With my mouth. I put it in my mouth, I begin a massage putting the condom on so it's like a lot of the times, they don't even know its on. It just feels so good so it incorporates the latex as a pleasurable experience.*

Achieving this level of competency and proficiency at safer sex practices can in and of itself be a means for increased business. As briefly discussed in Chapter Three, Fiona uses her safer sex expertise as a marketing tool, advertising herself and services as a teacher.

> *Lisa: Now you are teaching them?*
> *Fiona: Yeah, I end up liking the guys a lot more too. My being a teacher offers them guidance for sex for the young guys in particular, now very few of them could afford me - - the nature of being 23, you know. So I lowered my price to $180 an hour from $200, and I now offer half hours for $100, and when I knew I was on to something good is when I found myself giving more than a half hour. Because its all they could afford and giving you know like 50 minutes. There's an enormous market out there and need for young men to learn about sex and not just sex ed, not just safer sex but guys who genuinely want to learn about sex too. I feel like this in one way into getting at those guys.*

It is in the advent and era of safer sex that Fiona has changed her work approach, routines and fee schedule. The incorporation of a teaching experience, enabled in part by the hook of being a hands-on safer sex educator, has changed Fiona's professional identity into that of trainer. She mentions that she enjoys the work and clients more now that she is in this new role of teacher. Although not all sex workers have as explicit a relationship with safer sex and professionalization strategies of mapping jurisdiction, sex workers have both personal and professional investments in convincing clients and general populations of their expertise.

At the same time that knowledge produced about safer sex and accompanying practices, transform the sex worker's professional identity and relationships to their work and clients, the ever-present construction of unsafe sex may have powerful impact on one's own working identity and practices. Billy documents what he considers a trend -- the fetishization of unsafe behaviors.

> *Billy: Sometimes, guys will ask me to fuck them without condoms. In my mind I think a lot of it is fantasy and I mean unsafe sex has become, I think, like a fetish for people. After all these years of hammering away at latex and safe sex and all.*
> *Lisa: It's like a taboo almost, something really erotic.*
> *Billy: Right, and I don't think that they would really go through with it. But I have to steer them away from it....so there is this outlaw kind of attraction to it or whatever and now unsafe sex is an outlaw activity. It is a limit, a boundary.*
> *Lisa: Something to transgress?*
> *Billy: Some people respect that and some people want to explore it, live on the edges of it.*
> *Lisa: What do you think about that?*
> *Billy: I think it's -- I can understand how that can be an attraction. And I can understand how it could be exciting to take some type of risk that way. But at the same time, I take care of myself in other areas. It's not worth it. And even if it's not HIV, it could be another number of things that put me out of work for a couple of weeks or whatever.*

Billy employs his own empathetic understanding of the situation to consider the eroticization of unsafe practices and the excitement of danger attached to these practices. But he makes instrumental work related decisions not to engage in these practices. His investment in his health, and by association his livelihood, drive his decision not to participate in these practices and to dissuade his clients from engaging in these practices. Billy, like many informants, does not prohibit the fantasy of unsafe sex and creates a space for his clients to bring it up. He does not believe the fantasy is a problem and tries to use gentle suggestions ("I use my body language and if I have to I say something") to encourage safer practices simultaneous to allowing clients to engage in dangerous fantasies.

As stated earlier, coming to terms with one's own professional relationship with safer sex practices also involves interacting with communities of practice. Communities of practices are groups who are aligned with one another over the shared use of an activity or set of tools to achieve a desired end. Communities of practice can be very important places for sex workers to learn about techniques for dealing with clients and skills for using new latex devices. Innovation of latex technologies (as discussed in Chapter Five) is transmitted through community networks by worker magazines, word of mouth, and community functions. However, communities can also be places of challenge to professional standards of safety. Felicia, a professional dominant, feels as though her working standards are adequate and safe. But when Felicia attends private parties thrown by community organizations in which other workers are present, she is frustrated by the enforcement of certain universal safety standards at the party.

> *Felicia: Sometimes I get fed up with the sm community.*
> *Lisa: Oh why is that? What do you think is going on there?*
> *Felicia: I think that there are a lot of people who talk about what works for them and then apply that rule for everyone.*
> *Lisa: Uh-huh. Say more.*
> *Felicia: I feel like people should make up their own minds because I don't want to make more rules. People should make educated decisions as adults. I am 30 years old, if I want to go out and touch someone's pussy without a glove on, that's my decision, you know I am not going to let somebody else make that decision for me.*

It is difficult to ultimately determine how these private experiences affect sex worker's work practices but it is important to contrast private experiences with professional ones. Felicia attests to relatively stringent safety standards during our interview. In her own sexual relationships, she does not appear to get as much respect for her professional knowledge of safety and control of the situation as in her working sessions. This phenomena of work enabling a competent professional identity the space to be respected and revered as an expert is discussed by many informants. The work environment and the construction of the professional sex worker enable

informants the power to negotiate safer sex on their terms, unlike Felicia's experiences in private activities.

In addition to developing an understanding of the gradual, cumulative transformation of sex workers into safer sex practitioners, it is important to identify the turning points where uncertainty is discarded, new practices are adopted and new bodies and selves are enabled to come into being. These stories of new selves coming into being in work settings is concisely illustrated in latex device failure stories. Originally, this line of questioning was not part of my interview schedule; rather, it was brought up by informants. In subsequent interviews, in the rare instance when it was not volunteered in discussions by informants, I would directly ask about latex failure. All informants told stories of when latex devices broke or slipped, failed in some clearly evident and scary way.

In general, latex device failure stories follow the emotional and physical retrospective reactions of the sex worker to the realization that a device has slipped or broken. Blame for the break or slip is usually not placed on the individual sex worker in the session, and clients may be blamed initially. It is eventually concluded that several other factors may lead to latex deterioration. Primarily latex device failure stories have to do with condoms. Some fall off after strenuous sexual activity. Condoms break either because of contact with oil-based products (i.e. massage oil and Vaseline) as Anne describes: "I was doing a massage and some of the oil must have gone from my hands to the condom." Condoms also break because of faulty material construction: "it just wore out."

In the following excerpted interview transcript of a 35 year old, six year veteran prostitute, Michelle describes to me what she did and felt about herself in two different condom failure situations. Her self-portrayal reveals a transformed self emerging from one situation to the next.

There is a shift from the inexperienced self to the experienced self, from the "freaked out" and hysterical self to the calm and composed self. These two stories are woven together to show how her self has actually changed. Using the sociolinquistic strategies of William Labov (1972), I represent the transcript as broken down into two inter-connected but separate stories. Labov, a founder of sociolinguistics, combined social and linguistic variables and designed methods of interpreting social significance. Asserting that the personal experience narrative is the most natural location of the vernacular, he developed a method for separating out the components of narrative for analytic purposes. I have reconstructed my transcript into syntactic units as narrative clauses, and applied his universal template to the transcript. This strategy can illustrate Michelle's juxtaposition of her evolving selves. The text is represented in different fonts to separate out the two stories woven together in Michelle's story. The template I have adopted from Labov is:

Abstract: the story in a brief sentence;
Orientation: identify the players in the story, the time, the location;
Complicating action: and then what happened? Build up of narrative clauses in fixed order;
Evaluation: raison d'être of the story, the reason why the story was told; (According to Labov, this is the most important, interesting and useful part of the story to interpret because it is what the narrator is trying to show you through their story) ;
Result or resolution: what happened in the end?;
Coda: indication that story is over. sometimes a moral of the story. bring the listener and narrator back to the place where they entered the story.

During this section of the interview at Michelle's home and work space, we had been discussing latex devices and passing them back and forth between each other. She held up a condom and said, "Not even these are all safe. I had one or two breaks."

1	Lisa:	When it broke what did you do?	
2	Michelle:	Freak.	
3		Oh no, you know, I can't...	
4		**I used to freak in front of clients.**	**4-6 Abstract**
5		The first time one broke on me,	

6	actually it didn't break it fell off.
7	I was having,
8	I was working with my girlfriend doing a double **7-10 Orientation**
9	I was just learning the ropes
10	and it was doggy style
11	and the condom got lost inside of me **11-20 Complicating Action**
12	and the guy ejaculated inside of me
13	I...was...ahhh...just...shattered.
14	So I'm in the bathtub, you know,
15	trying to clean myself up,
16	I am crying
17	and I was screaming.
18	She's made the customer leave.
19	She's trying to console me,
20	and of course, I just hated that guy at that point, **20-51 Evaluation**
21	I hated his guts,
22	I wanted to kill him.
23	And the reason that I felt hostility towards him is
24	because usually if something happens, if something happens a lot of times
25	the guy is largely responsible for it.
26	He's either getting too rough,
27	too rambunctious,
28	he's getting pushy or bossy,
29	"I want it in this position,
30	no, roll over, do this,"
31	you know, something like that,
32	um, or he's really trying to get way too much for his money.
33	Like he wants to fuck you for a half an hour
34	before he comes,
35	that sort of thing.
36	And so you're putting up with it,
37	and putting up with it
38	because on some level you put up with a certain amount all the time,
39	I mean you know,
40	I'd love it if they'd just give me $250
41	and talk to me
42	and left,
43	so on some level, you know, I'm enduring a certain amount of interaction.
44	And then it becomes that
45	you have to catch yourself
46	to make sure you don't start connecting more than you should,
47	and sometimes it's a real judgment call,
48	you know, where's that boundary.
49	So in this particular case
50	I was just still trying to feel things out,
51	I didn't know what I was doing.

52		And now when I do doggy style	**52-58 Result**
53		I usually always put my hand back there,	
54		I will not let go of the base of the penis	
55		because I keep ahold of the condom	
56		because I cannot –	
57		I have no control what they're doing back there	
58		and from experience I know	
59		there's just too much chance of pulling out of the condom	**59-61 Coda**
60		and leaving the condom stuck in me	
61		and then now you know, it's dripping all over the place, no thank you.	
62	Lisa:	So when it broke...	
63	Michelle:	This guy did not ejaculate,	**63 Abstract**
64		he didn't ejaculate the whole time he was here,	**64-67 Orientation**
65		but, and he wasn't one of those guys whose like a oozy, lots of pre-ejaculate,	
66		in fact I never saw any pre-ejaculate with the condom on,	
67		but I'm sure there was pre-ejaculate in the condom	
68		once it had been on for awhile.	
69		He, for some reason, had a hard, hard time coming...	**69-75 Complicating Action**
70	Lisa:	Did he know when it broke?	
71	Michelle:	I don't think so.	
72		I think his dick was just numb. (laughter)	
73		It was just hard and numb.	
74		For all I know he probably did a popsicle on me,	
75		like stick some coke on it before he got here.	
76		Because that thing -- it wouldn't go off,	**76-79 Result**
77		I couldn't get -- and I did everything.	
78		And the reason the condom broke in my opinion is because he just, it , it =	
79	Lisa:	=Wore it out.	
80	Michelle:	Yeah, it reached the end of its life.	
81		And what I learned from that --	**81-97 Evaluation**
82		it was the first time those condoms had broke,	
83		and I kind of had the feeling those particular brand was invincible,	
84		I wasn't sure they could break.	
85		Now I know they can,	
86		given the right circumstances,	
87		And I also --	
88		you know, again, every so often we take chances	
89		or get sloppy about our work.	
90		You know, you might leave your money laying out,	
91		might turn your back on a client,	
92		might let him bring in a briefcase or a backpack or something.	
93		And then you have a close call	
94		and you realize -- remember to be careful.	
95		There's so much to think about.	
96	Lisa:	Well, there's risk in everything we do.	

97 Michelle: And there's human error in everything we do.   **97-98 Coda**
98   You know, we can drive a car.

In this excerpt, Michelle is telling two stories. In the first story, the condom fell off and got lost inside of her as she was "learning the ropes" with a doubles partner. During this recounting of a previous experience, she expressed a lot of emotion. She admits that "I didn't know what I was doing." The evaluation was to change her physical ritual in sex acts and to re-evaluate her level of trust. She learns how to work with clients' bodies and the need to keep emotional distance. In the second story, the condom broke but the client didn't come--the condom just wore out. She was calmer and more in control. Michelle views this latex failure as a wake up call to "remember to be careful" in everything that she does including several factors in her list of occupational hazards. In the first story, she blames herself as being too inexperienced and vulnerable being manipulated or controlled by clients. She is out of control and cannot direct the situation. She used to freak but does not any more. In her more recent story, she blames the client for complicating the situation in a nefarious way and the limited life span of the device itself. Her own identity, always in the process of becoming through this transformation of self, must remember that if you get sloppy about work, then you may increase your chance of certain risks. AIDS/HIV is one of a list of risks sex workers confront.

There are other risks to personal safety that may push sex workers toward engaging in practices they would consider unsafe. Erin describes a situation where she felt unsafe and resorted to choosing to engage in an unsafe sex act to avoid a more present threat to her personal safety. She negotiates a tradeoff of safety. Although this is not a strict latex failure story, it does describe a process of transforming practices, in moving her work to a new safer location, and developing systems of safety checks, by giving the impression that she is not alone.

Once when I was working on my own, before I started using this site, you know it is much safer and that is why I eventually decided to do it. I was living in a condo with my son and I was working out of my home with a client. I just didn't like him. I didn't like him on the phone and I got a bad gut feeling about it. But I was just starting out and I thought I was being silly. When he got there, he knew that we were the only two people in the house. So I ended up giving him head with out a condom. Because at the moment, it was the safest thing to do. He was bigger than me and I just thought it would be safer than me saying no. But over time I learned that this is not the way to do it. I trust my intuition more now. Also when I work at Bonny's, even if I am the only person there, when I close the door with the client in the room I will state out loud, "Bonny, where is the ...." and then close the door. That way they don't think I am alone.

Similar to most stories of transformation, Erin talks about a before and after self. The before self did not trust her intuition, worked alone, and engaged in certain practices now deemed unsafe sex. The after self has made adjustments throughout time to attend to these threats to safety.

Angela weaves two stories of latex failure together. In the first, she vehemently states her fear of pregnancy as a result of latex condom failure. Similar to other narratives of latex failure, Angela constructs a inexperienced self who engages in a behavior despite considerable personal resistance. Angela, like Erin, Anne and others, knows that particular behaviors (in this case, using vaseline with latex) may result in latex failure. However, not having established and refined the confident, competent, and experienced self, Angela agrees to participate in sexual activities she feels are risky.

Lisa: Have you ever had a condom break or fall off?
Angela: Yes.
Lisa: What did you do?
Angela: You die. You die for about a month, you think, oh my God, some fat fuckin' businessman's baby is inside of me. What are you going to do? And I kind of don't believe in abortion personally. I mean of course I would have one but to make the choice terrifies me. So once it happened and oh my God, it was so terrible. It was one of my regulars and thank God, it was one of my dear....It just slipped off. And, hey wait, wait just a minute... I remember the first fucking time it happened.
Lisa: What was that like?
Angela: It was with another whore, a boy whore. I totally blocked it until now because it was a really traumatic experience. He called me up and I had met him at a party. And he said, 'you work too.' I said, 'yeah.' And he said, 'I would love to hire you.' Which

was a big fucking compliment. So I went over there and we did it and the condom broke. And what a weird experience now that I think of it. He wanted to use vaseline and I was so inexperienced. I'm like, 'oh no, don't do that. That's bad for the condoms.' He said, 'oh no, no don't worry. I'll wipe it off before, I've never had a problem, do he puts on the vaseline....
Lisa: Really?
Angela: Yeah, can you believe that shit? I said, 'well, I have this lube. It works really great let me get it.' And he said, 'no, no, no.' And I thought, 'He's a boy whore and god knows he's got more to worry about than me and he clearly must know what he is talking about. It was really scary. So he wiped it off, he put the condom on, and goddamn the thing broke. It did just break. And I was, it was the just the most horrible thing in the world.
Lisa: So it seems like from what you said that pregnancy is more of a concern for you than AIDS. Is that true?
Angela: Oh, no, no, no. With that guy, I was scared of HIV. Oh yeah, he was a street guy too, you see. No, no I was very scared of it with him. I usually use a sponge or diaphragm for pregnancy stuff and with the regular customer, the one when it slipped off. I didn't have anything on so I was worried about pregnancy and HIV. But with the boy whore definitely HIV. But that was a long time ago.

Refining one's self concept as a safer sex worker may involve a "scary" experience in which individuals internalized standards of safety are violated. Practice over time and "scary" turning points both encourage sex workers to shape themselves into competent, experienced and empowered safer sex workers. "Scary" experiences of latex failure can be more easily integrated into the work scenario instead of "freaking out in front of clients" and routines can be relied upon as skillful illustrations of one's professionalism.

Adaptable Competency

Becoming a competent sex worker is a complicated process requiring the alignment of many conditions. In this chapter I have attempted to map out the conditions of such transformations into competency. I began by analyzing dimensions of the work environment which sex workers live in. Then I explored the immersion in a culture of AIDS and safer sex that takes place for most sex workers. At the same time that sex workers become immersed in an

existing discourse of safer sex, they participate in adding to the discourse and adopting practices based on discursive cues. It is in negotiation with these AIDS/safer sex cultural discourses and technologies that sex workers are transformed and transform themselves in terms of gradual shifts in consciousness and practices into a taken for granted embodied understanding of safer sex practices and meanings. I concluded by illustrating the epiphanic moment or dramatic turning points in which learning the ropes of safer sex through latex failure inter-relate with more gradual transformations of self toward a proficient and capable self.

These informants individually and collectively (as a profession) stake a claim in safer sex competency. This claim staking takes place though the continuous reflexive evaluation of the sexual biography, the combination of previous and ongoing sexual interactions with clients and lovers. In order to practice safer sex, these sex workers must be able to take charge in the sexual session, deploy latex devices, and set boundaries in client-worker relationships. It is through a series of written materials (CDC and sex manuals), interactive work experience with latex devices, and self reflection that safer sex competency is produced as a knowledge, a practice and an embodied experience to be transmitted to others and reflected back upon the self. Safer sex becomes a practice, a component of embodied identity and series of meanings applied to particular situations. It can be transmitted to others and used to continuously reconfigure the self. Sex workers are amazingly adaptable people developing skills and internal mechanisms to figure out how to remain working in a dangerous environment. It is this ability to be proficient with technological devices that is explored in the next chapter.

Chapter 5

The Technologies of Safer Sex:
Latex Devices

Tools of the trade: "It's like you use pots and pans to cook. It's the tool."[56]

Safer sex, conceived as either a group of practices or a series of messages, is facilitated by

the use of latex devices. Most sexual practices which involve the exchange of body fluids can be

modified and made less risky by using such barriers. Those who produce knowledge about safer

sex (the CDC, sex manuals and sex workers) each rely on (re)constructing a user's potential

relationship with latex devices as a means to achieve safer sex. Therefore, producing knowledge

about safer sex, especially from the position of sex workers, is integrally linked with the level of

skill development for applications using latex devices. Just as sex workers are encouraged

through safer sex messages to use latex, they also become conduits of information and instructors

of practical training to new users. Within all of the sex worker accounts, both metaphorically and

literally, latex is very explicitly identified as a tool. In the previous chapter, I established the

specific conditions under which this ongoing production of knowledge about safer sex can occur.

It is within these contexts that sex workers interact with these devices.

These tools or devices, however, do not have uniform trajectories of development,

innovation or use. Instead, within the framings of technology studies (Law 1987, 1991; Clarke

and Fujimura 1992; Bijker and Pinch 1992; Bell 1986), they co-exist as tools of the trade at

differing levels of stabilization. For instance, some of these devices were specifically developed

for sexual purposes (e.g., condoms) and others (e.g., latex gloves) were transformed by users to

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[56] Informant Olivia.

carry sexual signification and practical sexual applications.[57] Through investigating the varied

histories and evaluations of these devices, I demonstrate how users--sex workers--reshape the

available technologies (Bijker 1992:3) for different purposes, or how they *innovate* technology.

Moreover, I show how users--sex workers--are themselves *configured* (Woolgar 1991) by the

technology, and in turn, to take it a step further, how sex workers *configure* clients into new

users.

In this chapter, I argue that the array of latex devices, despite being constructed of the

same raw material (latex) are differently interpreted by different communities of practice (sex

workers and their clients) (Star 1991). Taking each device in sequence, I narrate a brief

technological and institutional history focusing on the production and regulation of these devices.

Then, analyzing interview data, I discuss the consumption (and re-production) or practical

application of the devices and interpretations of their successes and failures. Before discussing

the devices themselves, drawing on work in cultural studies of technology, I develop a theoretical

backdrop from which I position latex as a *technology* available to a group of users. The two key

concepts of *innovation* and *configuration* are extracted from my reading of cultural studies of

science and technology and apply to my analysis of latex devices. Using these analytic concepts,

I offer sociological analysis of the process of becoming a technology in this particular community,

rather than writing an intellectual history of invention. These devices as tools or technologies are

"meaning-laden entities" (Clarke and Fujimura 1992). In order to understand and interpret the

multiple meanings embedded in technologies and the practice of using these technologies, I

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[57] There are two key types of latex devices I will refer to in this chapter. First are sex-based latex
technologies (male and female condoms) and second are modified latex technologies (dental dams, saran
wrap, gloves and finger cots). It is important to make this distinction in understanding how these
technologies are used and shape social relations between users.

investigate how these technologies have become meaningful and how they are configured within the field of sex work. This focus on the processes of becoming and being used as technologies forces me to constantly return to my data where the meanings and uses of these technologies are revealed by my informants as embedded in ongoing activities.

As Susan E. Bell (1986:27) states in her discussion of conducting sociological analyses of medical technology, "Understanding the process of the development of medical technology depends on defining it as the product of human activity, identifying communities producing it and locating them and their interrelationships within a political and economic context, and showing how they produced it." In this chapter, the production, innovation and configuration of latex technologies are explored as processes deeply embedded within the social world of sex work.

Is Latex a Technology? What Kind of Technology is it?: Innovation and Configuration

Sex workers claim that latex is a tool which they use in their everyday lives. How have these tools come into being and how are they differently evaluated? In their introduction to an edited collection, *The Right Tools for the Job*, Adele Clarke and Joan Fujimura (1992), discuss how tools are situationally constructed. To paraphrase their list of questions when considering tools, the authors suggest we ask who does the work, how is the work organized, what are the essential components of the work, who is involved in the work, and what is the goal or product of the work. To sex workers, producing a sexual experience for clients in a highly orchestrated system of safer sexual exchange, latex devices are one of the essential components of the work.[58]

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[58] Rubber, the raw material of latex, is harvested primarily from Brazil and southeast Asia, then chemically processed (i.e., vulcanized) and formed into the desired object. (For excellent histories of the rubber industry, see Dean 1987 and Babcock 1966.)There are entire industries dedicated to the production of latex for multiple purposes, including the creation of these specific sexual devices. Some latex products, like gloves, male condoms, and female condoms, have official standards for production and are

Latex devices are tools available to be appropriated for different tasks. There is a "contingent nature of what is a 'right' tool in light of an array of situational variations and the interdependence of elements" (Clarke and Fujimura 1992:27). Determining the rightness or stability of particular tools is an accomplished activity that sex workers engage in throughout their work. What are other criterion upon which to claim latex as a technology?

According to scholars in science and technology studies, there are three layers of the word technology (Bijker, Hughes, and Pinch 1987:4). Technology can be physical objects or artifacts (the latex device as a tool); activities or processes (safer sex); and/or the technical know-how or embodied knowledge acquired through practice (movements and processes of applying these devices and making them work). In my analysis, latex is defined as a technology that lives in communities of practice. It is part of groups of devices that are constructed as safer sex tool boxes-male and female condoms, latex gloves, dental dams and finger cots.[59] These safer sex tool boxes actually either reside in the work setting ("I keep my stuff next to my bed in a basket.") or are carried along to outcall locations ("Everything I need, I can carry in my pocket."). The actual material objects made of latex are technologies. However, they are only understood as these technologies in their deployment and in the articulation of their meaning(s) to the social actors who used them in the context of sexual relations. Each material object undergoes many different processes in which meanings about the device are created.

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regulated in the United States by the Food and Drug Administration (FDA), a government institution, while others (finger cots and saran wrap) are not so regulated.

[59] Other things in the safer sex tool box could be water based lubricants with and without nonoxynol-9. Nonoxynol-9 is a detergent added to lubricant which kills viruses. Some people, however, are allergic to this substance and develop a rash when their bodies come into contact with it. This reaction can actually have the opposite affect by making the body's lining raw and more susceptible to contact with infectious agents.

Under the umbrella list of practices and ideological claims, safer sex resides as a technology in its own right. Safer sex has become an entire system of organizing practices and thoughts which orchestrate human social action toward a particular goal, in this case, the sexual fulfillment of the client (however defined). Finally, the knowledge embodied in sex workers and transmitted through their contact with clients is another form of technology. As sex workers share, train and configure new users of safer sex, they are actually activating their technology. Here technology is, as Bell (1986) states, "an embodiment of human activity".

Technologies do not have intrinsic internal scientific or instrumental logics that make them evolve to particular purposes or meanings (Bijker, Hughes, and Pinch 1987:4). Furthermore, not all technologies are equal. As I illustrate, these latex devices acquire their meanings within the social interactions users have with the devices and other users. Sex workers, as in communities of practice, create certain meanings for extant latex devices, often modifying or subverting their intended meanings and uses, bringing new devices into the sexual realm (such as gloves, dental dams, finger cots[60], saran wrap) with differing levels of success. The meanings of each device are multiple, can be unanticipated, and are performed in social interaction. The concept of interpretive flexibility (Collins 1985) can be applied here to understand that different users of latex devices interpret the technology based on what the technology can allow to occur and their experiences of using the technology. Through the rehearsed sexual performances with latex, using

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[60]Although I did my interviews with finger cots as a sexual prop, these devices were not generally used or considered by sex workers. Finger cots are commonly used as bandages for fingers cut while working with knives (such as in restaurant work), inserting suppositories, and applying medication to open wounds. By design, they resemble small versions of condoms and can be placed over one finger. Since these are not generally used by sex workers, it is unlikely there is brand loyalty. One informants discussed how finger cots can be used for digital penetration or on sex toys (such as small anal dildos, also knows as butt plugs). However, when presenting this device to my informants, they collectively stated a preference for using gloves or male condoms for practices that could require a finger cot. This is clearly one device that sex workers did not wish to incorporate into their safer sex tool box by innovating. Thus many sex workers reject finger cots and configure other technologies to accomplish tasks.

latex technologies becomes a routine accomplishment of their daily lives. At first, particular technologies can be messy or difficult to work with, but in time, they are incorporated as part of sexual work practices and refined into a taken for granted relationship with the technology. Certain devices, like latex gloves, have multiple associations, such as cleaning house, sterile medical procedures, keeping hands young and lovely. Sex workers transform or add still other meanings to the list. However, each meaning is only obvious when these devices are used in action. Like other technologies, these devices are products of "heterogeneous contingency" (Bijker, Hughes, and Pinch 1987).

This heterogeneous contingency is part of the social construction of technology (SCOT) approach to analyzing the place of technology within social worlds, developed by Wiebe Bijker and Trevor Pinch (1987, 1992), historians and sociologists of science and technology. The SCOT approach posits that relevant social groups identify a social problem that technological innovation may address. Members of the relevant social group must share some meanings of the artifact they are going to produce. Innovation can then take place in particular groups drawing on their shared meanings.[61] Particular groups can have homogeneous meanings attributed to the artifact, but many other heterogeneous groups can develop, use, or be implicated by the technology.

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[61] Analyzing social construction of shared meanings has roots in symbolic interactionism. Take for example, Herbert Blumer's (1969) concept of the joint act situated in the on-going process of society. Joint action involves a collectivity, two or more people, "fitting together the lines of behavior" or articulating and aligning the action of others (Blumer 1969:70). This concept is interactionist in its epistemology since it views each participant as an active interpreter in the joint act "by identifying the social act in which they are about to engage and second, by interpreting and defining each others acts in forming the joint act" (Blumer 1969:70). Additionally, since the joint act arises out of the participants' previous experiences, the joint act is a temporal phenomena with a history/career. According to Blumer (1969:72), "uncertainty, contingency and transformation" are integral parts of potential joint action. Similar to the innovation of technology through social interaction, Blumer (1969:76) explains that joint action can occur for any one of the following reasons: on "the basis of compromise, out of duress, because [participants] may use one another in achieving their respective ends, because it is the sensible thing to do, or out of sheer necessity."

There is a heterogeneity of groups who interpret the artifact once it is put forth. Of relevance

here, sex workers are one group who identify and discuss a social problem which confronts them

when they work: the management of body fluids to prevent transmission of disease. Sex workers,

in my study, had relatively homogeneous understandings of these latex devices, with some

heterogeneity in the group regarding the evaluation of the artifacts.[62] In other words, sex workers

knew that a particular piece of latex was called a dental dam and was used for oral sex with

women; however they had different ideas about using and enjoying dental dams. Therefore, as

Clarke and Fujimura (1992) discuss, some tools such as male condoms or latex gloves (for some

activities), have become *stabilized* by sex workers working in the human laboratory of sexual

exchange. Other tools and practices, such as dental dams, require tinkering and further innovation

because they are not user-friendly, easy to apply, or well liked.

While the SCOT approach and the empirical and historical projects which employ it are

useful, it is important to point to key differences in using a technological analysis with my data.[63]

In many social and historical studies of technology, the innovation of technology is studied from

the drawing board to the production and dissemination of the device. In the case of latex

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[62] As Pinch and Bijker discuss (1987) the assessment of the success of failure of a particular technology is in part an indication of the collective opinion of the usefulness from the community perspective. The heterogeneity of universe of sex workers and their assessments of latex technologies would further illustrate the contingency upon which interpretations of technology can be based.. For instance, while most of the sex workers I interviewed were displeased with the female condom, Zimbabwe sex workers (Ray 1995) had a different opinion of the female condom. The sex workers surveyed for this study found the device useful and welcomed its introduction into their work. The artifact can be stabilized for one sub-group of the profession and dismissed and discarded by others. The heterogeneity of cultural meanings and sexual practices is consequential here.

[63] An excellent example of the use of the SCOT approach to interpret technology is Bijker's (1992) article on the fluorescent lamp. Bijker takes up how the lamp was reshaped and redesigned by a variety of social groups whose stakes and claims to the technology motivated particular actions. Using the SCOT approach, he looks at how the relevant social groups, two in particular, were involved in the production of this technical artifact. Using interpretative flexibility, Bijker looks at how the artifact is differently defined and understood by different social groups. He shows how the technical and social are both ongoing accomplishments which are dynamic and shifting often emerging from conflict and struggle

devices, the role of one relevant group (sex workers) in innovation is a much more slippery issue. This is partially because the trajectory of these devices from conception to technologies of safer sex has not followed traditional scientific routes. All but one of these devices (female condoms) existed prior to AIDS/HIV. The epidemic itself increased the number of interpretations of the technologies and led to significant innovation.

Another more broadly applicable difference in innovation that these technologies follow has to do with the role of the innovators in the acknowledgment of credit of innovation or, as Bijker puts it, their level of inclusion. In his study of the social construction of Bakelite (Bijker 1987), Bijker discusses levels of inclusion (high or low) of actors within the technological frame of inventing the technology. Level of inclusion is determined by length of time in the relevant field, institutional legitimacy to be a member of the inventors group, and level of experience. Inventors work to stabilize the technology or to work out the kinks to then put the technology out into the world, useable for their suggested purposes. According to Bijker, actors with high inclusion are often unable to see the solutions to problems incurred when innovating technology and tend to come up with "conventional inventions." Actors with low inclusion may not draw on the same standard solutions or conventions that high inclusion actors do and can question their basic assumptions. It is tempting to state that sex workers have had low inclusion in the development of latex technologies. This is most likely true in the innovation of the male condom since at its introduction, the male condom was closely associated with brothels (Bullough 1981).

But assessing the level of inclusion of a group of people who occupy a marginalized and stigmatized profession complicates matters. Sex workers may have been invisible accomplices at different levels of inclusion in the original innovation of the modified latex technologies. We may never know of their active role in the creation of these devices. As their comments will attest,

modified devices were ex post facto, completed technologies already working in various settings. Sex workers innovated these devices to create sexual signification and sexual applications of the tools.[64] If switching the technological frame, drawing on interpretive flexibility to draw latex into this sexual realm is considered technological innovation, then sex workers certainly have a high participation in the innovation of latex devices. Sex workers have varying levels of inclusion, participation and implication in the development of both sex-based latex technologies and modified latex technologies.

Another key idea from technoscience studies is the concept of configuring the user. As Steve Woolgar (1991a, 1993) discusses in his empirical and theoretical work based on fieldwork in the computer industry, while innovating technologies inventors are also producing a preconceived ideal user, or in Woolgar's terms, configuring users of the technologies. "Dominant producer preconceptions of the user thereby become embodied in the final product. In the ensuing deployment of the technology, actual users are effectively confronted by and asked to engage with, 'configured users'-the concretized preconceptions of themselves (Woolgar 1996:5). Those who manufacture latex devices (dams, gloves, condoms), originally made these products with particular ideas in mind of how they should be used. As time passes, social relations are transformed through the confrontation with the materiality of AIDS/HIV, and new knowledge systems are created to respond to the disease. Groups of actors, the CDC PSAs, the sex manuals, and sex workers begin to tinker with existing materials, these very latex devices as tools or safer sex technologies.

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[64] We can never know who actually innovated particular latex technologies for sexual purposes first. But in this distinct group of sex workers, it is significant that, although not equally familiar, many informants were highly familiar with the sexual application of latex devices. Additionally, informants did speak of routinely sharing innovation with each other.

Here we have an empirical example of a particular set of devices (not necessarily previously related) being deployed within the social context of an emergent catastrophe. Sex workers, as self-proclaimed and professionally ratified competent users of these technologies, are indeed configured by the institutional and cultural discourses of safer sex as well as the devices themselves. However, sex workers are also participants in the reinterpretation of these tools. They are configured by the tools and innovate them. Furthermore, the process continues in that sex workers configure new users (their clients) to sex workers' own innovations with latex technologies.

Woolgar (1991a) demonstrates that configuring users to new technologies relies on established routes of transmitting information. In instances of uncertainty, users are redirected back to referents such as instruction manuals, help lines, books, and other networks set up to keep users in line with intended applications. This process is also available for sex based latex technologies: there are enclosed "device instructions," safer sex manuals, and sex and AIDS hotlines. (These resources also exist to a lesser extent for modified latex technologies.). As Woolgar (1991a:89) states, "Insiders [those who have high inclusion] know the machine, whereas users have a configured relationship to it, such that only certain forms of access/use are encouraged. This never guarantees that some users will not find unexpected and uninvited uses for the machine. But such behavior will be categorized as bizarre, foreign, perhaps typical of mere users." As shown in my interpretation of the data, sex workers continually develop unexpected and uninvited uses for these devices.

In the construction of the artifacts themselves, there are scripts built into the technologies. Material and corporeal limits help to structure how devices can be used (for instance, you could not put an intact condom over your entire head and expect to live for very long). John Law and

Wiebe Bijker (Law 1991; Law 1987; Bijker 1992) each discuss how artifacts can be built with the anticipated behavior of actors in mind; these are called "idiot-proof" technologies. However, this strategy does not always work because users do not always follow directions and can do things differently. Sex workers do not follow the scripts of many of these devices. For example, female condoms have been used for anal sex. At the same time, as sex workers configure new users, they try to create new scripts that are "idiot-proof" for particular clients or educational purposes. Sex workers struggle with ways to create safer sex scripts with enough diversity, sense of humor and enjoyment so as to be adopted by their clients. For sex workers, the stakes of correctly configuring users are high. Often, these stakes are considered a matter of life or death, a management of (as Michelle calls it) "toxic waste materials."

Within sociological studies of development issues, the exchange of technology is called technology transfer (Kondrat 1994; Shields and Servaes 1987; Geoff 1994). Technology of "developed countries" is given or sold to "developing countries" with agendas of technological progress, imperialism, and/or capitalist market expansion. It is often an acknowledged goal of the technology transfer to create a self-reliant country that can compete and care for internal needs within the global economy. But "what is transferred, it is argued, is not simply machines, hardware, or knowledge, but a collection of attitudes, values and social, political and cultural structures" (Shields and Servaes 1987:50). In many instances, technology transfer is a form of imperialism.

The image of technology transfer can be used to describe the transfer of safer sex knowledge and technical know-how from sex workers to clients. Sex workers offer the information system of safer sex and the technical support for use of devices for a fee to the client. There is a potential for the client to become self-reliant and sustain the use of safer sex learned in

the technology transfer outside of the sex worker-client dyad. Clients become "whore-educated guys"; sex workers take pride in their professionalism and ability to educate their clients. As in most AIDS education and prevention programs, a goal of knowledge and technology transfer is for the recipient to be able to sustain use of the technology over a long period of time. This grassroots technology transfer is worthy of study to investigate the ways in which sex workers and, potentially, clients perform their own innovations, configuration and inscription of meanings into safer sex and technical expertise.

To sex workers, these technologies are very important. Reiterated in most interviews was the sentiment, "I would not do this work without latex." But, to paraphrase Judith Butler's (Butler 1993) query about why particular bodies come to matter at particular times in history, why do these latex technologies matter now? Or as Woolgar (1991b:41) states in his analysis of technology analyses approaches, "how is the reality of the technology itself created, described, and sustained?" [65] There are several factors which contribute to the proliferation of latex sexual devices currently available for practicing safer sex. Some factors that contribute to these technologies proliferating are multiple effects of the AIDS epidemic leading on one hand to AIDS hysteria and, on the other, increasing sexual permutations and curiosity. Listening to the voices of sex workers provides us with one way to understand how these technologies have come to matter or not matter or, more accurately, how safer sex devices are in constant processes of coming to matter or not matter. Through investigating the descriptions of the innovators, users, and those who configure, we can explore how the technologies of safer sex, and their meanings, are created and maintained or discarded over time.

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[65] In his essay, Woolgar is urging for a reflexive response to interpreting technology as text where scholars, themselves, acknowledge their own role in constructing the technology as an object of study.

Having explained innovation and configuration in latex technologies of safer sex, I dedicate the remainder of this chapter to the devices themselves. I outline the histories of innovation for each and then suggest how sex workers re-invent these technologies for their use(s) and configure their clients into co-users of the technologies.

Male Condom

Male condoms were originally intended as prophylactic against syphilis and conception. There are three materials used to make male condoms: animal intestines also known as caeces(from sheep commonly referred to as lambskin condoms[66]), latex, and polyurethane. Currently, the condom industry only sells 5% of lambskin condoms (a familiar brand is Fourex), (Bao 1991-1994). Polyurethane condoms were just recently approved in 1993.[67] They are new and expensive and not widely distributed. Hence, latex condoms are the most commonly marketed and used.

The first description of the condom appeared in 1564 when Gabriello Fallopio[68] used a linen sheath to protect men against syphilis (Youssef 1993; Bullough 1981; Murphy 1990). However, the history of the condom is inconclusive and abrim with myth and fantastic stories. Youssef places the popularization of the lambskin condom for contraception and prophylactics in the eighteenth century. Bullough (1981:107) supports this and states that in the late seventeenth into the eighteenth century, animal caeces were widely associated with "houses of prostitution," suggesting a long history of relationship between sex workers and sexual devices, like condoms.

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[66] Due to the inconsistent and porous nature of the animal intestine membrane, these condoms are not recommended in preventing the transmission of HIV.

[67] These condoms are marketed under the brand name Avanti. They are allegedly stronger than latex, able to be used with oil based lubricants and effective for those allergic to latex products.

[68] An early anatomical reproductive scientist for whom the Fallopian Tubes are named.
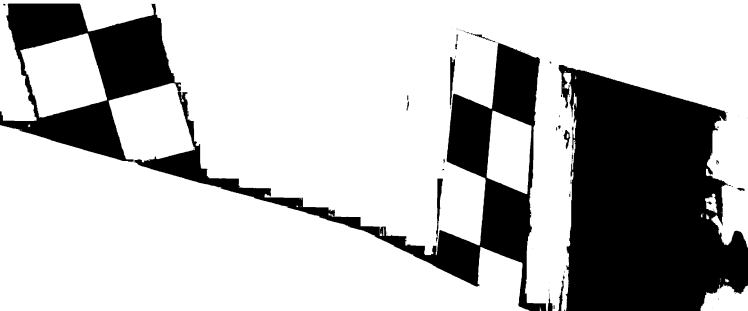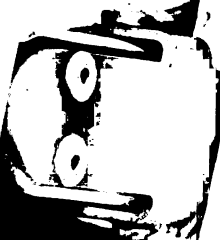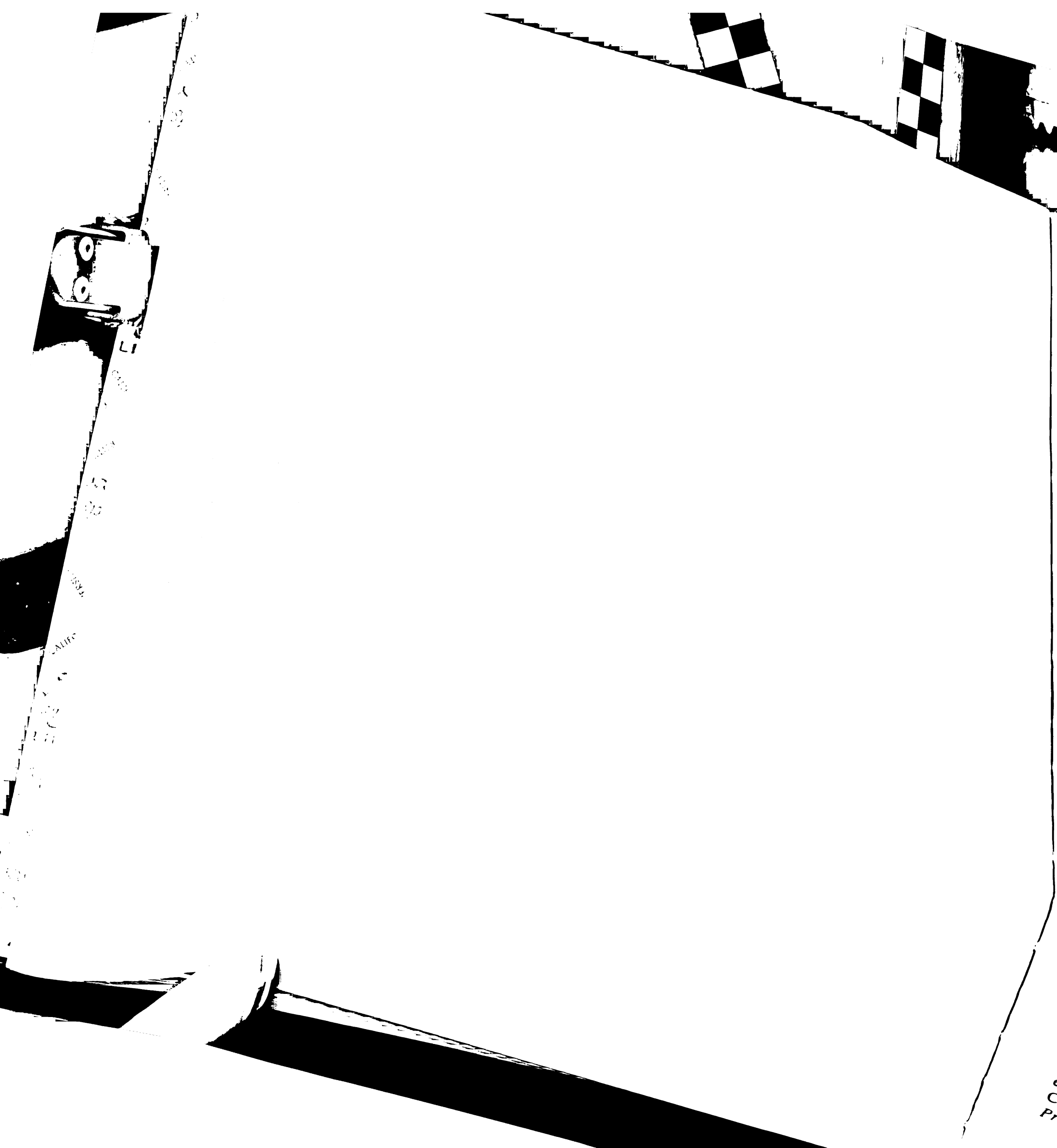
Lambskin condoms were costly, partially due to the fact that only one condom could be produced

per animal. In 1844, with the vulcanization[69] of rubber, the development of latex condoms

became possible.

1876 is the year of symbolic birth of the latex condom at the World Exposition in

Philadelphia (Bullough 1981). Through assembly line structure and scientific innovations of the

industrial revolution, condoms could now be mass produced, thus lowering the price and flooding

the market place.   There was a commercialization of the latex condom (the latex condom is

brought into the arena of commerce) and, although hindered by federal legislation like the

Comstock Laws,[70] condoms were popularized. The United States Government became actively

involved in the distribution of condoms in World Wars I and II as a means to control the

transmission of disease among soldiers (Clarke 1995). In this instance, the introduction of the

condom as a serviceman's control device enabled the military to "protect" servicemen from

prostitutes versus the expensive and difficult task of controlling the prostitutes. The FDA was

authorized by Congress to regulate medical devices in 1938.   "Device" was defined as "any

instrument, apparatus, or contrivance, including any of its components, parts and accessories,

intended of use in the diagnosis, cure, mitigation, treatment of prevention of disease in man or

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[69] Vulcanization is a process by which rubber is heated and combined with sulfur and other chemicals. The rubber then becomes more pliable and flexible; it is able to take on other shapes without stickiness. For these latex devices, this is significant in that objects can be dipped in rubber and retain the shape of that object in an elastic form. The quality of latex condoms were greatly improved by the innovative work of Frederick Killian in 1919. He "started hand dipping condoms from natural rubber latex at his plant in Akron, Ohio using a process developed by the Goodyear Rubber Company" (Murphy 1990:10). This process was patented and eventually popularized for mass production.

[70] The Comstock Act of 1873, "An Act for the Suppression of Trade in, and Circulation of Obscene Literature and Articles of Immoral Use," restricted the interstate commerce in contraceptive devices as obscene. This act, conceived as a means to control vice and prostitution, had major and long standing impact on the ability to discuss, transmit, or develop reproductive technologies for birth control. For an excellent analysis of the histories and controversies of contraception in the United States, see Adele Clarke's forthcoming book *Disciplining Reproduction: Modernity, American Life Sciences and the Problem of Sex* (Berkeley:University of California Press).
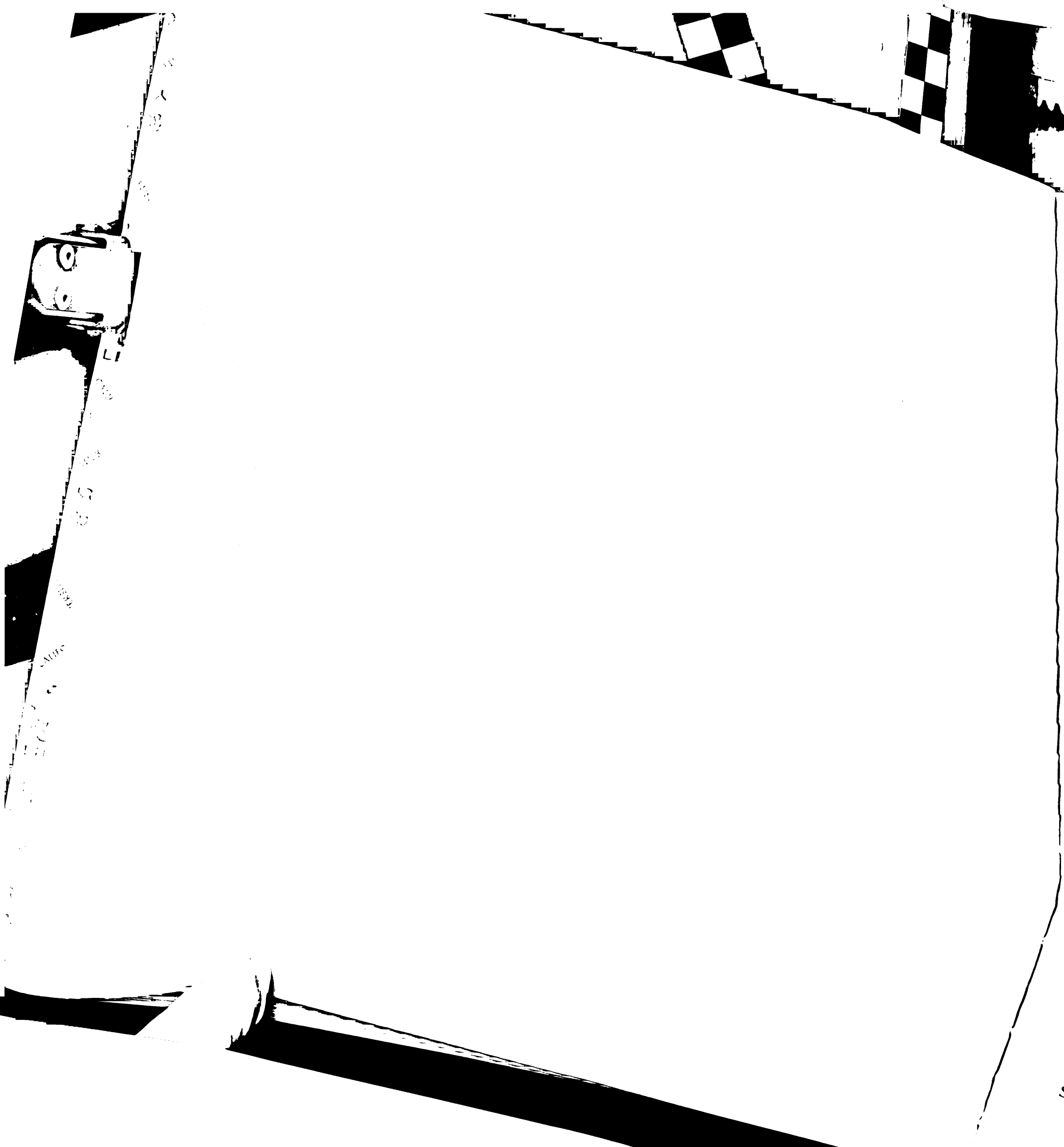
other animals, or intended to affect the structure or any function of the body of man or other

animals." This definition included contraceptives and meant that claims of disease-related

prevention made by the manufacturer must be substantiated. Manufacturers then needed to

present their devices to the FDA in a series of hearings aimed at proving the validity of claims.

According to Gamson (1990), male condoms have meant different things throughout

American history. The different meanings of condoms are highly related to the ways in which

condoms are situated institutionally. "Oddly bitter fights are and have been waged-in courts, in

congressional hearing rooms, on television, in scientific journals, and presumably in bedrooms as

well-to make the condom mean certain things and not others, to associate it with some used and

behaviors and dissociate it from others. It is give a power afforded few inanimate objects"

(Gamson 1990:263). As Gamson explores, condoms are interpreted as primarily birth control

devices (with sexually transmitted disease prevention de-emphasized) or as a disease preventive

(with reproductive prevention de-emphasized). "In a variety of ways, then, the condom has now

been marketed as not-a-contraceptive: it is a beauty aid, a personal hygiene item, a public service-

all, however euphemistically, based on the prevention of disease frame and a desexualization of

the condom" (Gamson 1990:274). Enter AIDS activists who resexualized the condom during the

epidemic and once again change the meaning of this device. Gamson's sociological institutional

analysis answers the question, who benefits from these formulations of the condoms by

demonstrating how the state, religion, the media, community based organizations, and science

each and all have an interest in monitoring and regulating sexual behavior.

Another institution which must be considered when interpreting the role of condoms is the

economy, the condom industry. In 1986, more than five years into the AIDS epidemic, U.S.

Surgeon General Everett Koop made a public statement urging the use of latex condoms in the
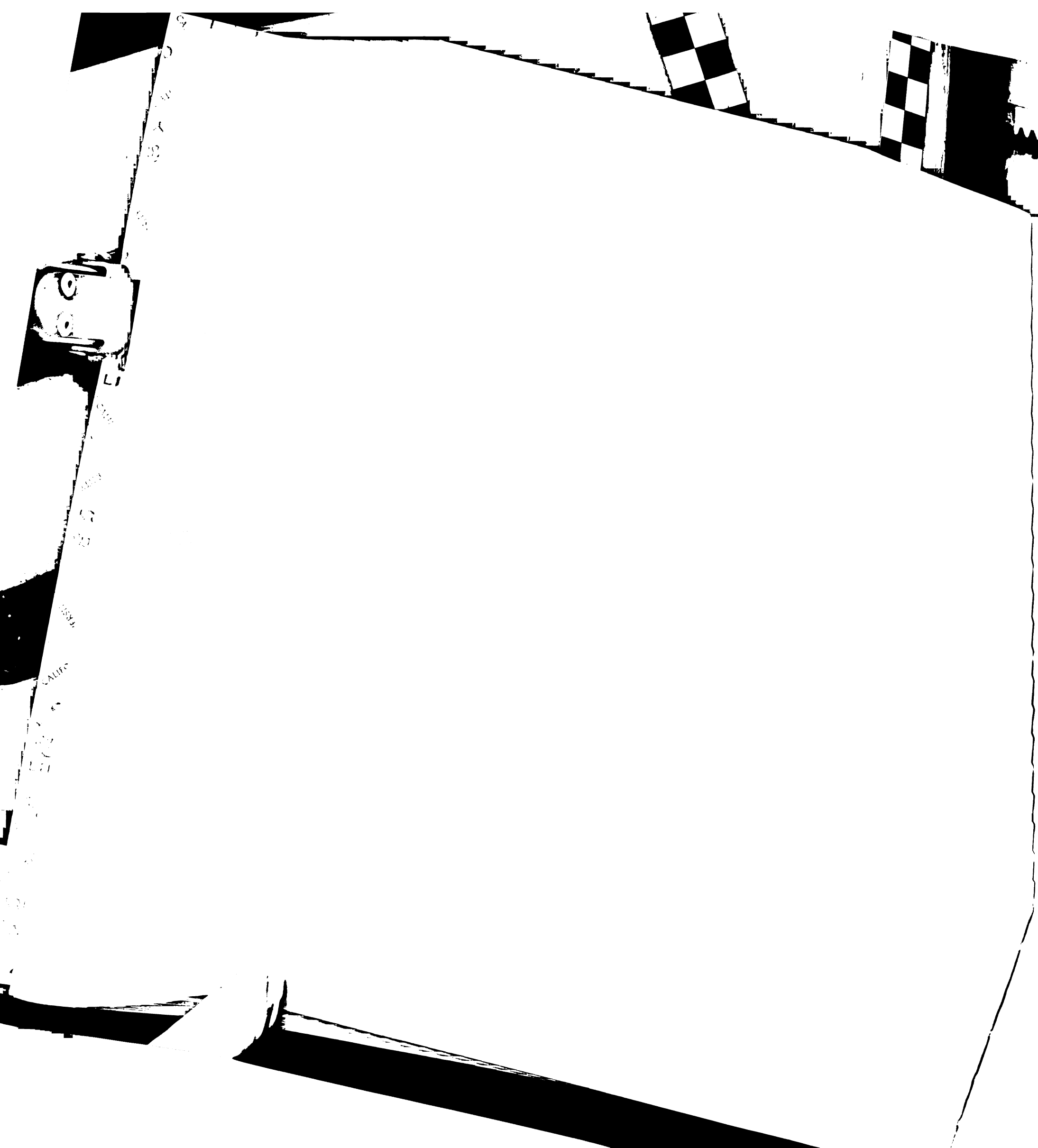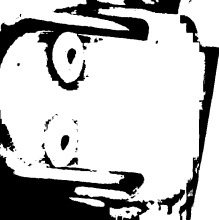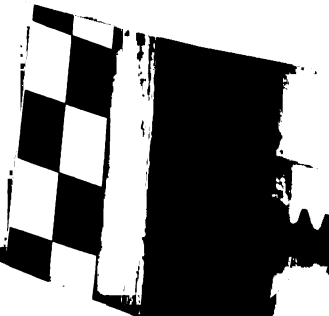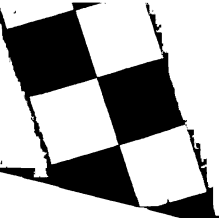
prevention of the transmission of HIV. According to Murphy (1990) and others, this national acknowledgment of the device was a key boost to the condom economy and the social importance of condoms. Not only were condoms sales potentially affected by this announcement, but condoms were also a tool of prevention offsetting the possible expense of managing illness and loss of worker productivity. In his industrial study of condom production and manufacture (with particular attention to economics), Murphy (1990) defines the industry in the United States as an oligopoly where 82.2% of the industry is controlled by three companies.

Overall, the quality of latex devices has improved over time. Latex is now much thinner and therefore more sensations are experienced (using condoms and gloves), particularly with Japanese brands of condoms. Condoms vary across brands based on size, shape, taste, smell, features (ribbed, colored), strength, and thinness (Consumer Reports 1995). While the CDC is careful not to endorse any one brand of condom (except that condoms should be latex and used consistently and correctly), since the push for regulation in the 1930s by the birth control movement, the FDA does regulate condoms and has designed standards upon which to evaluate condom quality (Clarke 1995). In 1994, the air burst test (a batch test in which condoms are filled with air to test elasticity and strength) was required by the FDA for all domestic and imported latex condoms.

"I don't even think about it. I just put it on."

All of my sex worker informants claimed to use condoms in their sexual practices with clients. There is a range in the degree to which sex acts involved condom use; some sex workers use condoms on sex toys, for both oral sex and intercourse or for intercourse only. Among sex
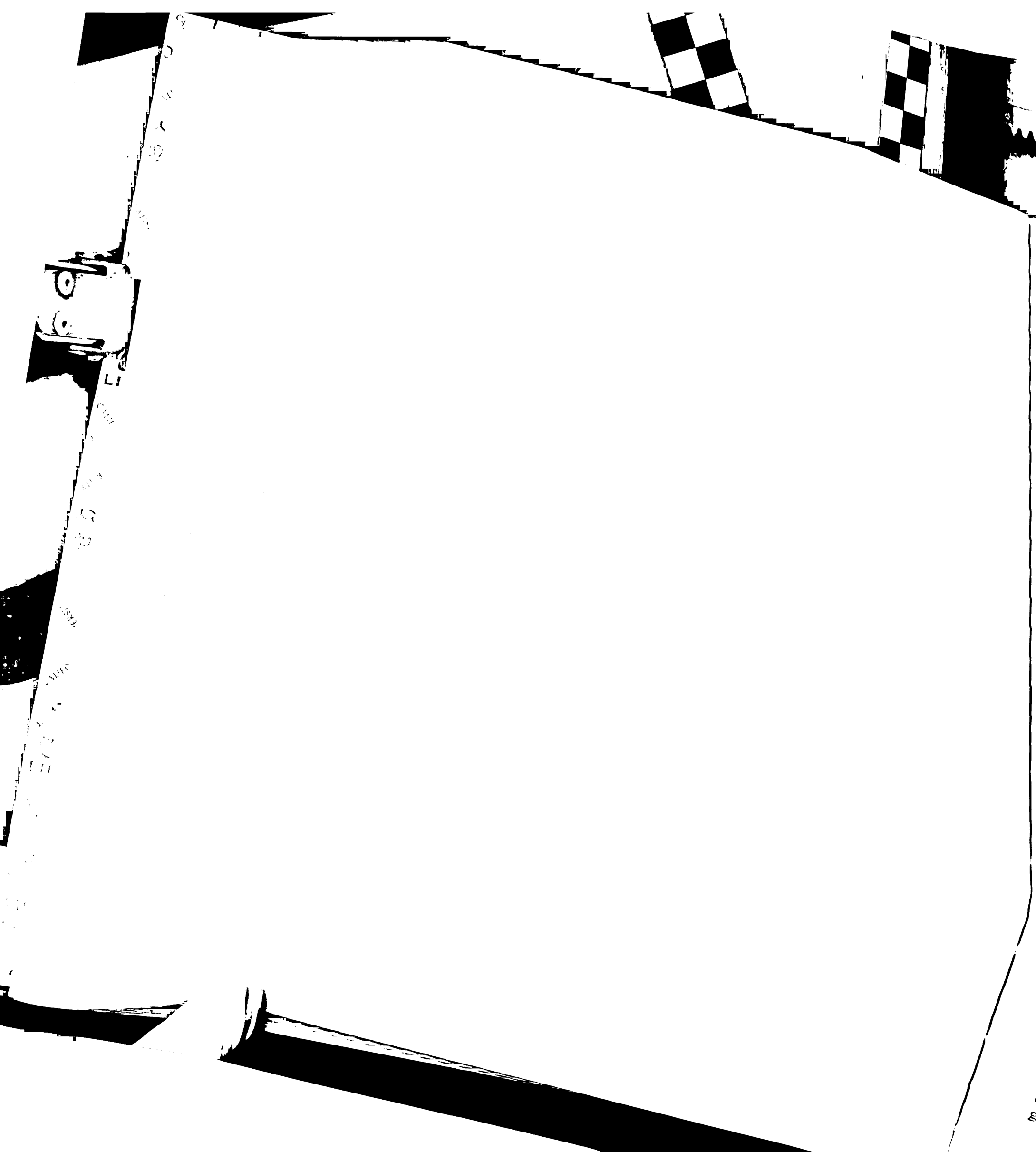
workers, there is considerable individual brand loyalty with condoms.[71] Brand loyalty is developed through assessments of quality and reliability through experience. The selection of brand and type of condom lead to considerable discussion among sex workers. All informants immediately knew the condom they used and why. Some of those mentioned include Pleasure Plus, Gold Coins, Mentors, Kimonos, Lifestyles, Blunt Non-lubricated Trojans and Maxx Condoms.[72] Each informant recounted tales of locating a convenient supplier and purchasing a steady supply of condoms. During a discussion of condom purchasing, Brad impressed me with his quick economic analysis of condom costs. "So far, I'm seeing the price of about 88 dollars, plus shipping and handling for a thousand. That brings it down to roughly 8 or 9 cents for a condom. Pretty good." After finding the perfect condom, Michelle must make special arrangements to continue her access to these tools. "I special order them through Walgreens actually. Because nobody up here seems to carry them anymore. For a long time, they used to have them on the shelf and they then stopped carrying them."

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[71] Although there are several brands of condoms, there is not a real sense of public brand loyalty that exists for other commodities (however, there is an overwhelming sense of individual brand loyalty). Perhaps this is due to the lack of multi-media advertising blitzes that accompany other objects. In part due to the sexual nature of condoms, advertising condoms has come under the specter of the US Congress Sub-Committee on Health and the Environment. Reviewing the rhetoric of the 1987 Committee on Condom Advertising and AIDS (1987:61) hearings where congressional members and consultants discussed the possibility of the major television networks airing condom advertisements is instructive. For instance, Mr. Dannemeyer stated several times the need to stop condoning actions of immoral individuals. In his opinion, the mere topic of the hearings are "designed to ensure that we can continue permissive lifestyle that we have fostered in America." Although networks were lukewarm at best about accepting condom advertising, presently most broadcast policy is to allow condom advertising up the discretion of local network programmers. I have yet to see a condom ad on TV. Brand loyalty and the commodity fetishism of particular objects are fostered through advertising. Think of the flashy advertising for sneakers like NIKE and Adidas, multi-million campaigns that cover the sides of buses, bombard us on television and radio until we think of slogans like "Just Do It" to apply to many aspects of our work and play. Given the airtime and incentive, condom advertising could associate fun, playful, powerful and creative images and slogans with condoms, perhaps popularizing a device as something "cool".

[72] There is great potential for a humorous piece on the names of these condoms. For instance, late night talk show host, Conan O'Brien has quipped "In Egypt, archeologists discovered the burial site of the 50 children of Ramses II...Fifty Children!!! What I want to know is, who decided to name a condom after this guy?"

Often sex workers keep a variety of condoms on hand to respond to differing male anatomies. Assessing the construction (shape, size, anatomy) of the penis is taken into consideration when choosing a condom and application strategy. Olivia discusses her use of condoms gently, considering my own acknowledged inexperience.

> *Olivia: Sometimes the condom is not long enough and it slips back down a little bit.*
> *Lisa: Oh really.*
> *Olivia: (surprised) Oh yeah!*
> *Lisa: I don't have a lot of experience with condoms.*
> *Olivia: Depending on the construction of the penis, there are some penises that have so much loose skin. They tend to keep trying to take the condom off.*
> *Lisa: Wow. That must be difficult. Does it matter if there's a foreskin or not?*
> *Olivia: I think that sometimes foreskins make it more difficult to keep the condom on.*

Generally sex workers prefer to use a brand that they have had extended history using and "trust." Fiona lists her criteria for selecting a brand of condom based on the physical artifacts' attributes and the corporeal effects of using the device. Additionally, Fiona explains how she had to get "used to" using this brand of condoms because there were difficulties in managing the technology. She had to practice and understand the conditions of applying the technology.

> *Lisa: What type of condom do you use? (Handing her the condom from my bag)*
> *Fiona: (Taking the condom and testing the latex) I use the Kimono's. They're so fine that you really can't see them when they're on. I like them too because they are not racist, they're not white. Some of these condoms are so thick that it really feels like a dildo on someone. So these, once they go on, you can't really see them. Now they're difficult to handle because they're so fine and it takes awhile, and you can only do them, put them on a hard dick. You have to have a very hard cock to put them on, because they roll back off all the time. So it's taken me a while to get used to them and not being afraid of them, you think you are going to break them. But they are terribly strong.*

Another informant, Olivia, explains her selection of condoms or, in her adaptation of military speak, "our swords, our shields." She uses a metaphor of embodiment to describe why she selected this particular brand of condom. This excerpt illustrates her compassion and use of empathy to relate a physical experience of men to that of women.
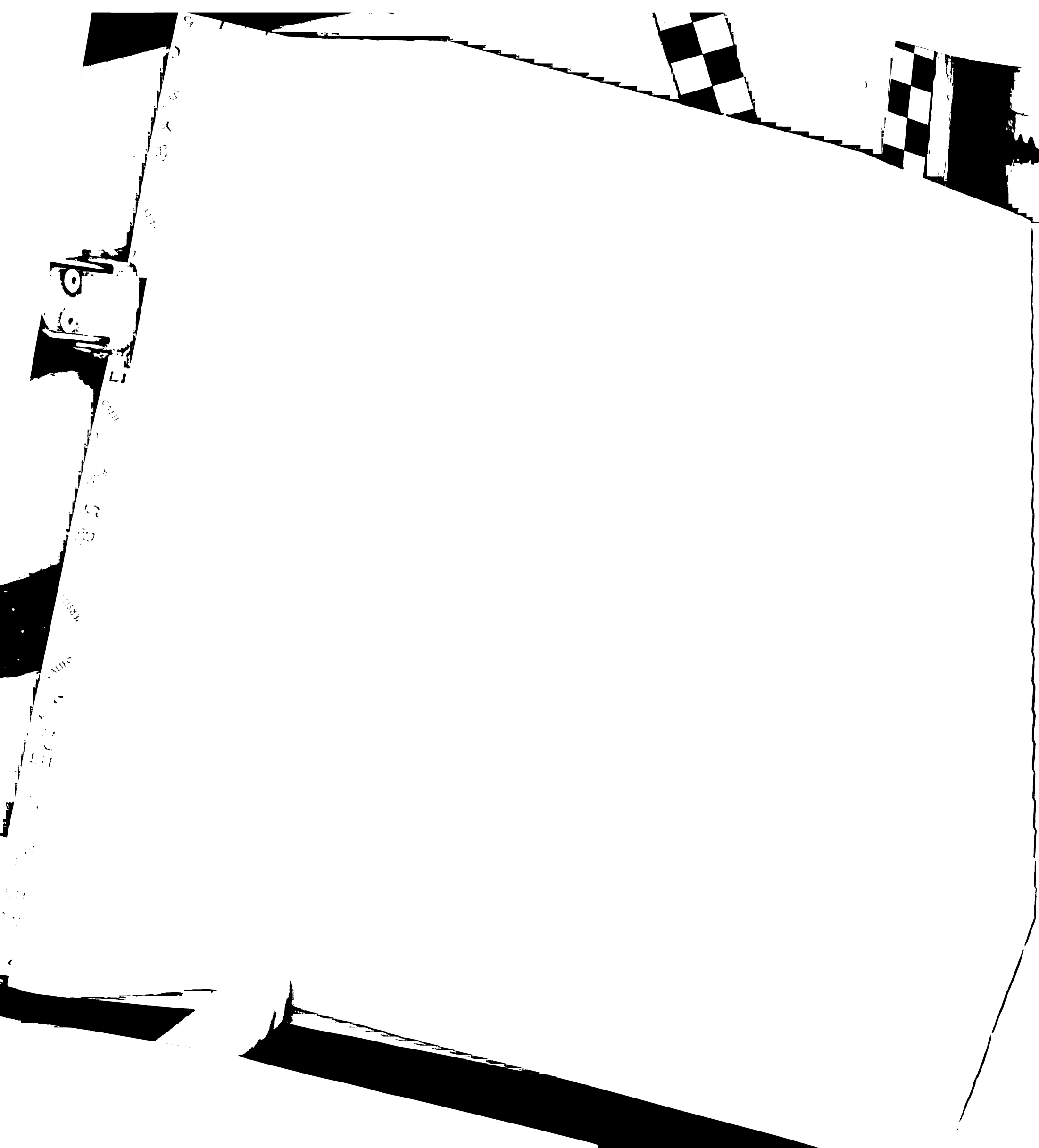
I use one that's called the Pleasure Plus. They have a little pouch at the end. They (clients) have expressed that they like it, especially the ones with the larger cocks because I think what this must feel like is a pair of too-tight pantyhose, you know how awful and distracting that feels. So with that particular condom, and I think, it actually increases the sensation instead of being squeezed and held like a sausage. It's like there's more room, you really can feel the contractions and movements for both partners.

For many informants, using condoms was a familiar experience, a part of their sexual practices prior to engaging in sex work and prior to confronting AIDS. This prior experience and established relationship with the technology allowed them a certain level of comfort and embodied knowledge to draw upon in work situations. When specifically discussing latex condoms, each worker had a routine that they relied upon when deploying the technology. This is a technical relationship that is trenchant in their practices. The most obvious variable in the routine is the client. As Michelle's description of her condom routine illustrates, she must configure her clients to her routine in the application of latex condoms. Part of her configuration practices with the clients is to personalize the safer sex experience with calming statements about her intentions.

I have found that the moment when I reach for the condom is a tense one. I get the feeling that they would like it if I would play with them for a long time and then put the condom on just before we are going to have sex. And my rule is that the condom has to go on almost immediately. I may let the guy lay on his belly and I'll give him a back rub while his underwear is on...Sometimes when I get resistance about the condom is because there seems to be an assumption that a condom means we're going to have sex right now and that's it. And then they're leaving. I usually put it on with my mouth and go, 'just a tease for now, we've got a long way to go before we finish', you know something like that. And then they smile. And they breathe a little sigh of relief. They're afraid that I'm rushing them. It's this moment of impersonal, they come in the door and they get a hug and a hello, and I'm showing them my stuff and it's all very friendly, and then I take the money and I go change and I come back out and it's like ta da. And then I reach for the condom and all the sudden they're just a john and sometimes they'll glance over at the clock and stuff. I can see what going through their minds...I'll go 'I got to do this first,' or something like that. He'll go, 'oh on, don't put that on yet.' I'll go, 'I'm just going to put it on, that's all I'm going to do.' 'Oh, okay.' They feel like they're being rushed, like they're being treated like a number.
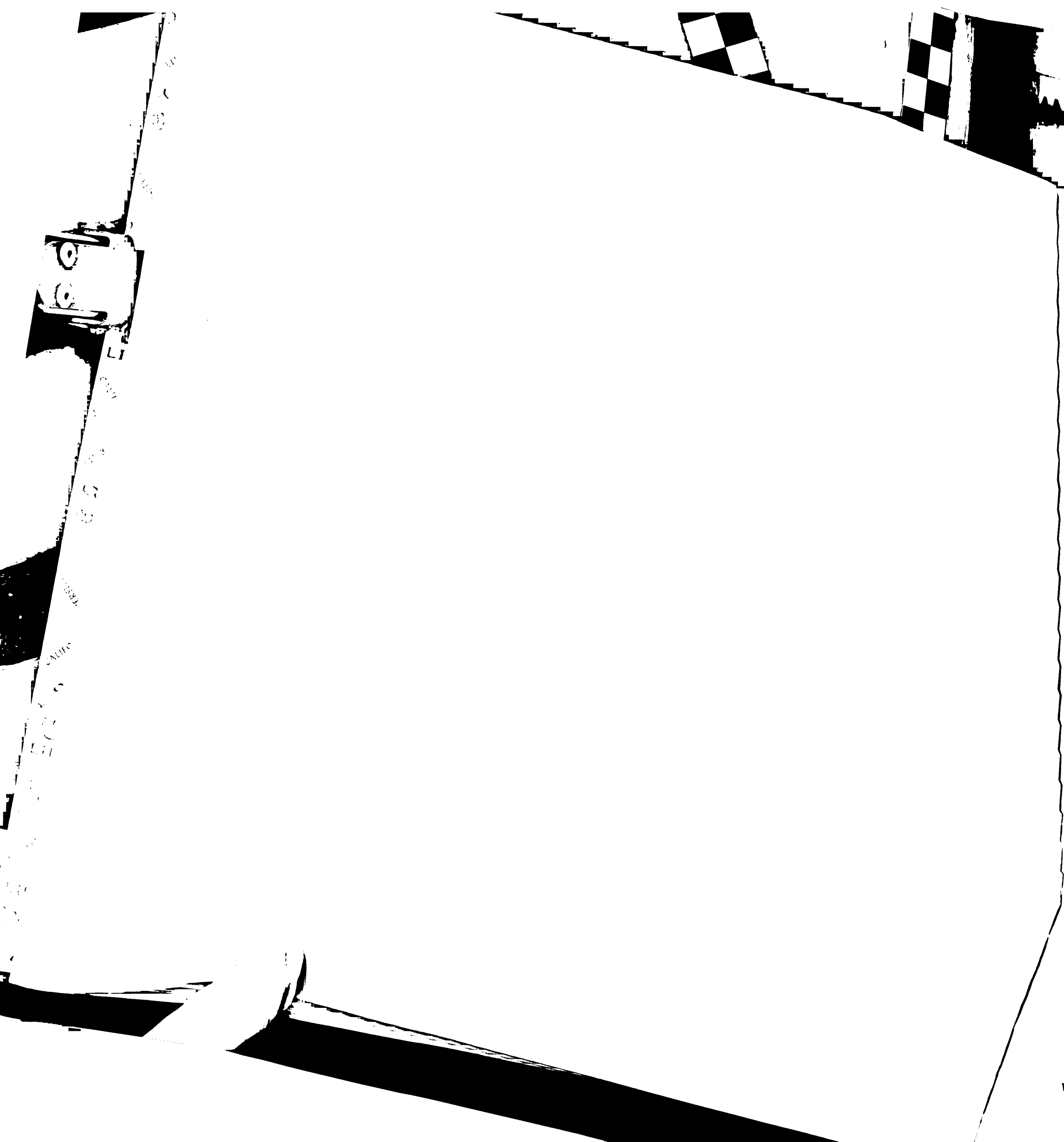
In addition to the explicit claim of condoms preventing the transmission of STDs and HIV, sex workers discuss the added benefits of using the technology. In this way, they innovate the technology and add meanings to it. For instance, when discussing his use of condoms, Billy states that condoms are good to use with people who have bad hygiene. It makes the sexual encounter go more smoothly and Billy is able to "stay clean" in case he has another client immediately following a "dirty one." For Fiona, condoms were not part of her sexual repertoire before she began sex work, so the unanticipated benefits of using condoms delight her. "I liked to use them, that it made the work a lot easier. That it was less messy. You can fuck someone and be ready to run out the door in ten minutes later if you wanted to."

Male condoms are the one latex technology used in safer sex with a prior history that signifies sexual activity. This makes male condoms stand out from other latex technologies in their ability to be understood as a part of the sexual encounter and easily able to become part of the everyday consciousness of sex workers and their clients. As Quincy stated, with a deconstructive inflection:

> *They mean sex. They're sexual signifiers. Because when they (her clients) were little boys they found their dad's condoms and they figured out that it meant sex. And it was so exciting. Maybe our kids' generation will, when you hold up a female condom in the year 2020, you'll be so turned on, because you will have found it in your mother's drawer. That's learning how to eroticize things that we don't have any history of. I'm very willing to have that be a possibility, even with the hated female condom, because I know that adding erotic significance to ordinary objects changes their significance.*

As discussed in the previous chapter, transformations of self occur around device failure, particularly condom failure. However, although the device may have failed, it is often blamed on human error in managing the technology (used oil-based lubricant, or didn't read the expiration date) and faith in the technology, the condom, remains more or less intact. It appears as if sex workers do not abandon the technology because of a few breaks. This failure percentage
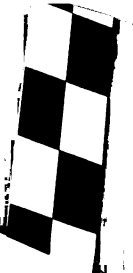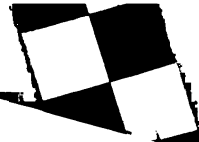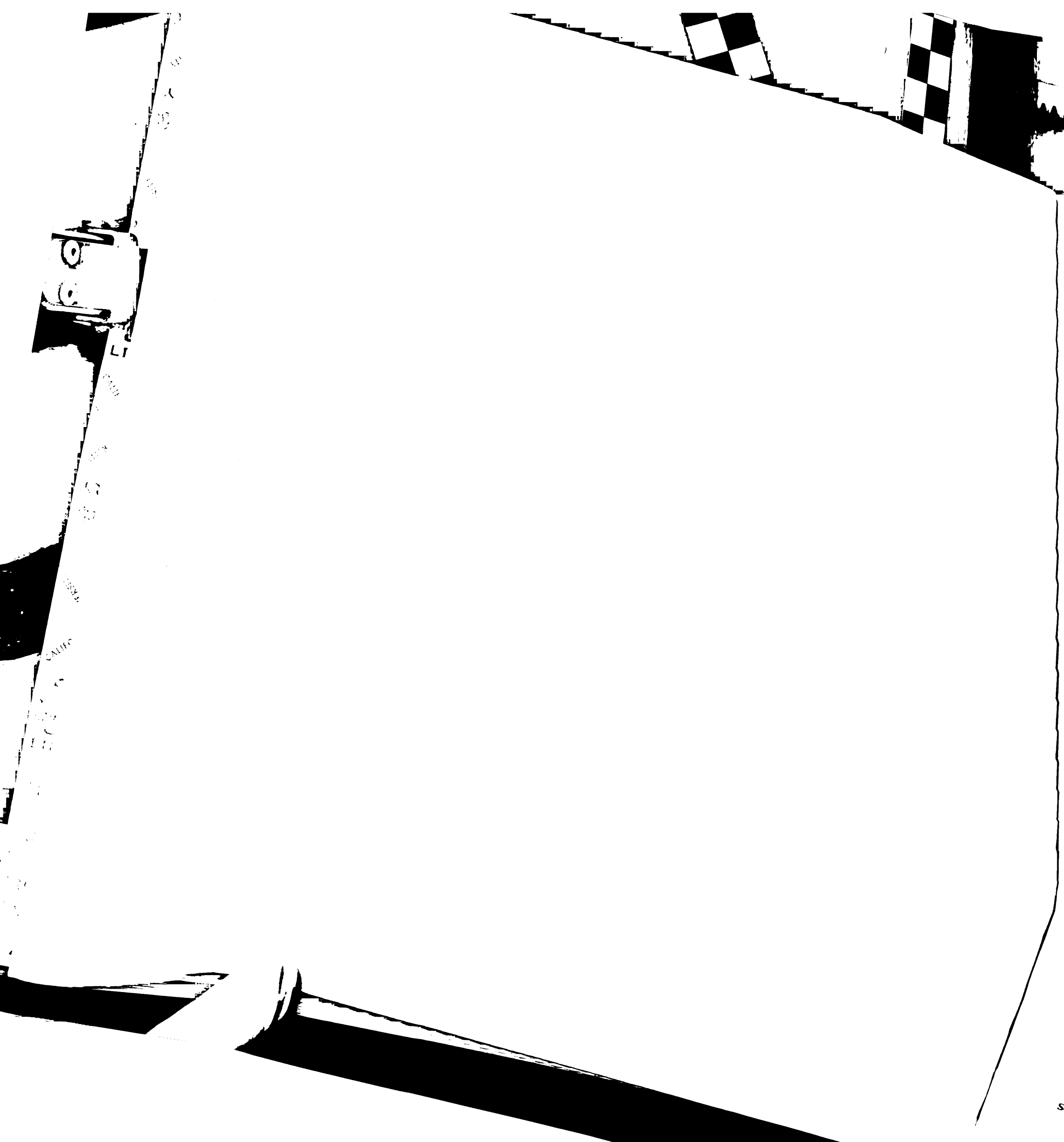
(deemed low in relation to the number of times the technology is used) is incorporated into the acceptability of the device. The relative stability of the male condom has much to do with its historical tenure on the sexual device market. Additionally, it is possible that sex workers are able to control the client's penis by using a condom. It is the sex worker who applies this technology and periodically checks its functional status. This control of the device, ease of use, and familiarity enable sex workers to invest particularly standard and comfortable meanings into the device. But what of new devices that have emerged during the AIDS epidemic? How do sex workers resist being configured by this new safer sex technology? To address Quincy's above statement, why is the female condom so hated?

Female Condom

There is only one company, Wisconsin Pharmacol, currently marketing the female condom, Reality.[73] It has the patent, "a grant of property rights by the government to an inventor ...for 17 years from the date granted which can exclude others from making, using or selling the invention (Commerce 1994:2). Originally called the Vaginal Pouch, this device constructed of polyurethane was developed in 1987. The female condom is a loose, tube-like structure. One end of the tube is closed with an internal moveable ring and there is an external stable ring incorporated into the tube. The internal ring is to be placed on the woman's cervix and the external ring covers the outer area of the vagina, the labia. The penis, not necessarily completely erect, is inserted into the tube during vaginal intercourse. This one-time only device can be inserted prior to intercourse. The FDA Obstetrics and Gynecology Devices Panel (a panel of largely medical professionals from Obstetrics and Gynecology departments and public health

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[73] Data in this section was obtained through interviews with two of the participants in the review process, scientific review articles on the female condom, and interviews with sex workers.

scholars) approved this device through an expedited review process.[74] Because of claimsmaking (Aronson 1984) of Wisconsin Pharmacol, the effects of proper use of the device (preventing pregnancy and sexually transmitted diseases) needed to be substantiated. The political and social pressure to approve devices potentially effective in preventing the transmission of HIV encouraged the FDA to develop expedited review processes (Epstein 1993).

The device received approval in 1993 for over-the-counter distribution (Gold 1995). Many different actors were involved in the creation and approval of this device. For example, there were biomedical engineers who tested the molecule size of virus particles and their ability to move through the materials of the female condom. Public health researchers tested the effectiveness of the device.[75] A panel of consumer consultants (advisory panel), including testimony from women's health advocates, argued for the immediate need to develop women-initiated and controlled devices.

The female condom is one of the only devices developed after the discovery of AIDS specifically purporting to prevent transmission of disease. This device was innovated for vaginal intercourse, although one informant has used the device for anal intercourse. Seven informants had some experience with the device, while others had never seen or heard of the device. Despite the 15" X 12" double sided insert of instructions aimed at configuring the user of the female

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[74] For an excellent analysis of the review process of the female condom, see Jennifer Ruzek's undergraduate thesis on the topic at Bryn Mawr College. Ruzek (1993) argues that the competing pressures facing the FDA, speed of approval and rigor in testing devices, served to actually delay the eventual conditional approval of the device. This perceived need of conservatism, in scientifically substantiating claims, actually hindered the expedited processes and resulted in multiple struggles that lasted over three years until eventual approval. In other words, something that was pressed to be made available to the public quickly ended up taking longer than ever anticipated.

[75] In their 6 month study of 328 subjects, Gaston Farr and colleagues (1994:1960) found that "the female condom provides contraceptive efficacy in the same range as other barrier methods, particularly when used consistently and correctly, and has the added advantage of helping protect against sexually transmitted diseases".

condom, sex workers claimed the technology was difficult to administer, awkward, and clumsy and unsightly. Their comments illustrate the difficulty of introducing a new technology into a community of practice. It is apparent that the recent introduction of this device on the latex devices market had not yet allowed time for routines and signification to develop. Additionally, its relative expense compared to male condoms may serve as a deterrent in incorporating the device into sex work. However, this community of practice (seven informants) were able to establish a relatively stable series of criticisms of the device in a short period of time.

"I don't associate that thing with sex."

Referring to the design and appearance of the devices, Felicia claimed, "it looks like a colostomy bag." Hadley, fluent in many latex technologies with twenty five years of sex work experience, claimed, "I don't associate that thing with sex. It is not romantic to me. It is like not associated with pleasure, 'if you don't use this, you will die'." Angela, perhaps the most frustrated with the device, used a sharp tongue to criticize it, "Those things are the most ridiculous thing in the world. I would love to have a good talking to whoever thought that shit up. It is the most sexist archaic thing. It reminds me of like feminine deodorant spray or something." This resentment of the device is couched in a feminist consciousness about the seemingly inferior research, development and quality of products related to women's bodies. Gina felt the device was too expensive and would rather stay with condoms at "twenty five cents a pop" than buy three female condoms at $7.25.

More explicit criticism included the lack of sensation a woman experienced with using the device. Erin, an older sex worker, approached the device with an open mind, trying it out in her private sex life prior to integrating it in working situations. "I tried that for the first time last

week. I think it is a lot more pleasing for a man because they don't have the restriction on themselves. But I found it less pleasing for me. I didn't feel it but I didn't feel him much either. There is no friction between him and me." Anne commented on the appearance of the device, "It looks very unaesthetically appealing as far as I'm concerned. Like maybe an entire inch will hang out of the vagina and I think I did feel, well sure I mean I have this whole thing covering my vaginal wall so I did feel less for sure. It is just more a hassle than it is worth and it is more expensive than it is worth too."

Although the criticism waged against the female condom is severe, Quincy tries to put the device in perspective. She is skeptical of the device but will give it several more tries. "It made a lot of noise, wasn't very comfortable, and I was nervous that it would bunch up and get 'lost' inside of me." She goes on to state that she will still use the device, "I just know because I mean even with other kinds of safe sex techniques that I've also found the fifteenth time was a lot easier than the first time." Her comments illustrate the time and practice safer sex technologies may require before they are user friendly. It is also possible that as new versions of the female condom are developed and marketed, the users' criticisms may be incorporated into new versions. Users must establish relationships with the device and figure out new ways to innovate with the device. Additionally, male condoms have been successfully integrated into sexual practices for workers and probably for clients. For this community of practice, the need for woman initiated devices may not be as important, especially since there is such a high level of client compliance with male condom use.

Gloves

It is difficult to determine when latex gloves first appeared on the consumer market. There are scattered references to latex gloves in printed sources.[76] Some evidence suggests that by 1934 processes which favored latex over solution dipped goods were more prominent, probably including latex gloves for household tasks (Schidrowitz 1952). Surgical gloves of latex, however, did not adequately meet the needs of physicians because they were too tough; these gloves were dipped using solutions instead of latex until the 1950s. By 1952, German experimentation with rubber materials throughout World War II had established latex as the standard material for dipping products, presumably including gloves. During the mid 1980s, the AIDS epidemic had a significant impact on the supply of latex medical and dental examination gloves (similar to those used in sexual acts). Documented in newspaper accounts, there was a run on the stockpile of latex gloves as health care workers, fearing AIDS, began to use latex gloves with unanticipated frequency (Gladwell 1987; Berkman 1987). It is unknown what impact this shortage may have had on individuals using latex gloves in their sexual activities. Finally, latex gloves were part of a recent controversy when lesbian and gay activists visited the White House. These visitors were met by gloved White House guards, presumably fearing infection from contact with the guests (Buchwald 1995) or symbolically indicating risk of contamination.

Gloves have standards for leakage of 2.5% approved by the FDA in 1991 for health care workers (Bao 1991-1994). However, there is an absence of "official" histories or discussions of

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[76] Except for extensive literature on the use of latex gloves in medical work such as, Weido 1995; Liew 1995; Thompson 1995; and Ghuduni 1994. These articles, representative of the types of articles about latex gloves, discuss latex allergies, touch sensitivity with latex gloves in the clinical setting, and the comparison of latex and vinyl gloves in practice.

gloves as devices used in safer sex. Gloves are not marketed under these terms in their advertising claims, but the companies benefit in sales from additional uses of their product.

"I love gloves. They make things so much easier."

There is no brand loyalty here, but informants tend to prefer the non-powdered gloves bought in bulk at warehouse retail outlets. Gloves were associated with many things: washing dishes, medical situations before and after the epidemic, and particularly dirty housework. Gloves, available in small, medium and large sizes, are used in sex acts like digital penetration of vagina and anus, and they are cut sideways for use in cunnilingus. This technology appears to be the most well liked of the modified latex devices. This is primarily due to gloves' power to enable certain sexual practices; gloves make certain jobs easier, quicker, cleaner and more pleasant for both insertive and receptive sexual partners. In many situations, both sex workers and clients use gloves for sexual play.

Many sex workers had already established a relationship with latex gloves for particular sexual acts prior to the AIDS epidemic and safer sex practices. For those sex workers who practice anal fisting, latex gloves were a useful technology both for avoiding infection or damage to the anal and rectal lining and for maintaining cleanliness. Hands are kept clean of feces and bacteria, and anal lining is protected from rough hands and nails. Other sex workers incorporated latex gloves into their practices only after AIDS for all digital and oral sex acts. Using latex gloves for oral sex is one innovation of latex gloves which took me completely by surprise, as illustrated in my fieldnotes after an in-depth interview with an informant (March 10, 1995).

> *It must have been obvious to her that I had not heard of using a glove for oral sex with women. She noticed my pause and said, "Here, let me show you." She took the glove from the group of latex devices on the table and pulled scissors out of her desk drawer.*

"You just cut it like this." She cut one end of the glove length-wise and spread it out on the desk. "Now, you have these finger holders so that you can get a hold of the glove better. You see, it is better than a dental dam because you have something to grab on to and don't have to worry about it slipping all over the place." She picked up the glove with both her thumbs in the finger spots and stretched it out to show me. I took the glove and did the same. A new trick.

In addition to adding to the professional identity of sex work (discussed in detail Chapter Five), Angela associates gloves with enjoyable sex acts: "I love gloves. Gloves to me have always meant fisting, and I think fisting is good fun." As for sex workers' configuration of users, gloves do not elicit much resistance from clients. To paraphrase the individual comments of four professional dominants, if the client wants to proceed with anal fisting, generally the pleasure the client experiences from such an act is not at all limited by latex gloves and in some instances dominants feel it may add to the pleasure. The slipperiness aids the insertion of hands and wrists into the anus and rectum. These workers--Felicia, Bonny, Hadley, and Erin--feel their work is facilitated by gloves. They each use gloves as props in their sexual performances, making sounds with them, acting as though they are getting "dressed for sex." This snapping of gloves is another example of trying to integrate safer sex into an act by an association with physical sensations. Sex workers consider themselves successfully configured by the technology when hearing a glove and/or seeing a condom bring to mind a pleasant association of what is to come, what is to be expected. It is the desire of many workers to extend this act of configuring the self to the configuration of the client to use of latex devices. "My clients love it when I snap my gloves." When Erin grabbed a glove from a pile of latex devices on her table, she smiled and playfully cocked her head as she snapped the glove onto her hand. "Now isn't that exciting?" she asked me with a mischievous giggle.
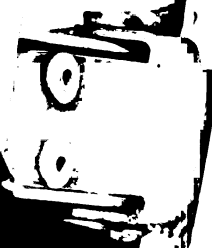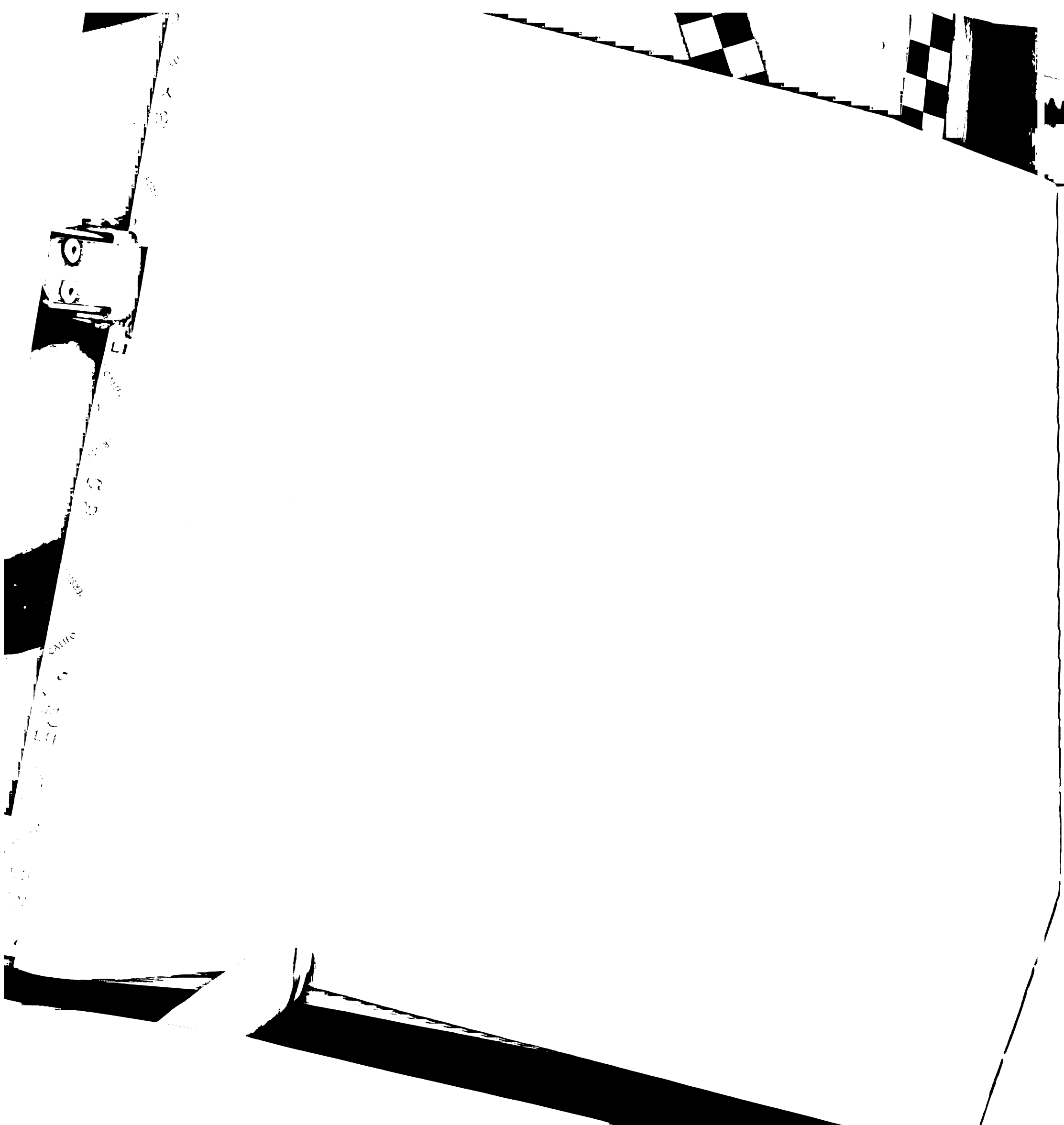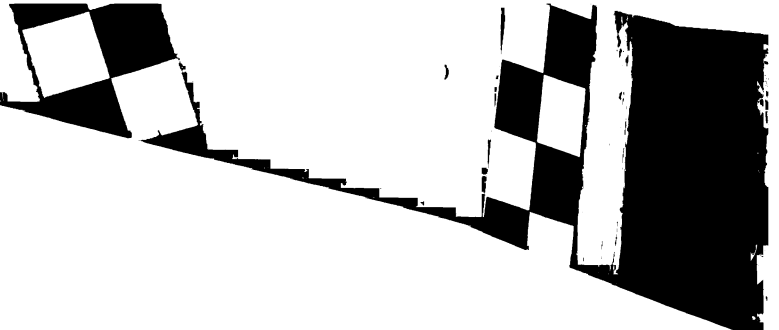
Dental Dams/Saran Wrap

Dental dams, 6" X 6" latex sheets, were developed to be used in dentistry "providing a

clear field, saliva and muscle control, aspiration and infection prevention, gingival isolation from

caustic agents and as a treatment time saver" (Neiburger 1990:22). These devices have a long

history in dentistry which precedes AIDS/HIV. Developed in 1864 by Sanford Barnum, this

device was created by "taking a sheet of rubber, cutting a hole in it and pushing it over a lower

left molar" (Glenner 1994:33). Presently dental dams, although recommended for dental

practices by the CDC and Occupational Safety and Health Administration (OSHA) (Harfst

1991), are actually only employed by five percent of dentists; other technologies have replaced the

dam, due to the material limitation of the device well documented in the article, *Rubber Dam*

Hazards (Neiburger 1990). Some of these limitations include the unpleasant taste, the

difficulties in sterilization of the device, and the difficulty of application of the device for lengthy

procedures.

Unfortunately, any history of dental dams as sexual devices is anecdotal or embedded in

safer sex promotional materials. A personal associate, a dental hygienist, related a story from the

summer of 1986.[77] A female patient asked her dentist if she could have some dental dams.

Puzzled by such a request, he said, "Sure, but why?" She informed him, in detail, what she

intended the dams for (cunnilingus and rimming) and he obliged with an entire box. This story,

and others like them, suggests there are individuals who were educated at least in the mid 1980s

about the potential benefits of dental dams. Furthermore, a national dental supply store, SF

Dental supply,[78] sells hundreds of boxes of dental dams to dentists, nonprofit health and sexuality

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[77] Special thanks to Patricia Curtis for this story.
[78] Information obtained through discussion with customer service representatives and purchasing agents.
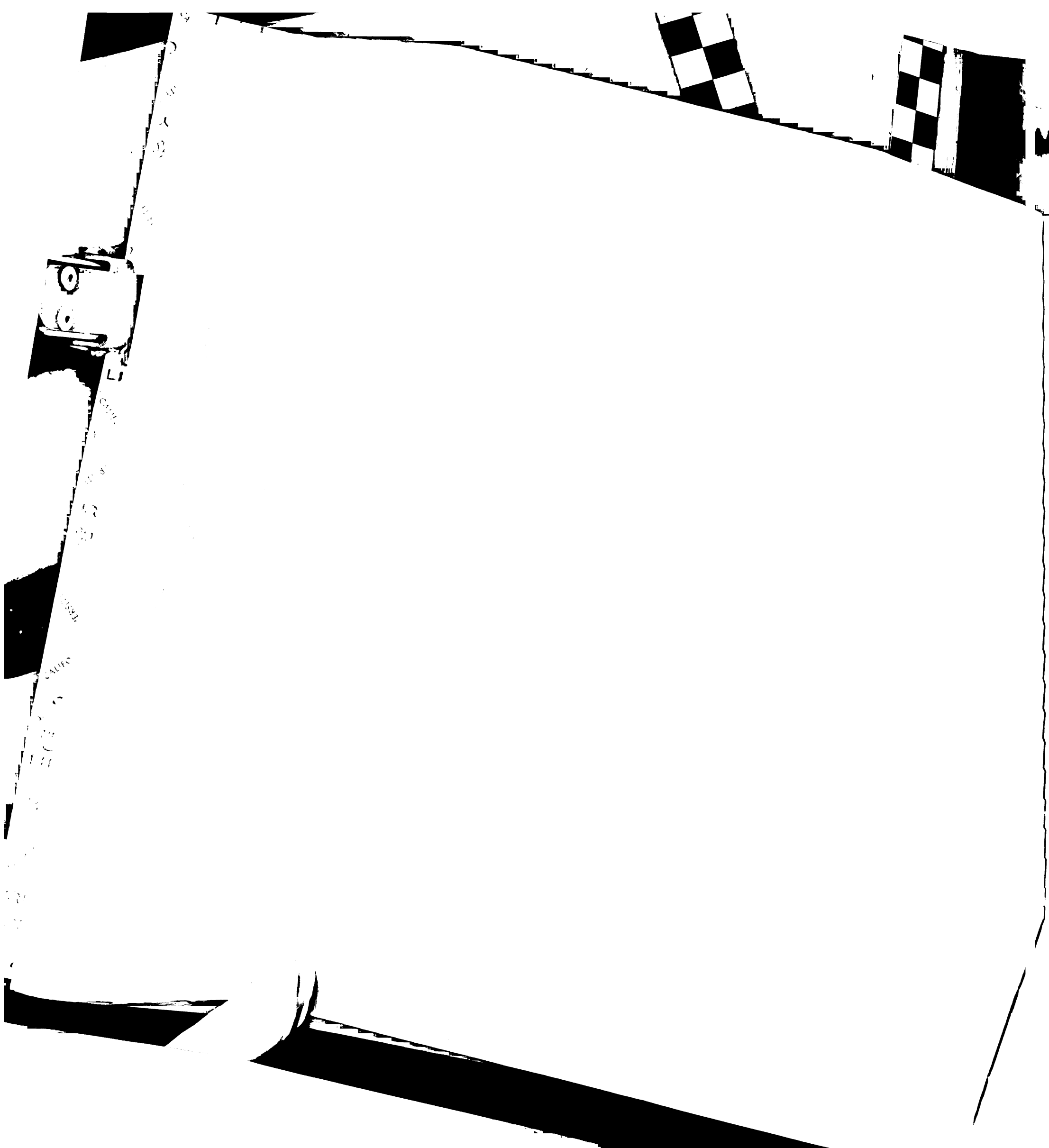
organizations, and sex toy stores. Hygenic brand dams are the most popular and run $9.30 per box of 36 assorted flavored dams. According to purchasing agents, there are no known inspection requirements for rubber dams used in dental practices.

Recently, within the past two years in the United States,[79] an Australian company, Kia-Ora, markets dental dams called Glyde or Lollyes dams (Lollyes stand for *Latex on Lips....Yes!*). These dams are manufactured in Malaysia and sold for between $1.00 and .75 a piece. This product, a 6" X 8" rectangle of "super thin sheet of natural rubber latex with a pleasant vanilla flavor," is based on the model of the original dental dam but is specifically labeled for sex. Despite the claim that the devices "can help prevent the possible transmission of HIV (AIDS virus)," it is most likely due to the marginalization of this device and accompanying sexual practices, that Kia-Ora has not been required to receive FDA approval.

"I don't understand why they don't make them pussy flavored."

There is no brand loyalty because until recently there were no obvious brands of dental dams. However, saran wrap (also occasionally referred to as plastic wrap) is repeatedly brought up by informants as more user friendly alternative for oral safer sex practices. Original purposes of Saran wrap are to preserve foods, cover leftovers, and prevent freezer burn. Like dams, these devices can be used for oral sex on women and rimming. Informants also testify to modifying male condoms by cutting them lengthwise for use during rimming[80] and cunnilingus.

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[79] This time frame was obtained through talking to workers at the collectively owned and operated sex store, Good Vibrations. Two of my informants were instrumental in bringing Glyde/Lolley dams to the United States through their association with Good Vibrations and the international adult entertainment industry.

80 Rimming, also called analingus, is using the tongue or mouth to simulate a partner's anus.
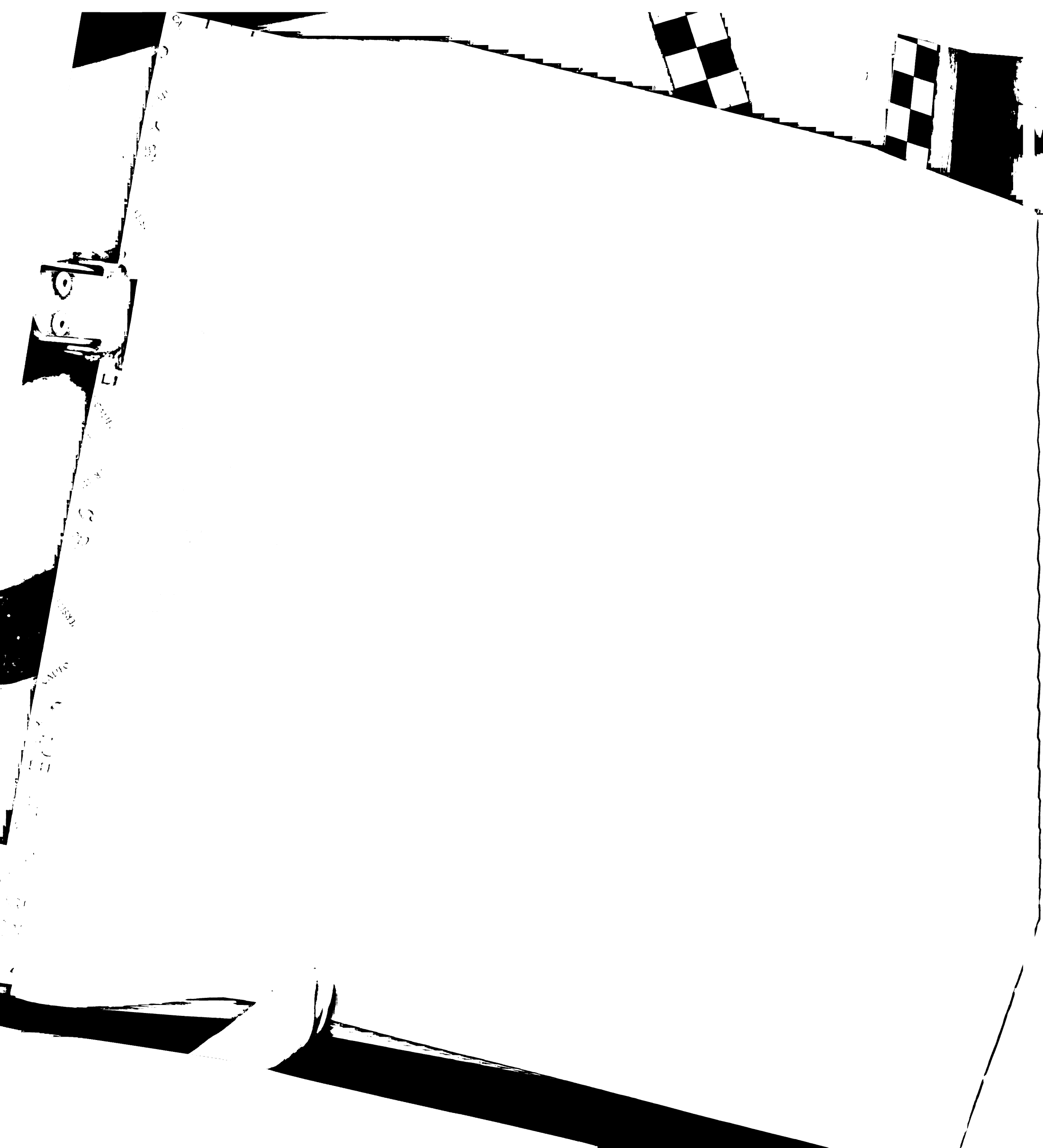
As discussed in the previous chapter, due to the lack of research on particular sexual practices and unknown rate of transmission attributed to these practices, the use of this technology is more sporadic than male condoms and gloves. Male condoms have a "proven" track record documented in medical literature and mass media as preventing transmission of disease. As stated previously, gloves have an experientially attested benefit in making particularly sex acts easier. "There has been no specific research on how well such membranes (dental dams) protect women during sex with women" (O'Hanlan 1995:47). Users are not as encouraged by glaring statistical evidence of transmission (as with condom use) or ease of use (as with gloves) to wholeheartedly adopt this technology into their sexual practices. Thus, their relationships with dams are more varied. Additionally, sex workers are not as invested in configuring the user (clients) to become fluent in using these devices because the presumed risk is low to most workers (female receptive partners in cunnilingus). Dental dams are not directly related to intercourse which has been deemed a risky practice since the beginning of the epidemic. Olivia sums it up, "I don't really know about transmission rates with women. I think it would take gallons and gallons and gallons of saliva to have enough concentration of the virus in it. And my sense is that it's probably not dangerous, but -- I mean it is so thick in semen and so concentrated in blood, less in vaginal secretions, I don't know." Because of these factors, use of dental dams appears to be a situational occurrence (instead of across the board enforcement as with male condoms and gloves for fisting). If a client expresses interest in using a dam, if a sex worker feels it is necessary with a particular client, or if the sex worker is doing a double with another worker, then dental dams are more likely to be used.

One worker, Gina, always uses a barrier for oral sex performed on her. She will use dental dams to travel (doing outcall) but she prefers saran wrap because it is see-through, larger

and cheaper. "I think that non microwaveable saran wrap is more effective and cheaper. To remedy the fact that clients "don't like it because they can't taste it and they can smell it," Gina gives the used barrier to the client after the sex act is completed--a technological souvenir. Additionally, Gina feels that saran wrap and dental dams afford her more control in the receptive sexual situation; "most of these guys don't have the faintest idea how to eat pussy. I get to put my fingers down there to hold it, so I have control over what is going on." Olivia and Michelle agree that dental dams are not the optimal device and prefer to use saran wrap. Anne and Hadley do not like using the dams in sexual encounters where they are the doer. The taste, smell and texture of the device are problematic. Anne believes that Lollyes dams are an improvement. While playing with the dam I had brought to the interview, Hadley vehemently stated, "I hate that one. It is green. I hate the bubble gum flavored ones. I don't understand why they don't make them pussy flavored."

It is difficult to develop a proficiency with dental dams because the technology is difficult to use ("too small," "can't see through," "I can't tote boxes of saran wrap with me when I go out and pre-cut ones stick to themselves too much"). Additionally, it is difficult to have the same physical sensation with a dental dam for the receptive partner. Finally, it is difficult to stimulate the receptive partner with the same type of sensation. As Quincy articulated, "you can't wallow in body fluids which you have come to enjoy." The doer sacrifices all the taste, and physical sensation of doing the act which encompass part of the enjoyment for the doer. Recognizing the limits of the available modified technology, sex workers have innovated plastic wrap. Quincy echoes users' sentiments, "So in terms of plastic wrap, if I'm doing oral sex, I much prefer it, partly because of the more work the dental dams make, plastic doesn't seem to make as much work." The work Quincy is speaking of involves the configuration process of becoming a user of
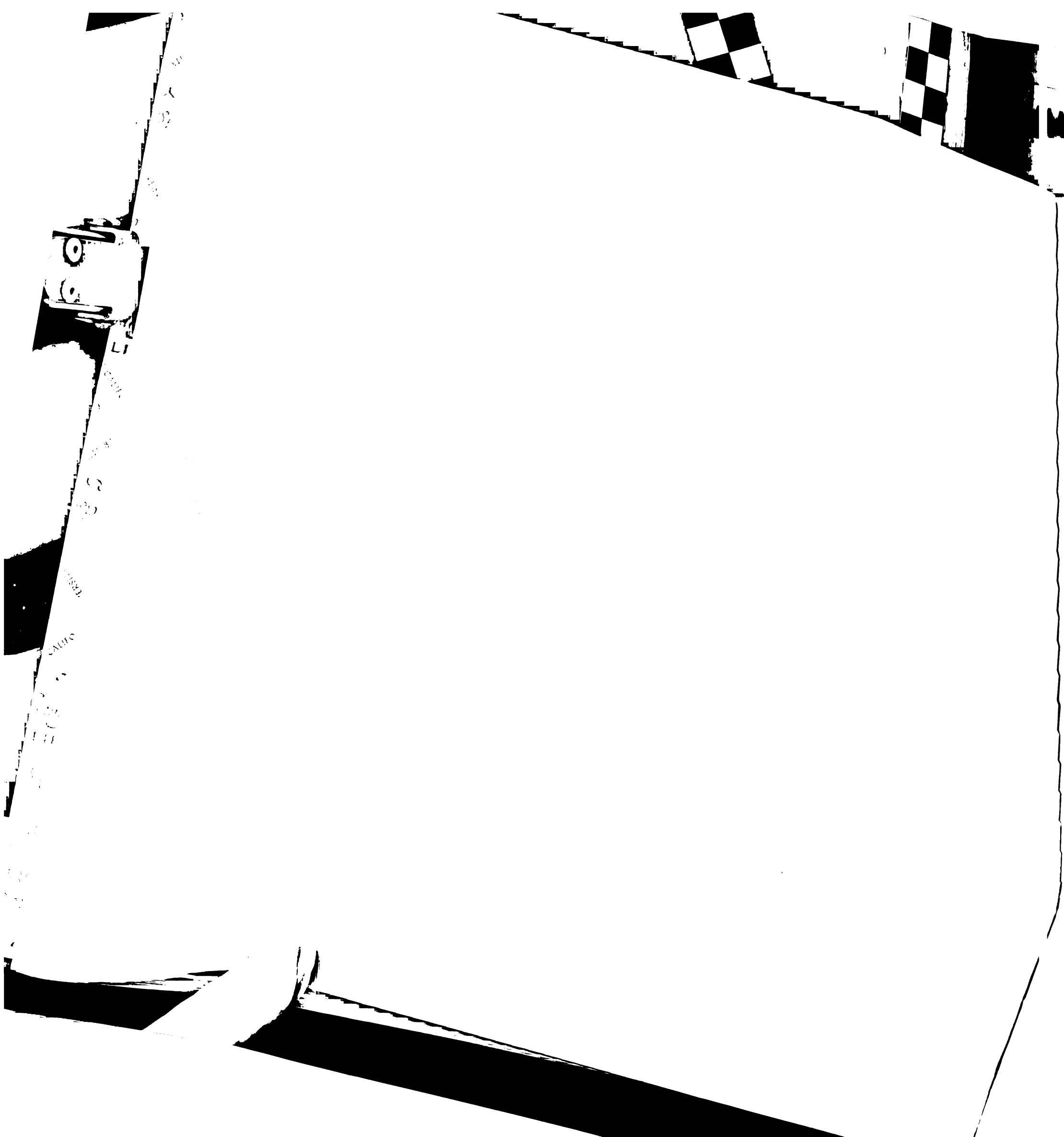
a particular technology. Dental dams have been abandoned by many because they are not user friendly technologies, leaving workers to opt for innovating new uses and meanings of plastic wrap.

Keeping Latex Promises

In this chapter I have explored the role of latex technologies in the production of safer sex. Sex workers must manage their occupational hazard (direct contact with body fluids), convince clients to adhere to working standards, and establish quick and easy routines to fulfill certain expected tasks. Latex (and plastic) technologies are used to assist in these endeavors. Latex technologies have become an enabler of sex work in its entirety. As Olivia states, "I wouldn't do this work without latex." These technologies have also become an enabler of sex work particulars. Through the innovative and creative application of latex in action, sex workers configure themselves and new users to incorporate the use of devices in their erotic activities.
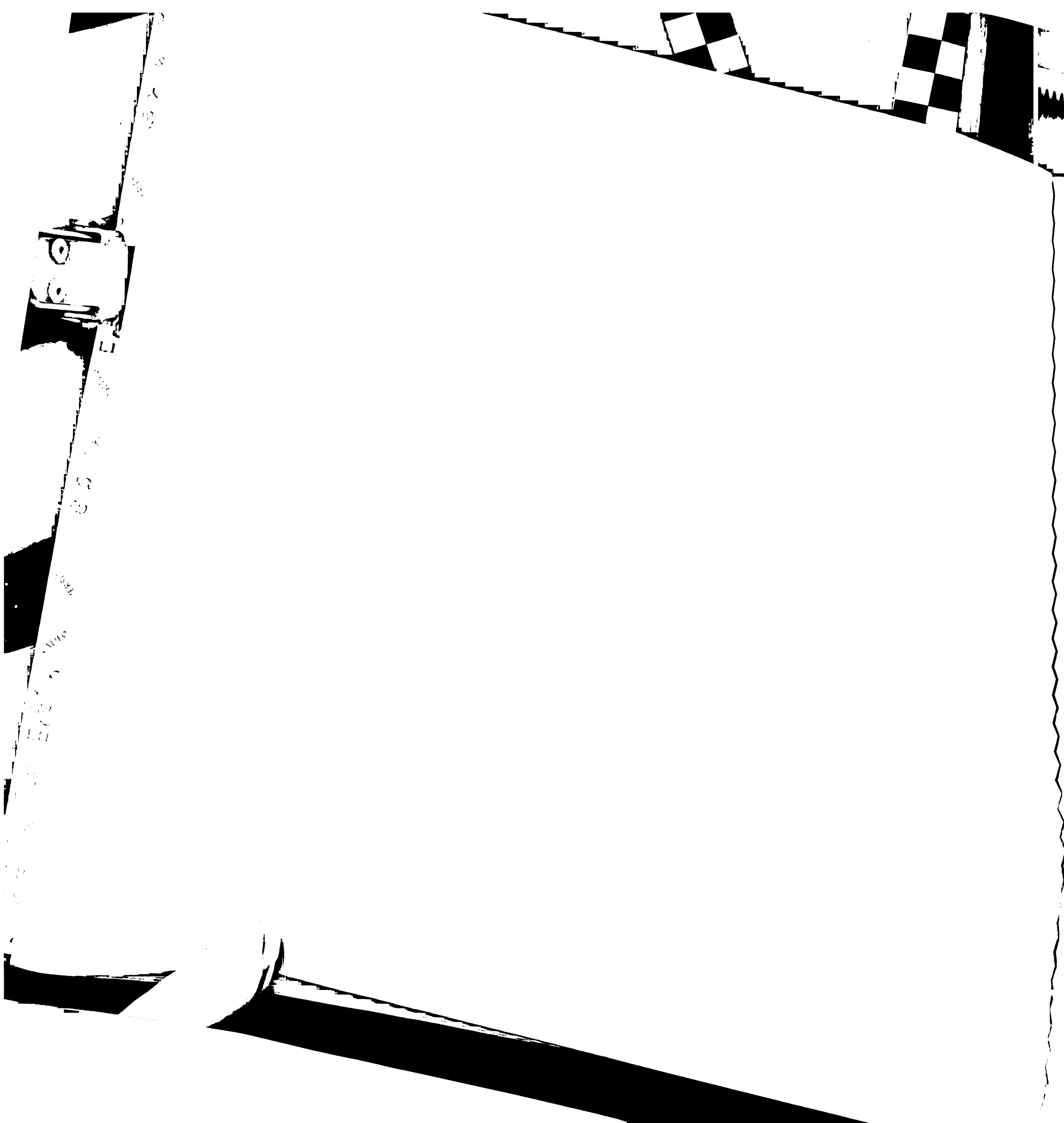
TABLE 4

Innovation and Configuration of Latex Devices

DEVICE	User documentation	Sex worker configured and innovates	Sex worker configures client-Technology Transfer	Client innovates
Male Condom	vaginal/anal intercourse	vaginal/anal intercourse, oral sex cut lengthwise, use with sex toys	Put on device with hands or mouth in pleasurable ways, talks about device in pleasurable or humorous way	?
Female Condom	vaginal intercourse	vaginal/anal intercourse	Yet to be seen	?
Gloves	Cleaning, sterile procedures	digital penetration, vaginal/fisting, oral sex cut lengthwise	Incorporate as part of the sexual performance with sensory clues, snapping gloves, dressing up for sex	?
Dental Dam plastic wrap	dental procedures food storage	oral sex with women, rimming	Gives away device as souvenir	?

In the second column, by user documentation, I mean the actual way the device is generally

understood to be used in its original inception. The third column refers to the way sex workers

have been configured and have innovated these devices for other practices. The fourth column

lists some methods sex workers configure the client, creating new users. And the final column,

the clients' innovations is meant to suggest that the process does not stop here. There is

potentially traffic between the sex worker and the client over the application and meanings of

these devices as well as further innovation that clients' may develop in other sexual scenarios.

These devices emerge in the interactive work of communities of practice. There is not one

singular individual who invented and innovated these devices. Rather there are collectivities of

users who generate applications and meanings of these devices through their imaginative work

practices and work sharing. "These communities have particular ways of seeing and solving
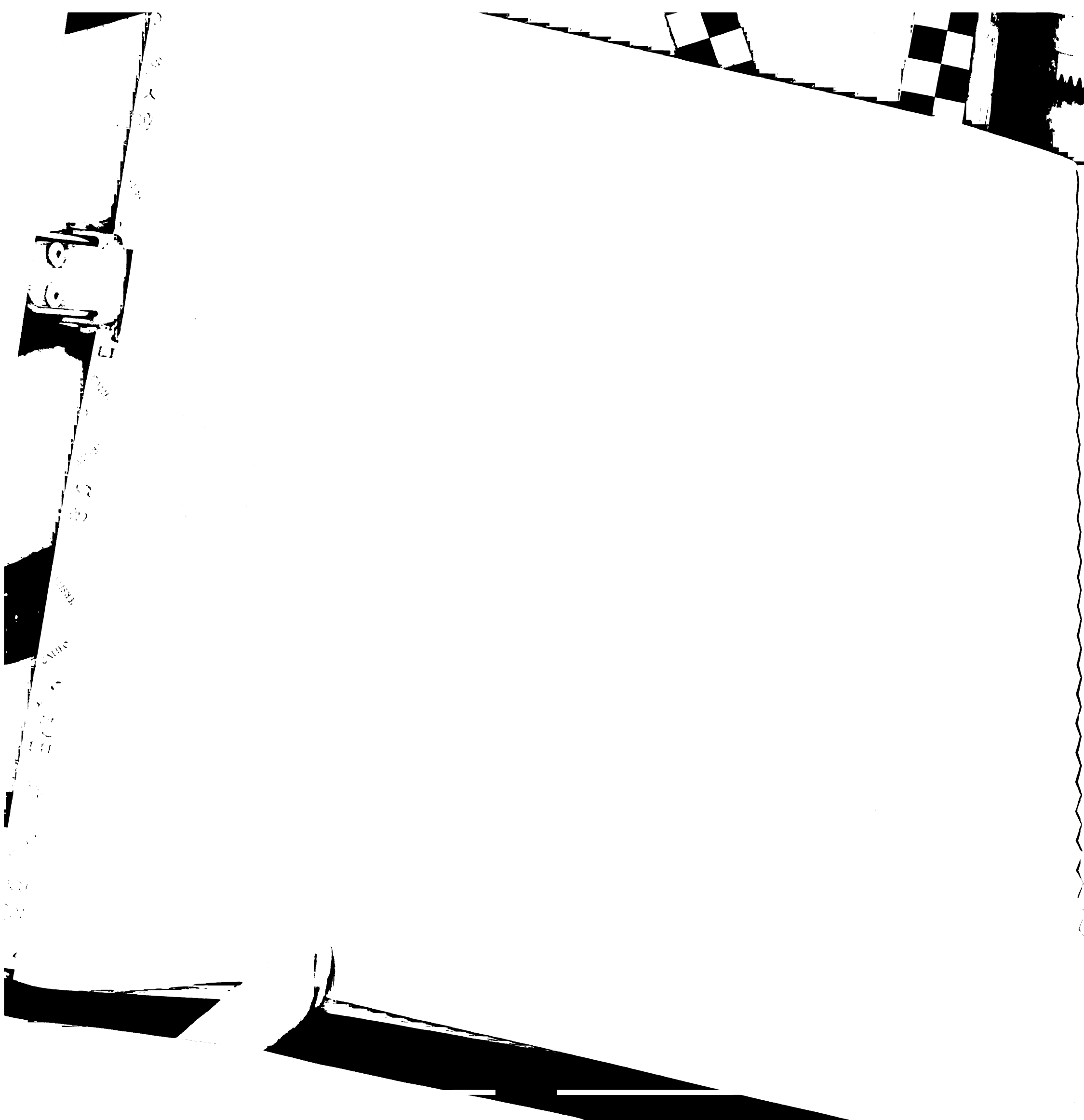
problems, as well as distinctive interests that shape their practices" (Bell 1986:192). Each of

these devices (except the female condom) have existed through time with different uses scripted

into the materials. Sex workers innovated new uses for gloves, dams, saran wrap, and even male

and female condoms (depicted in suggested uses for oral sex and anal intercourse). Certain

devices have been integrated into sex work wholeheartedly. These devices, male condoms and

latex gloves, have come to matter to sex workers because they are a "proven" method of risk

reduction and because they make work easier (Butler 1993). Their meanings are both stabilized

and multiplied into new ways to use existing sex devices (teaching an old technology new tricks).

Other devices are at varying points of coming to matter or being stabilized. Female

condoms are at the earliest stage of integration into sexual practices. The novelty of the device,

the expense and the difficulty of application make the device less well liked and less used. Dental

dams and saran wrap have a mixed reception by this community of practice. The lack of

scientific research and evidence about oral transmission of HIV in oral sex with women does not

encourage workers to be vigilant about controlling vaginal secretions and saliva. Dams and saran

wrap as devices are periodically used on a case by case basis and they are constantly innovated to

make them easier to use and apply. For example, latex gloves are altered to create grips for use in

oral sex.

Thus, there are at least two interpretations of latex technologies: those which are stable,

easy to use, helpful and those which are unstable, difficult to use, and *recalcitrant*. Clarke and

Fujimura (1992) use this term recalcitrant to indicate tools which are not reliable in particular

work settings, that is tools that are "stubbornly resistant to authority, domination or guidance"

(Webster's 1988). Dental dams and female condoms may be viewed as recalcitrant technologies.

However, especially with dental dams, there are many factors which lead to the recalcitrant
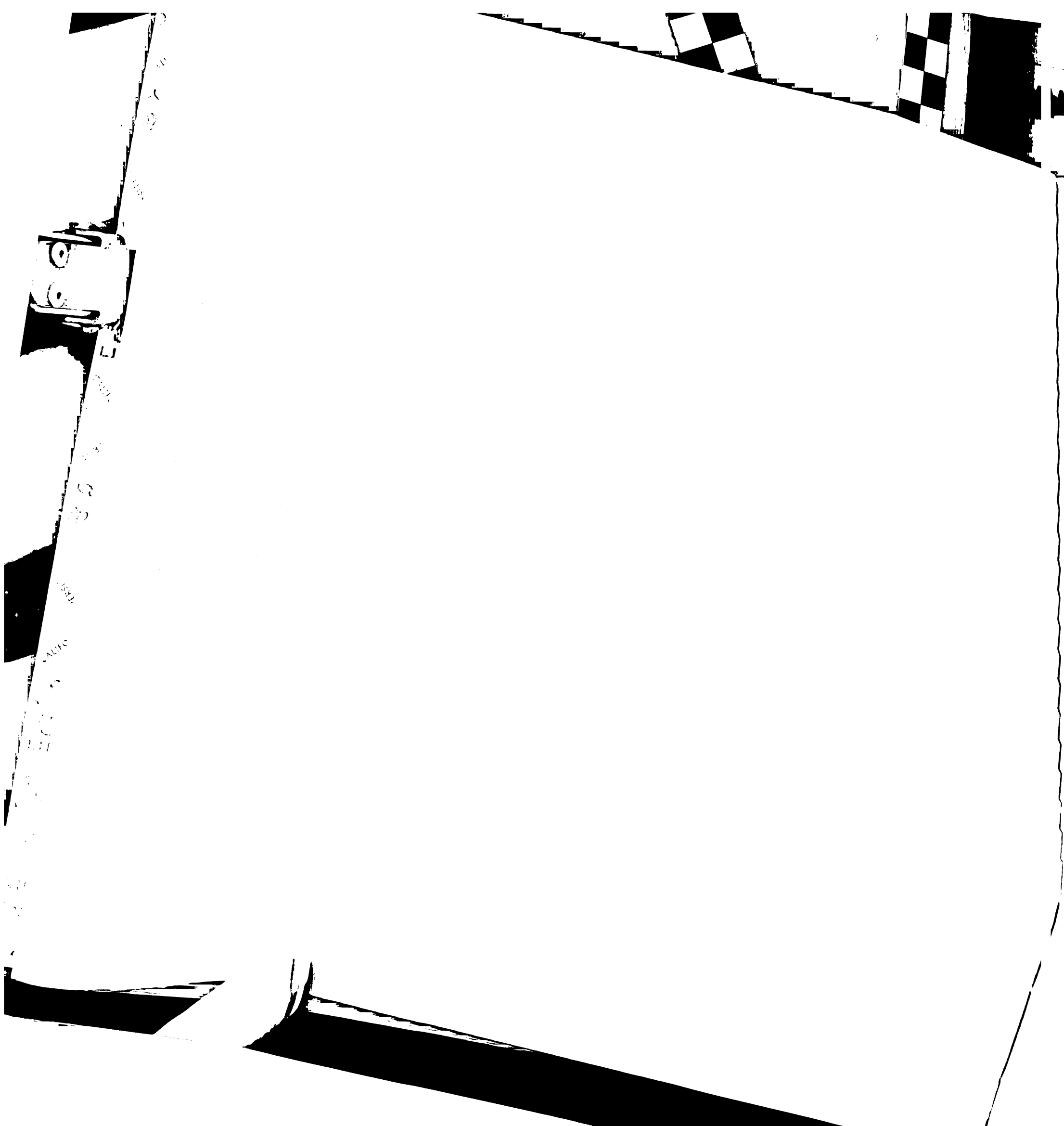
construction of a device. As discussed in Chapter Three, sex workers must develop a level of proficiency and prowess to feel comfortable in establishing routine use of the devices. Perhaps there are certain sexual practices that are more difficult to perform and enjoy with latex devices. For example, oral sex with women can be seen as a recalcitrant embodied practice, difficult to enact, enjoy or pursue within the constraints of existing technologies however innovated. The actual act of "eating pussy" may not be easily configured by devices due to emotional and physical resistances. Additionally, in the case of sex workers, clients can be recalcitrant too, leading to power struggles within a sexual session. To help deal with these recalcitrant clients or resistors, sex workers must configure new users.

Configuration of the user within sex worker is a multi-level process. At the same time that sex workers are configured by the latex technologies, in that they modify their practices to accommodate latex (putting condoms on with mouth), sex workers configure new users. In their interactions with clients, as in Latour's (1991: 109) hotel managers enforcing a rule to get customers to return their room key, sex workers' innovations enable them "to manage to discipline customers." Sex workers, through transferring technology and configuring new users are turning clients into abiding citizens of safer sex. Once themselves disciplined or configured by the technologies, they become the technologies or machine (in a sense) and further the discipline. As Woolgar (1991a:61) states, "By setting the parameters for the user's actions, the evolving machine effectively attempts to configure the user." Successful configuration has much to do with associating latex with pleasure and creating particular conditions in the interaction that enable the client to feel cared for. As Quincy states, associating latex with particularly pleasurable activity enables sex workers to more successfully integrate the device into an activity. "Using
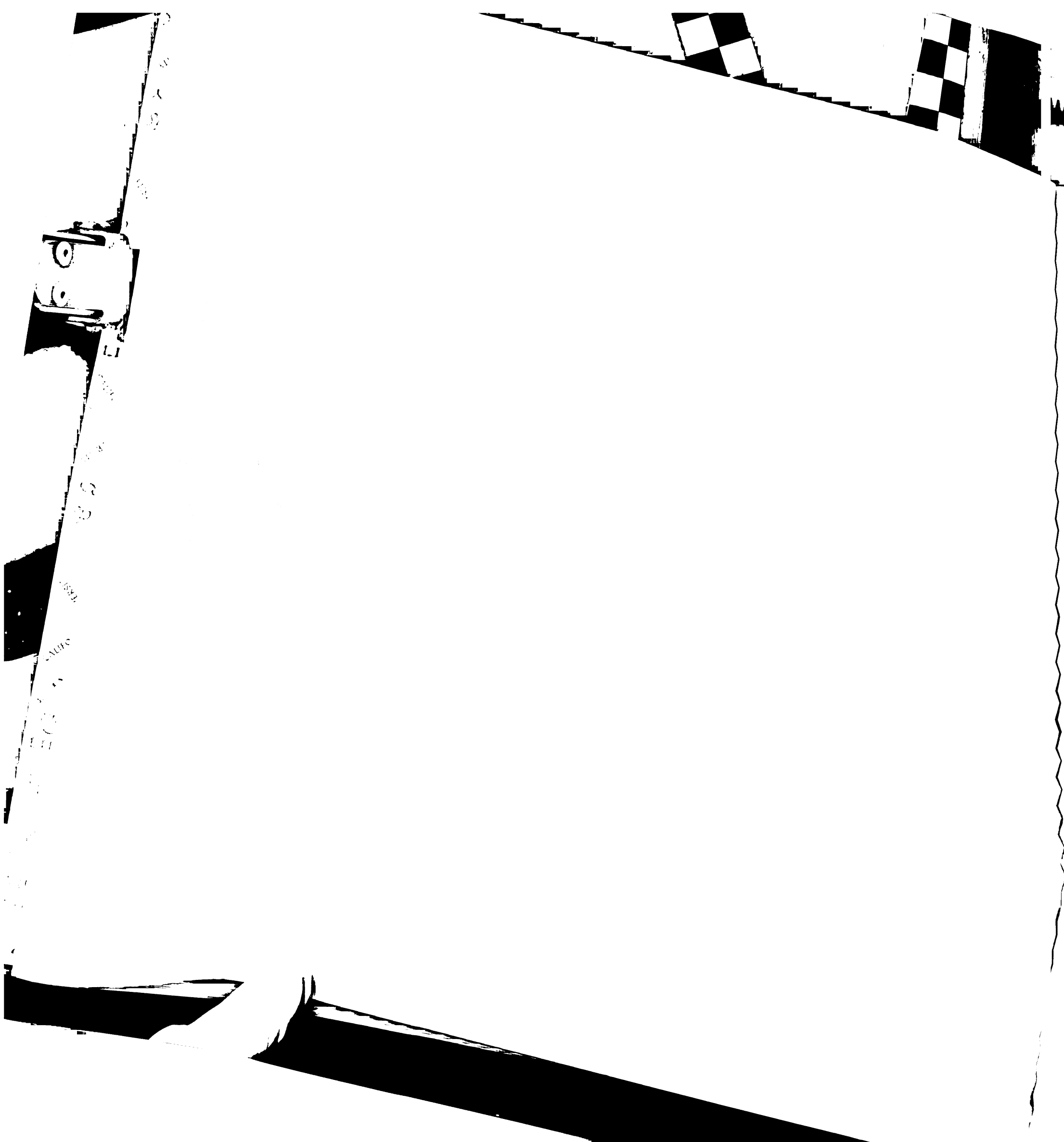
latex is a promise, using saran wrap is a promise, saying now this thing gets to happen. I like it as a sex signifier." Fulfilling the promise is one way sex workers configure users to safer sex.

Understanding the innovations and configurations of these devices and their users is not merely an academic area of inquiry. These devices are crucial components of the production of safer sex, featured in the messages and prevention rituals of safer sex. In the case of sex work, innovation of technology happens in sites where the innovators are not acknowledged, evidenced in the lack of history around some of the key devices. Configuration is a persistent process where the sex worker is a configured user and an innovative user at the same time and also configures other users. Each innovation requires further configuration of new users, the clients. By understanding the basic social processes of this innovation and configuration, we are able to explore how different social groups develop, re-negotiate, or discard particular devices based on certain criteria. These criteria have to do with cost, ease of application, level of scientific evidence about the device, contribution to pleasure and practice, and ease of integration into the sex act. Configuring users to these technologies further legitimates sex workers' practitioner and expert status at manufacturing and producing safer sex. These tools, innovated in the suggested ways, reside in the professional jurisdiction of sex workers. These sex workers are generous in sharing this highly specialized and crafted relationship with the technologies with new users as souvenirs and reminders of the professional experience.
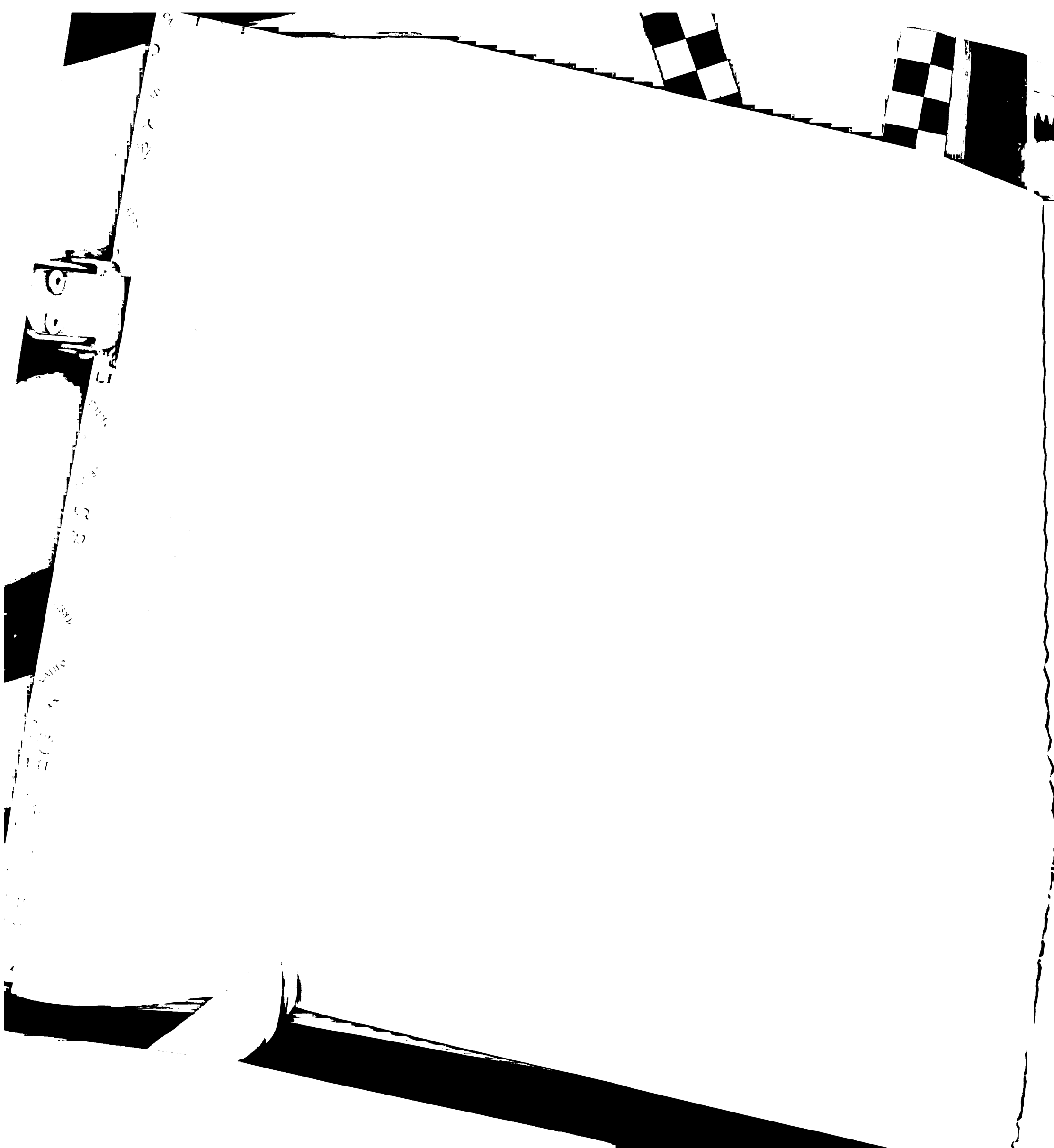
Chapter 6

Violating Boundaries and Exploding Barriers:
Conclusions and Implications

Making sure you are clean and fresh is about looking after yourself and looking your best. To take good care of your appearance is a sign of self-esteem and self-confidence. These can be very attractive attributes. However, while it is good to be clean, it is not good to be obsessive about it. A hint of fresh, natural body smell can be quite arousing; sometimes more so than a body drowned in aftershave and deodorants. The most commonly cited turn-offs are: bad breath, greasy hair, smelly feet, nose bogeys, ear wax, dirty teeth, stale sweat, dandruff, furry tongue, oily skin, cheesy dick, grubby fingernails, pimples, ear and nose hairs and shit or toilet paper around the ass (Tatchell 1994:101).

Manufacturing Safer Bodies

We are constantly bombarded with representations of the perfect healthy body. As the above quote suggests, this ideal body requires work but must be achieved without the appearance of working too hard and looking fanatical or hysterical. We are each continually reminded of our own shortcomings and memberships in vulnerable populations. From diet promotion to smoking cessation, exercise routines to addiction treatment centers, nutrition programs to safer sex, our investment in adhering to prevention messages is constructed and reinforced through slogans like "use clean works", "practice safer sex", "quit smoking", "eat right". It is imperative to understand how these messages are crafted (and used to bolster one another), since they have the ability to wield great influence over our daily lives and access to social resources. Safer sex is one such discursive entity in society that is composed of particular types of knowledge and skillfulness with tools.

This dissertation explores the processes of producing knowledge about safer sex. Specifically, I concentrate on exploring certain groups' creation of and interaction with the
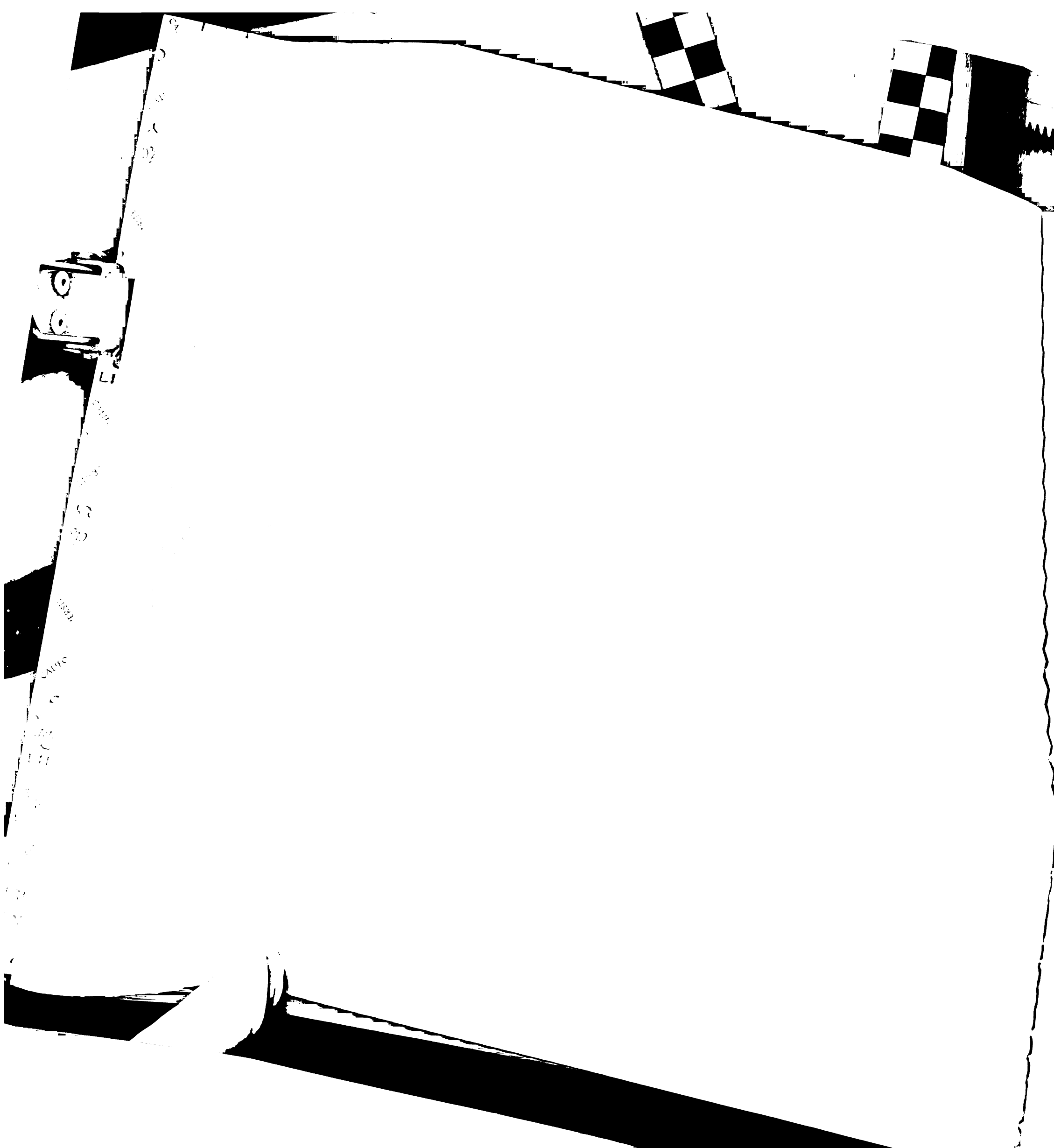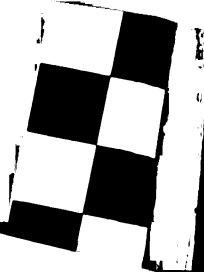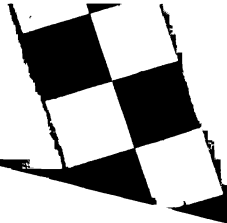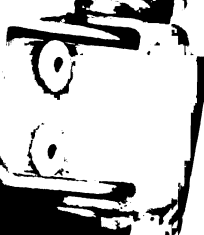
cultural artifacts of safer sex, discourses and practical applications of the knowledge. I trace the development of safer sex as a series of both divergent and similar messages and ideological commitments. There has been an emergence of self-authorized knowledge producers each contributing to our social understanding of safer sex. In the process of learning about safer sex, there is also an expectation that we will conform to certain agendas of those producing the messages. The CDC, sex manuals, and sex workers have investments in our adherence to their versions of safer sex. This dissertation offers a sociological analysis of the crusade of each of these groups to reach us through the fabrication of profoundly important messages.

Summary of Substantive Arguments

My analysis of safer sex began in Chapter One with a discussion of the sociology of knowledge, and the contested definitions of sex work, safer sex and risk reduction. Since safer sex as a collection of practices and messages is something that must be taught, worked at, and attained on a regular basis, there are multiple actors involved in the production of knowledge about safer sex. Safer sex is not an equal opportunity message but rather a highly stylized discourse directed to different audiences for various purposes. The multiplicity of actors creates the potentiality for a diversity of interpretations and representations of safer sex.

Depending on who is constructing safer sex, the messages can range from a quick and simple list to a component of a highly disciplined and complicated regimen of corporeal practices. As explored in Chapter Three, the latent agendas of knowledge producers and the structural conditions within which these knowledge producers reside, influence the actual production of safer sex. The CDC is most committed to creating individuals as risk managers able to quickly
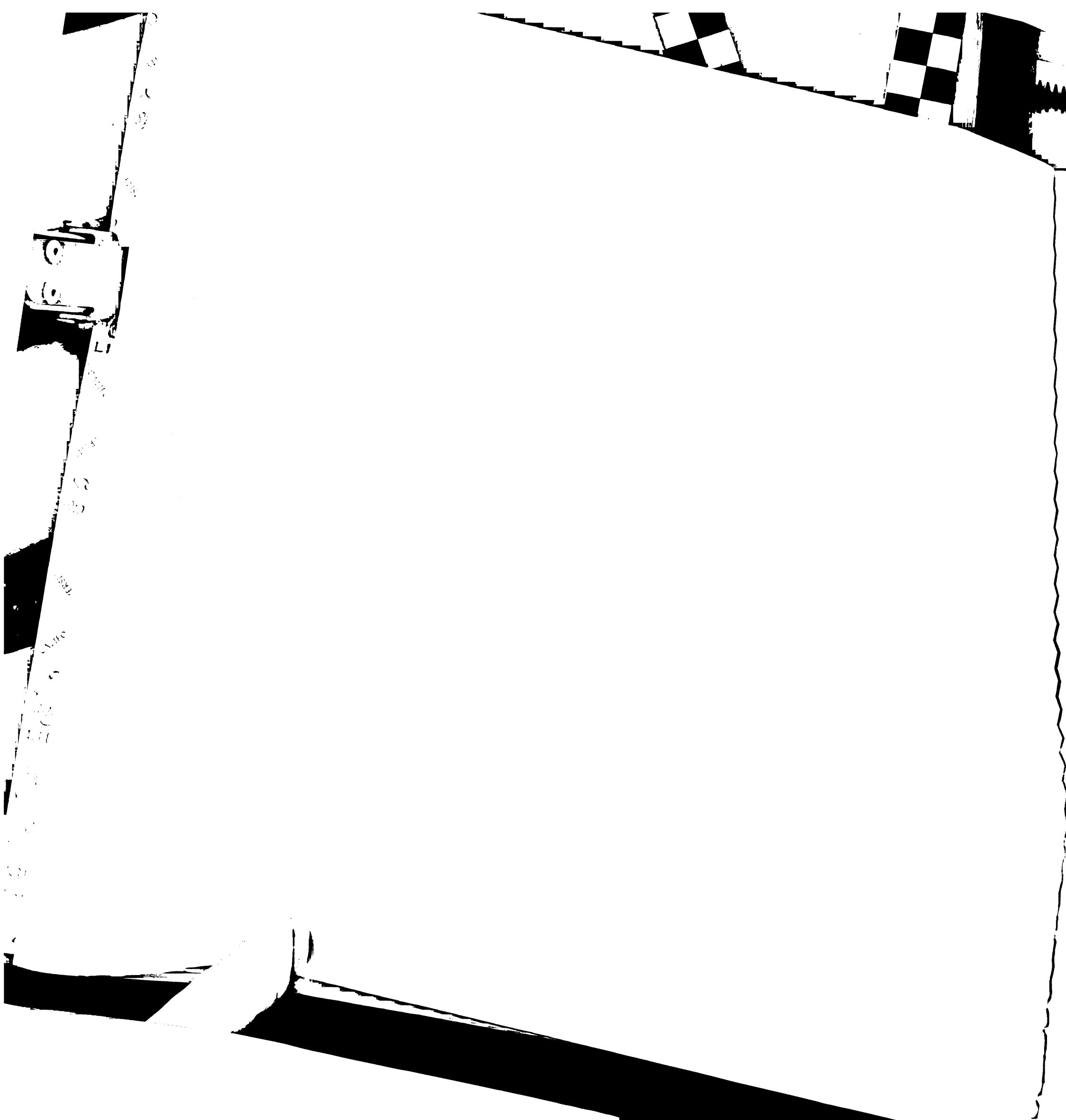
interpret public service announcements by adopting abstinence or maintaining the correct and consistent use of condoms during sexual intercourse. Here, the individual is responsible for making these decisions and taking necessary precautions. Some sex manuals expand the notion of the individual risk manager by advocating for exercise and nutrition as part of healthfulness. In this end, most sex manuals attach safer sex discourse to an agenda of constructing self-motivated healthy bodies. Additionally some sex manuals have agendas of sexual liberation woven through their contents. There is a dual agenda operating on the individual to manage their own risk and pick up arms in the struggle against other forces which deter the sexual health for all society.

Finally, sex workers are both influenced by these messages and reformulate them for their own purposes. These individuals deploy safer sex as part of a system of controlling work relationships with clients and establishing professionalism. By attaching increased expertise and professionalism to safer sex competency, sex workers benefit in further legitimating themselves and feeling safer about their own work practices.

Chapter Four interprets in closer detail interviews conducted with sex workers with specific attention to the deployment of safer sex. I describe the conditions of sex work and analyze both gradual and dramatic turning points and transformations of professional selves that sex workers experience in confronting AIDS/HIV and safer sex. These individuals are constantly reminded to use safer sex techniques through both their gradual immersion in an AIDS culture and their own rather dramatic lived experiences on the job. I highlighted the use of latex device failure stories to illustrate the transformations of professional selves. Sex workers, through their self-reflexive remarks, reveal their previous vulnerable selves and the processes of changing into current competent workers. The process of transformation to a practitioner is not an uniform and linear progression. Rather transformations are ongoing and sex workers constantly revise their
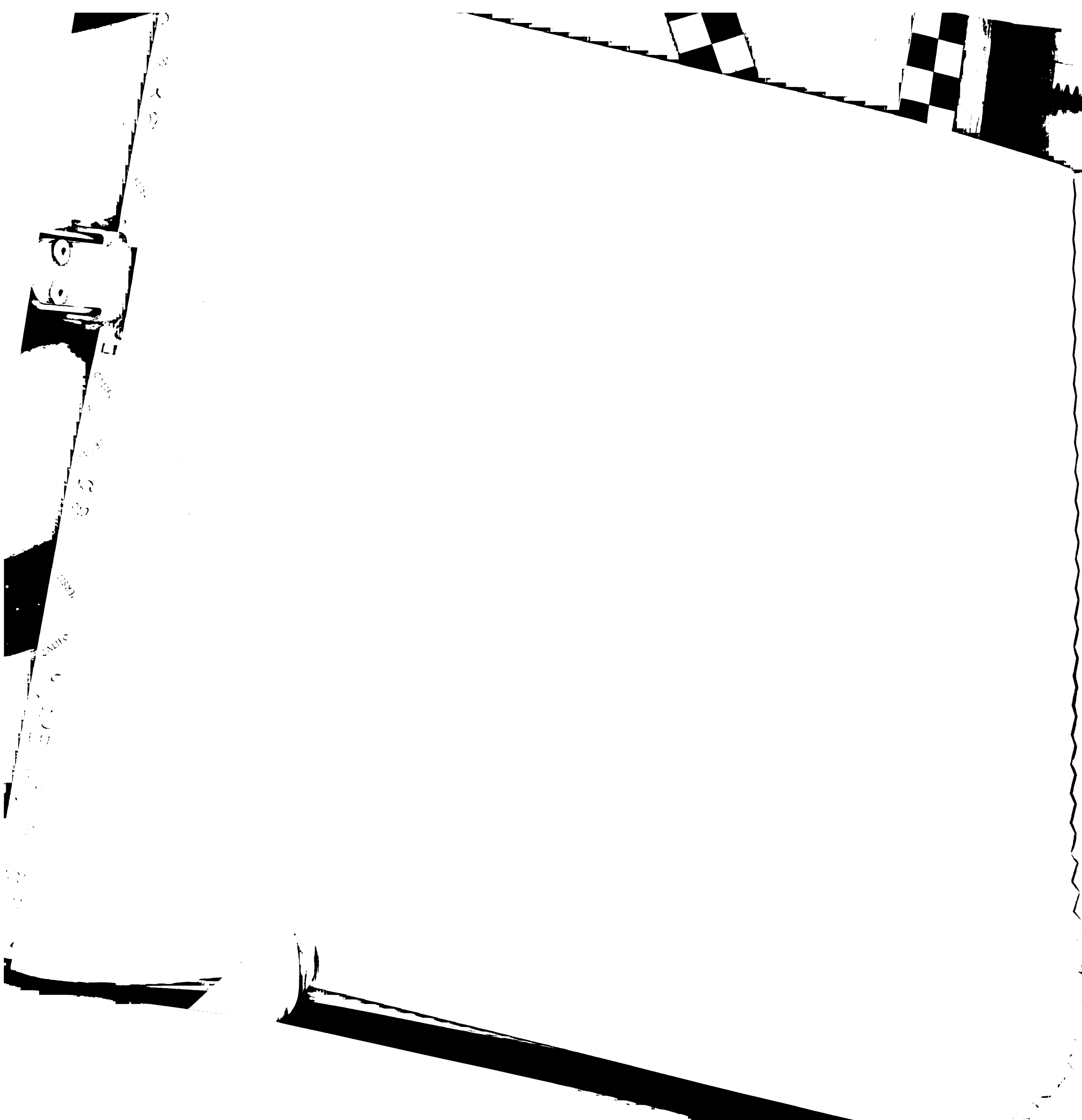
sexual repertories and develop different ideas about safer sex. It is a process which is always becoming and uneven. These selves continually negotiate the levels of risk and safety involved in their work simultaneously maintaining face and gaining recognition as skilled and competent professionals.

The construction of safer sex is generally deeply connected to developing proficiency with a series of latex devices: the tools of the trade. In Chapter Five, I narrate a brief history of the production and regulation of these technologies. Taking each device in turn - male condoms, female condoms, dental dams, and latex gloves - I suggest that these devices, in their appropriation by sex workers, have interpretive flexibility. Drawing on scholarship in technoscience studies, I explore how these devices are constantly under innovation to meet the needs of specific users. Refinement of skills using latex is a major component in producing knowledge about safer sex. Latex devices are used to protect, keep people clean, make jobs easier, foster professionalism, and create distance. Through their work experiences with latex devices, sex workers are configured by these devices. Furthermore, sex workers configure new users to applications of latex devices. In innovating new tools and configuring selves and new users, sex workers instruct and enable an audience for themselves and others.

Theoretical Implications and Significance

This study is of significance to three key areas of scholarship: symbolic interaction (specifically theories of identity); sociology of knowledge; and social studies of technology. Before I discuss each of these areas in turn, I would like to state the integral importance of studying human sexuality as a contribution to each of these areas and more broadly to sociology. Ever since my undergraduate days taking a class in sociology 101 or graduate school experiences
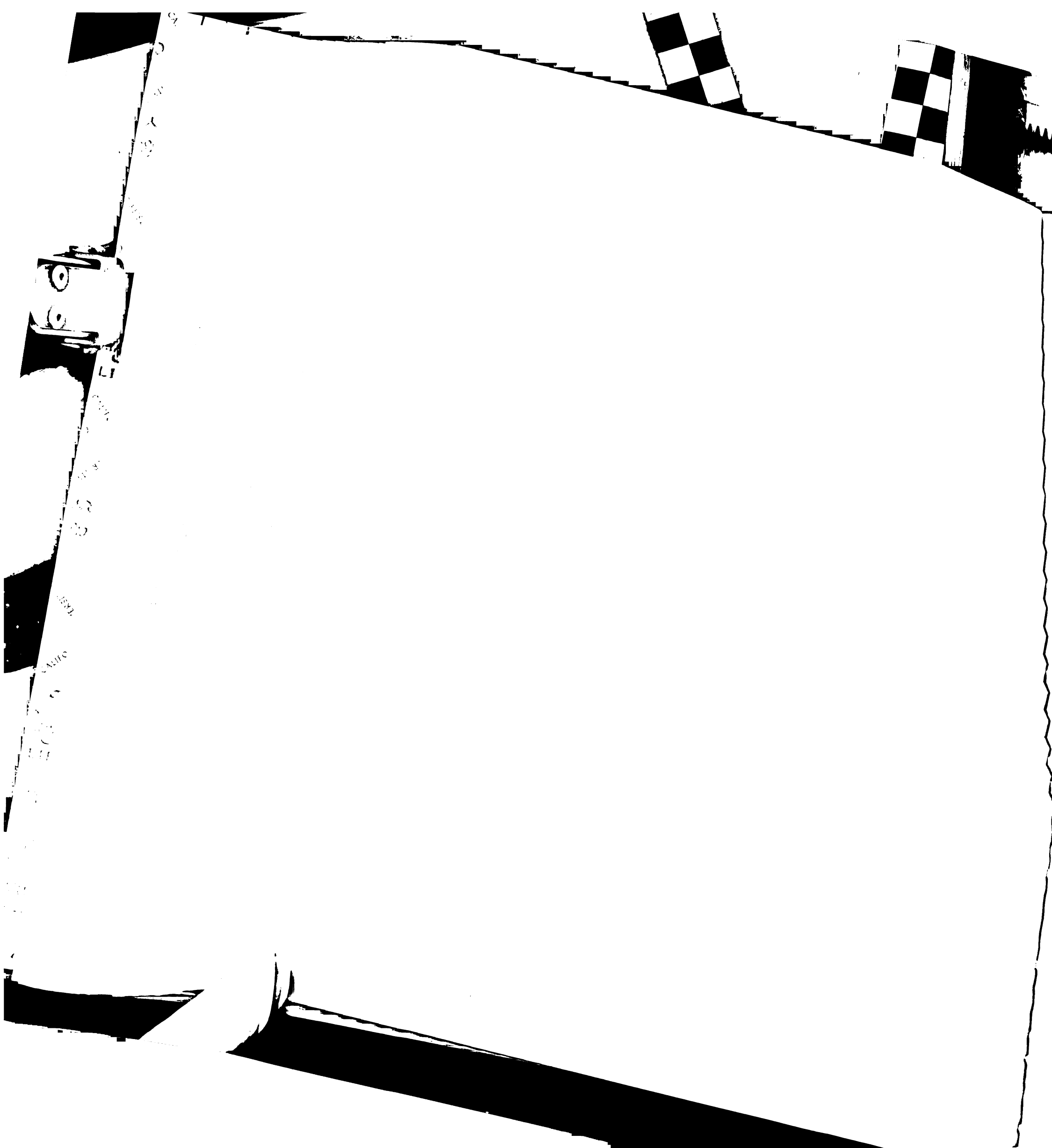
of teaching classes introducing sociological thinking to others, the ideas of social action, especially the sociological questions of how social order is maintained, and how social change occurs have been of supreme importance. Understanding these issues and the dynamic relationships between agency and structure are key problematics of the sociological discipline. Both studies of human sexuality and the sociological enterprise could benefit through taking the other seriously. It is my hope that this dissertation stands as testimony to the rich analytic rewards of taking sexual concepts into the realms of sociological inquiry.

My own sociological investigation of safer sex can interrogate these very important questions about social action. For example, as discussed in Chapter Three, aspects of social order are maintained by stylizing the messages of safer sex in particular ways. A hierarchy of healthy bodies is maintained in aligning safer sex with other agendas of body discipline. In constructing individual risk managers, the state can maintain a liberal ideology about personal responsibility and sustain certain policies of health care resource allocation. The relationships of individual agents to structural conditions of late capitalist managed health care organization is one area sociological interpretations of safer sex could further explore.

Furthermore, in considering empirical and theoretical explorations into the realms of human sexuality, sociological scholarship in the areas of knowledge and technology would be greatly enhanced. Scholars of history and cultural studies have taken up the scientific production of knowledge and the subjectivity of sexual identity, bodies and communities (e.g., Penn 1991; Terry 1988; Laqueur 1990; Abelove, Barale, and Halperin 1993; Moore 1995). However, there has been less of an engagement with human sexuality within most areas of sociology. I believe the sociology of knowledge, as both a subfield in sociology and a methodological position, would be greatly enhanced by the incorporation of sexuality into consideration of social forces of
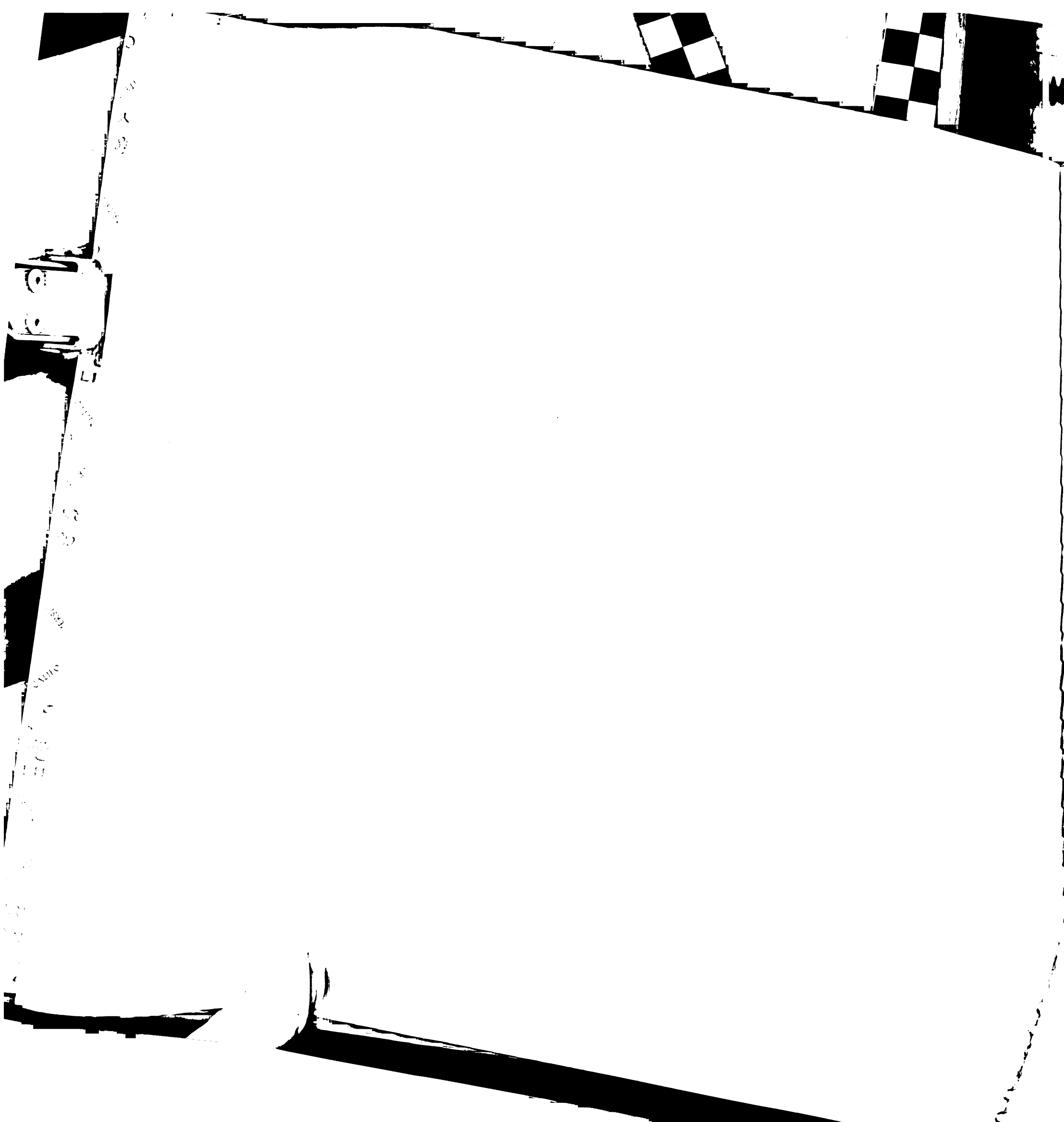
epistemic shifts. What about the everyday production of knowledge is sexual? How is knowledge sexualized in particular ways? Technology studies could take up both the development of sexual technologies, narrating a socio-historical account of the development and appropriation of sexual apparatus as well as the construction and deployment of technology within unlikely, however highly sexualized, environments (e.g., Casper and Moore 1995).

One of the key theoretical driving forces of this dissertation has been symbolic interactionism, particularly scholarship in the area of identity. The classic traditions of symbolic interactionism, (e.g., the works of Cressey 1932/1968; Goffman 1961; Becker 1982; Hughes 1971; Strauss 1969) illustrate the messy entanglement of theory and substantive interpretations. Within my own work, it has been a struggle to separate the theoretical contributions of my dissertation from the substantive insights ethnographic approaches can provide. Thus, I present my theoretical contributions as interconnected with the substance of my dissertation.

In order to investigate changes in identity, qualitative interactionist researchers must rely on the self-reflexive and retrospective accounts of informants. Stories of turning points can illuminate these changes in self-concept and emerging identity classifications. In the case of becoming a competent sex worker, individuals often move from previous self concepts as unskilled, unsafe, and amateurish to skilled, safe, professional men and women. From stories of latex failure, sex workers narrate accounts of the simultaneous processes of convincing the self of competency and at the same time working for and with others to perform competency in a confident fashion.

The production of competency appears in scholarly literature as a series of criterion established by different groups by which to judge those who claim knowledge. Arguments about competency are used to determine if a person can stand trial, make their own medical decisions,
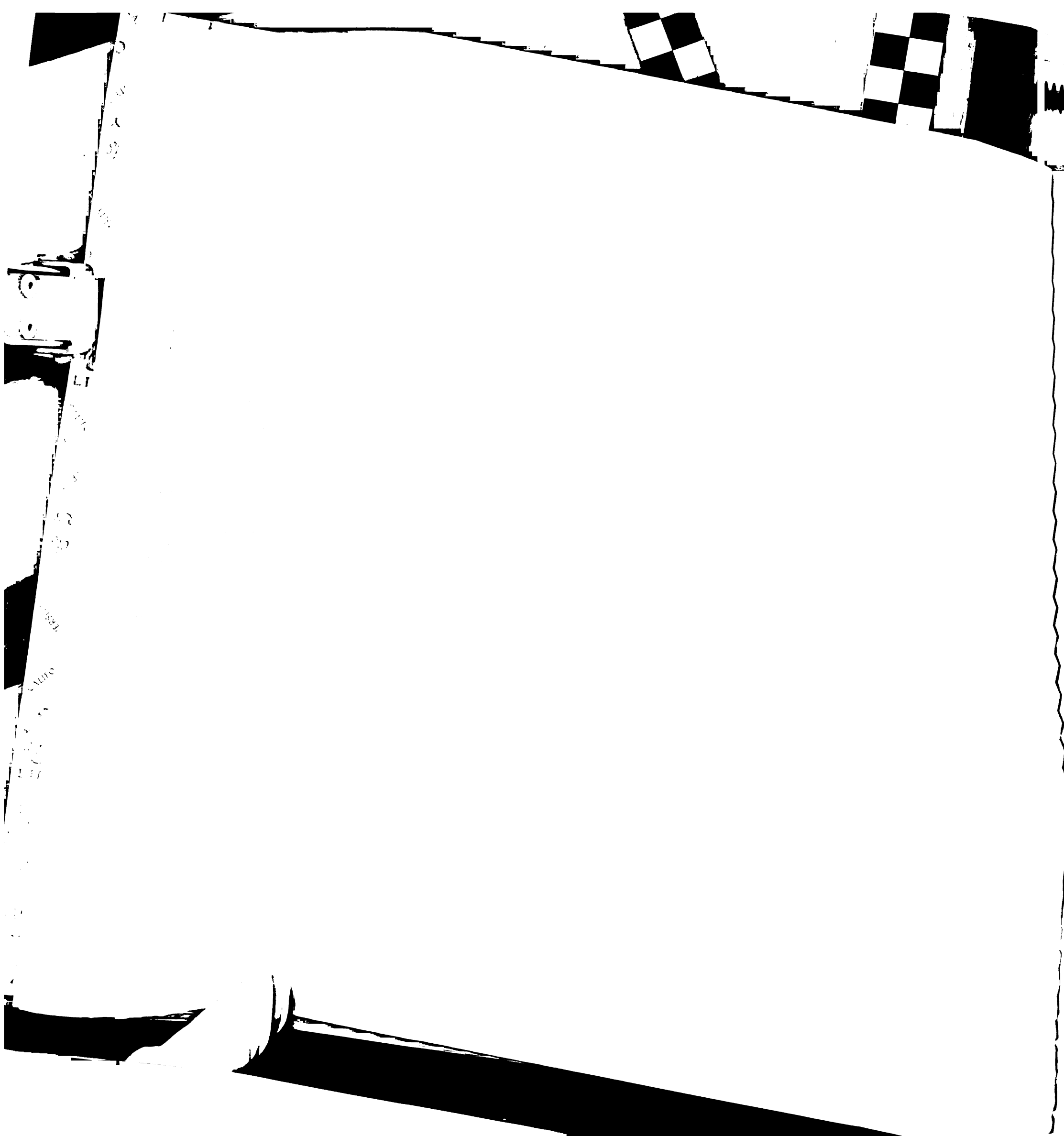
become a culturally aware health care provider, or join a particular profession, like education or health care. Since these sex workers have relatively informal criterion for evaluating other workers' performances and their own membership in the community of sex work, individuals' self-assessment of competency is often based on their relationships with their technical devices and their clients. For a particular group of practice and knowledge producers (sex workers), safer sex is a practice and a strategy for professional identity work. Latex devices are tools of the trade enabling the work and access to performing competency in front of clientele. This interaction with the devices and the clientele may leave a lasting impression on the client and further sex workers' goal of transmitting their embodied knowledge to others. This transformation of selves toward competency has theoretical significance and practical implications.

Public health professionals, and others, are very interested in understanding how individuals make these changes in self-perception. It has become apparent that convincing individuals to maintain safer sex has been a struggle. Due to the absence of immediate physical manifestations of AIDS/HIV and the cultural milieu of sex negativity, it has been difficult to convince people of the need to consistently practice safer sex. How is it that sex workers adopt the practices of safer sex and continue to sustain their use in their work over the years? What is it that may encourage individuals to transform their identities? What can be gleaned from interpreting the transformations of selves of sex workers to move theories of identity change in new directions?

Embedded in social relationships, sex workers align their pursuit of safer sex within their beliefs about health *and* their quest for professional integrity. In addition, considering the dangers of working in a hazardous environment, sex workers attach the added significance of professional development and legitimation to their work through the intimate creation of a
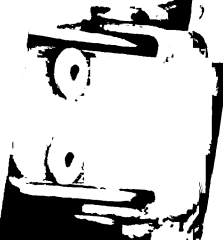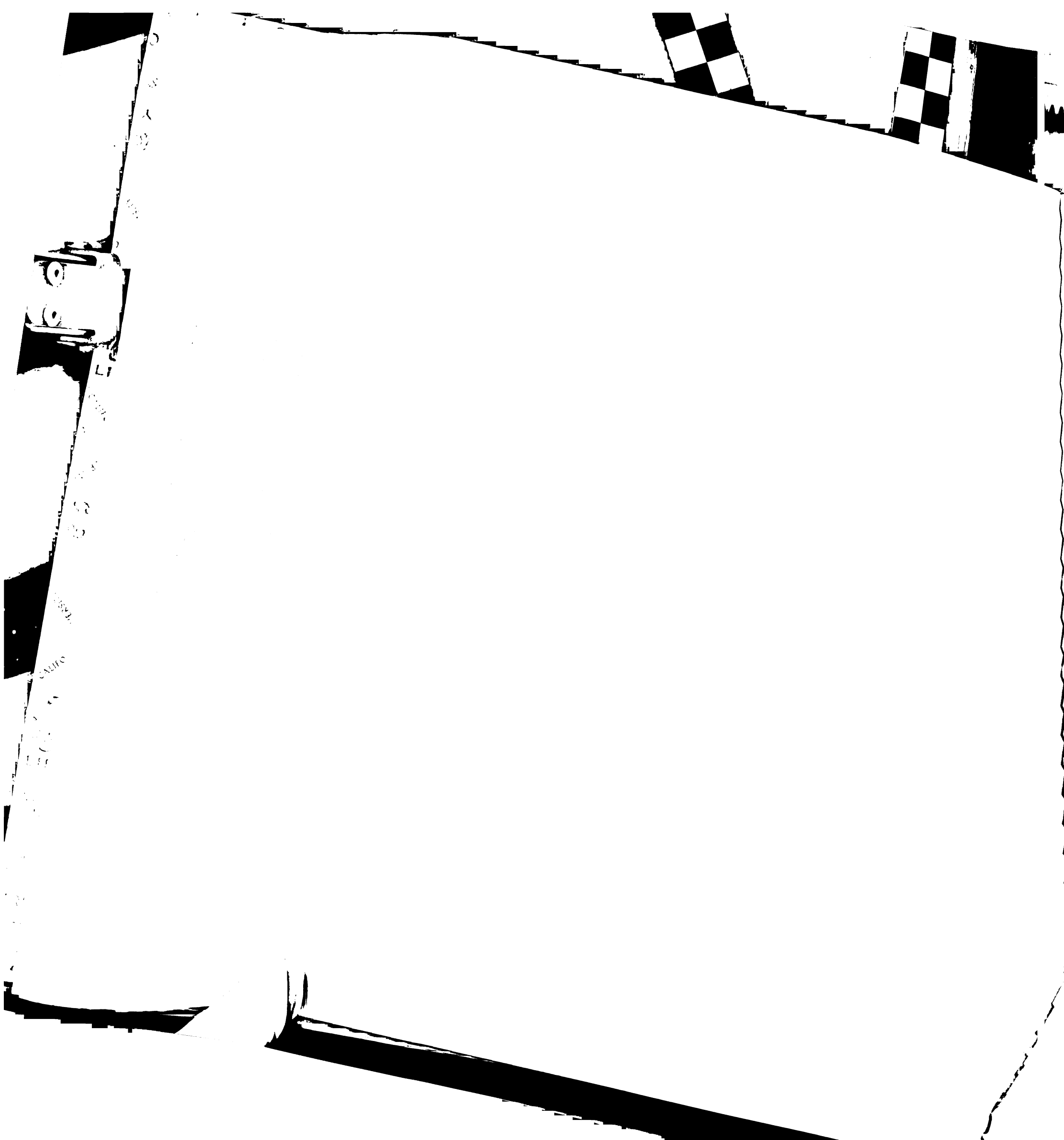
specialized knowledge (safer sex) and a technical relationship with working devices. These two concepts are difficult to disentangle in their discussions of safer sex. Their investment in safer sex has at least both physical and financial rationales; their professional livelihood is dependent upon their abilities to manage safer sex. Safer sex is often a series of conversations sex workers have with themselves with the mindful representation of their clients. For instance, as Felicia remarked, when she used gloves, she feels like a professional in front of her audience. Sex workers are affected by the work they do and the interactions they have with others and are in the constant process of becoming more competent. Some play in the boundaries of the safer sex they produce; other stringently uphold universal standards of safety. However, all sex workers have both a material and an intellectual investment in producing safer sex (with compliance from clients) as part of their work experience.

My dissertation is theoretically important because it investigates the construction, reformulation and introspective assessment of identity through an individuals interaction with physical artifacts. Within the dissertation, I interpret the emergence of safer sex as a discourse with constituent parts of activities, practices, technologies and relationships. I am arguing that an individual goes through many processes to become competent at using what they define as safer sex. Since safer sex is an unstable category of discourse/knowledge, becoming competent can take many different forms and is not based on a linear path towards enlightenment. Rather, the paths to safer sex are multiple, varied and occur in a staccato fashion. Through the retrospective accounts of sex workers, we can see how safer sex competency is often acknowledged after a slip up or error which leads to a self assessment of one's skills and routines. Establishing a relationship with latex devices is one of the crucial components of becoming a practitioner of safer sex. In order to claim knowledge about safer sex, the self must establish relationships with a
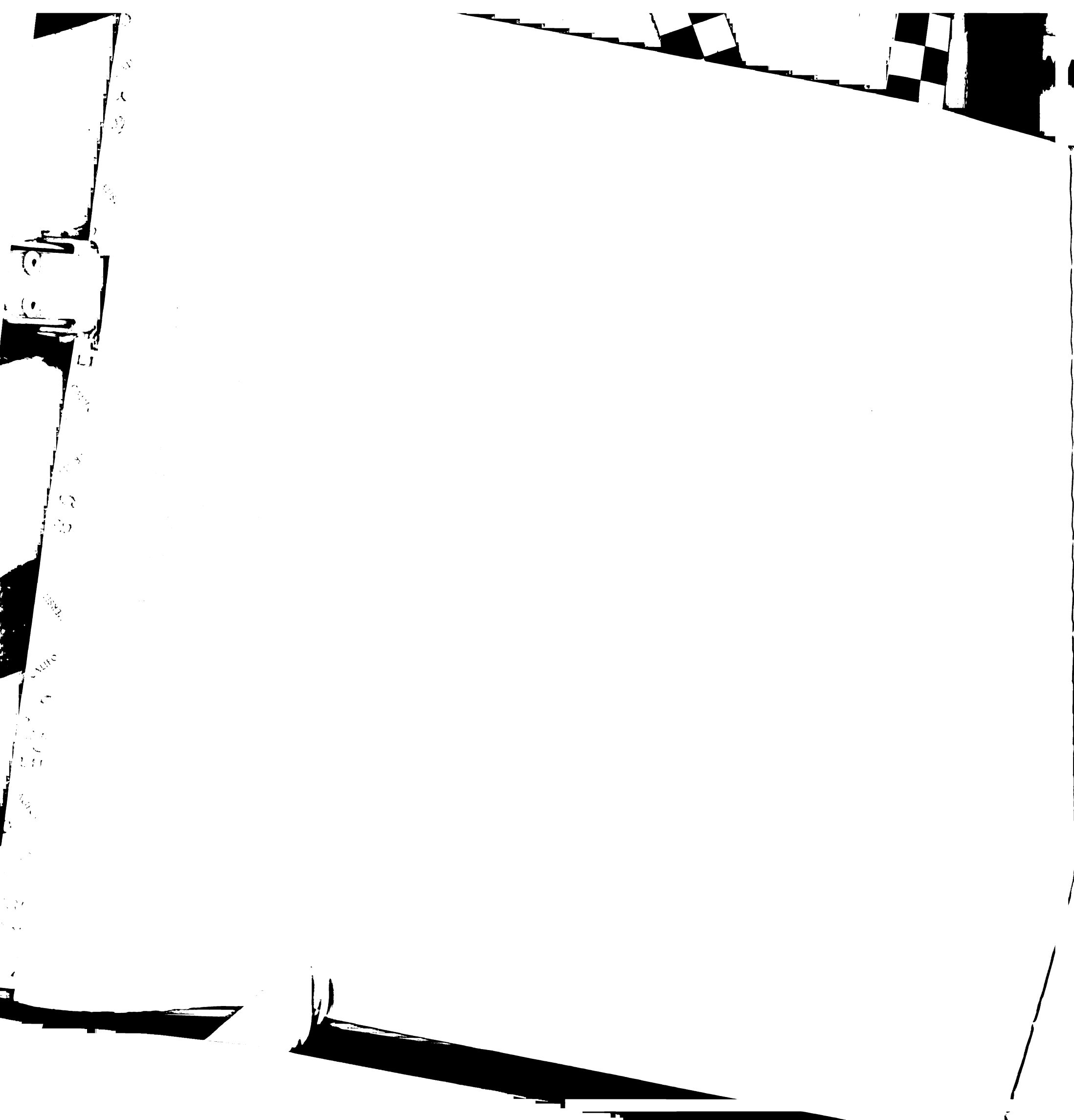
series of different objects and devices.[81] It is this creation of relationships with devices through the interactive work of using the devices that one may experience transformations of self.

I am moving theory of identity in new directions in my consideration of artifacts as a factor in transformations of identity. Through building relationships with the devices of everyday life and work, individuals come to understand themselves in new and changed ways. These changing have much to do with the building of competency and agility in work and the building of a self to be taken-seriously in the context of work.

More generally, transformations of self are in some ways facilitated by our interactions with artifacts. As we become agile and knowledgeable about both the usefulness and problems with new (and old) technologies, we recast our own identities in new ways. These technologies or artifacts are resources we draw upon to enable our selves to perform new tasks. Work, professional status, is a huge component of how people identify themselves. Becoming able at particular parts of work often involves the deployment of tools. This eventual taken for granted relationship with tools often becomes so familiar we do not even think about how to apply and use a tool. For example, many of us would have a difficult time breaking down a complicated computer application because our relationships with computer software programs are incorporated into our daily use of the technology. The artifact ingested by the self to reach a level of competency and a sense of self as capable. There are many pieces of hardware people rely upon to create selves and to understand themselves as able and powerful people in the world. What are the ways tools are used and innovated to be interpreted as something that is within the self's jurisdiction of competency

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[81] There is great potential for comparative work of this process by which individuals interact with artifacts and the social consequences of these interactions with the abundant literature on physical disabilities and technologies which assist with activities of daily living.
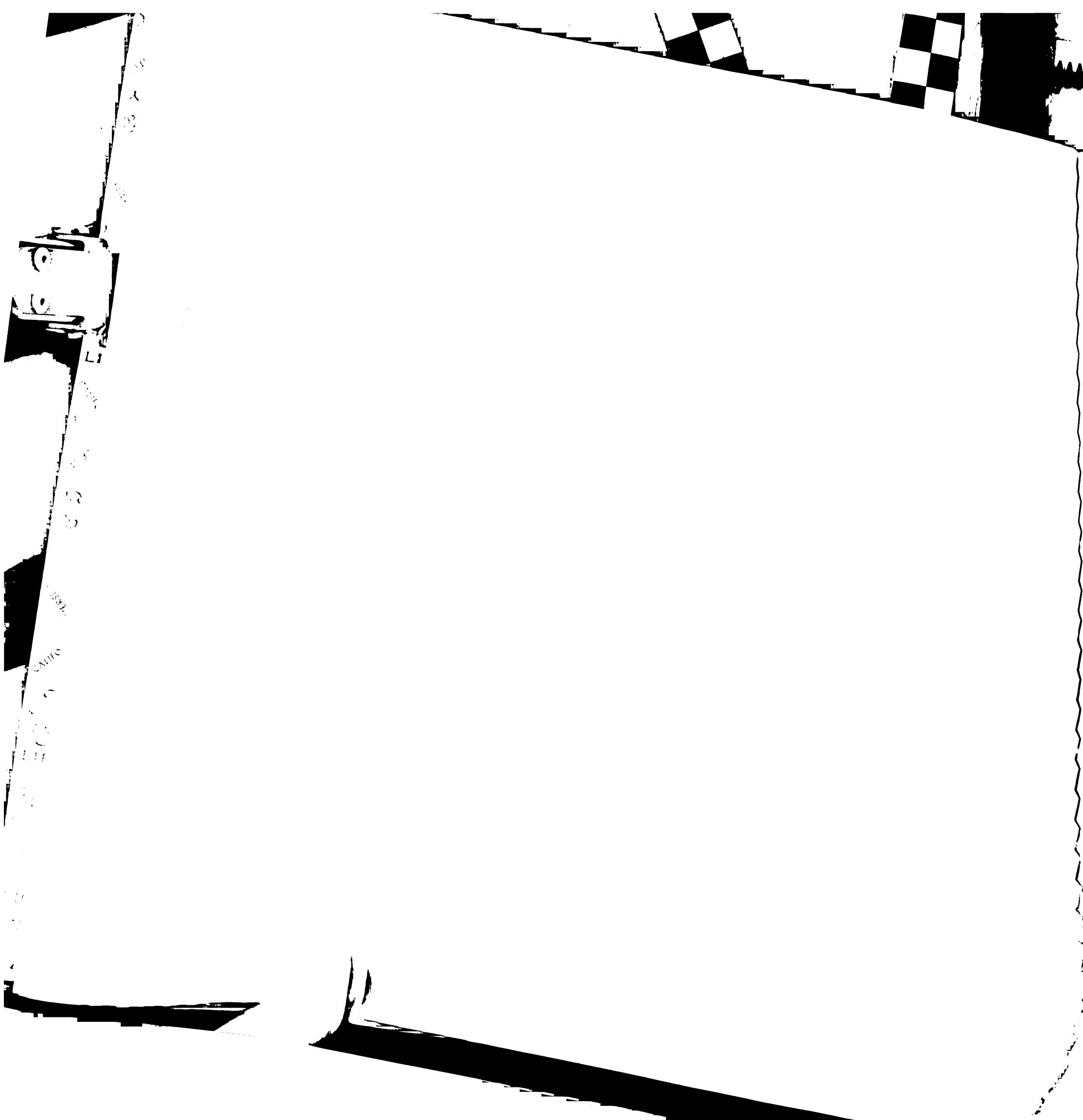
At the same time, there needs to be a way to discuss the self as not determined by the device; it is important not to rely on technological determinism. There are material and structural (physical) limits to how the device/tool/technology/artifact can be manipulated by the actor. Some of these material limits can be tinkered with to be overcome by human creativity and ingenuity leading to innovation.[82] However, there are some things that the individual must incorporate into their conceptualization of the device as a limit that can not be surpassed without severe consequences. (This is very interesting because the individual must construct it as a limit. It is based on the individuals mindful representation of the device as physically definite.) As the individuals develops a relationship of use with the technology/device, the individual actually comes to new understandings of the self through the interaction with the device. It is the individual who understands and constructs the limits of the device as meaningful limits. This conceptualization of the transforming self is one in which the self develops new relationships and interpretations of the self through developing relationships with the physical artifacts. An individuals actually uses the device, the individual is dabbling in the realm of possibilities. It is now possible to express the self in new (as of yet not imaginable) ways to express the self and create a niche of competency and ability. The self is experienced and expressed in new ways.

Transformations of identity are not solely motivated by singular interests. One can only speculate as to whether or not these sex workers would change their sexual practices as readily if it were not for the status "competency" bestowed upon them. Enabling people to witnessing the benefits of becoming agile at a new self-proclaimed skill may offer insight into the social

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[82] Clearly, there are different levels of construction in part based on the creativity and ingenuity of social actors. There is not a pre-established process of innovation.
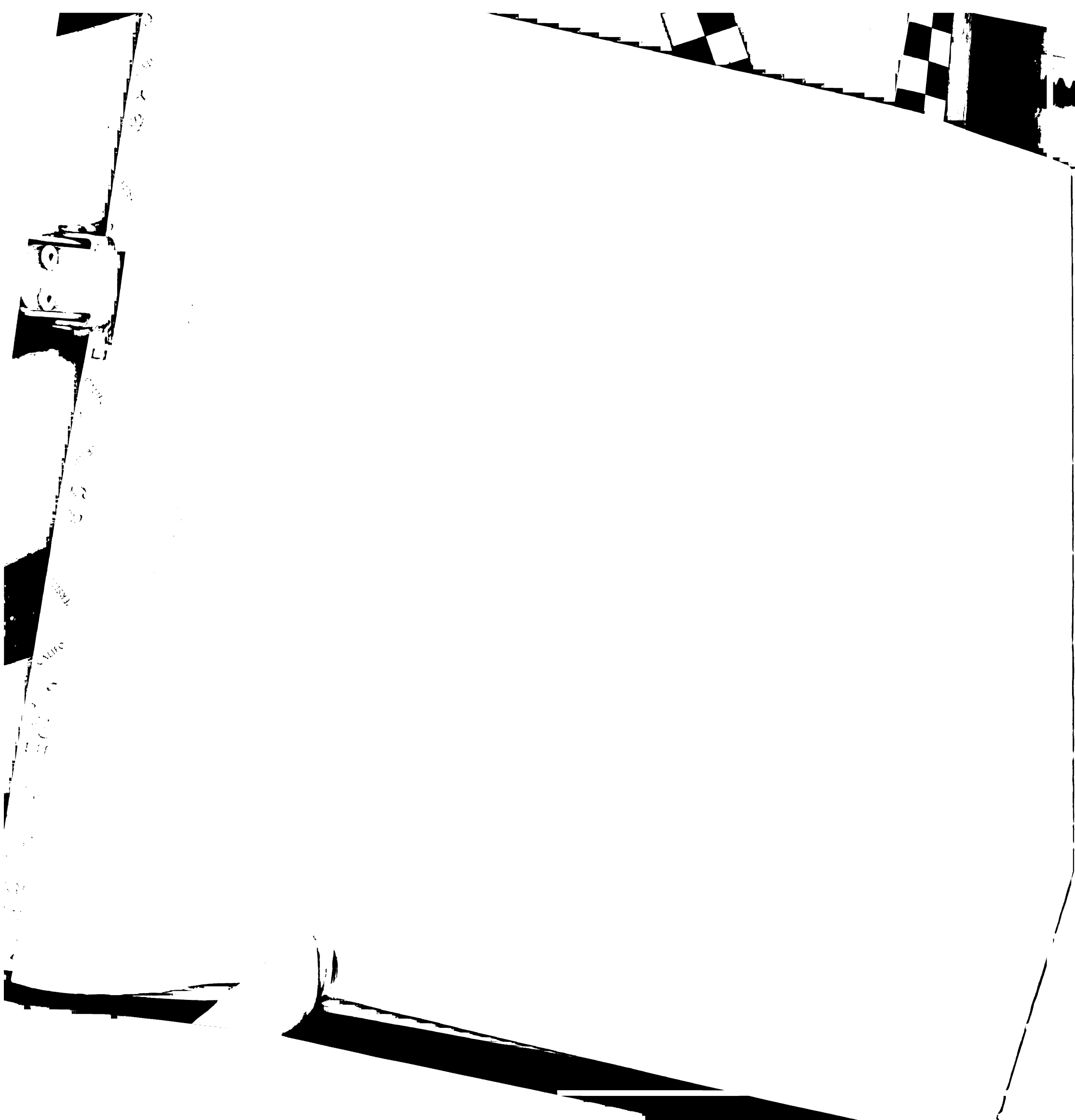
conditions of how people change and offer public health researchers new directions to encourage change.

The sociology of knowledge can be enriched by my dissertation in three ways. First, the production of knowledge is not merely top-down but takes place at many levels. In Foucault's conceptualization of the interrelationships between knowledge and power, he articulated an operation of power as a shifting operation.

> Power must be analyzed as something which circulates, or rather as something which only functions in the form of a chain. It is never localized here or there, never in anybody's hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net-like organization. And not only do individuals circulate between its threads; they are always also the elements of its articulation. In other words, individuals are the vehicles of power, not its points of application. (Foucault 1980:98)

Within my dissertation, knowledge operates in very much the same fashion as Foucault's explanation of power. Knowledge about safer sex can be created and transmitted in a number of mutually constitutive ways. Based on the temporarily stable social investment of status to a knowledge producer, there are at least three crude forms of knowledge production which I note bearing in mind that each production and reception of knowledge is filtered:

1. top-down knowledge transmission wherein the CDC constructs knowledge of safer sex to be distributed to the public;
2. lateral transmission of knowledge from the sex manuals to diverse publics, and;
3. bottom-up knowledge transmission from sex workers to their social orbits and beyond.

There are overlaps within these realms of knowledge production and no one group holds the ultimate and sole authorship. Each group is a vehicle producing knowledge and releasing information about safer sex into the universe.

Second, and related to the first point, the notion of expertise demands further exploration within the sociology of knowledge. With a multiplicity of knowledge producers, how are
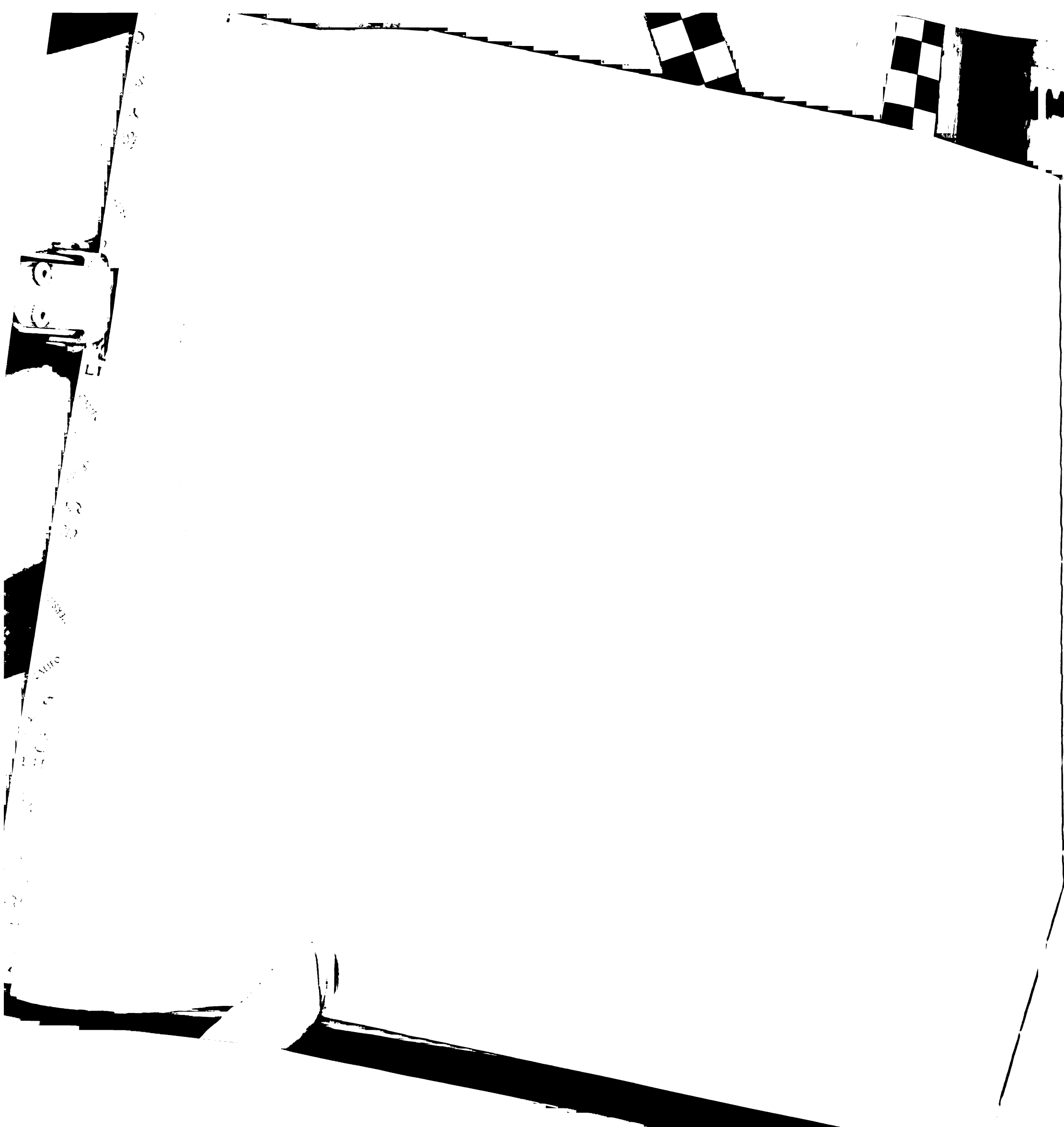
spokespersons "elected" as worthy of attention? It is not simply the most knowledgeable of

groups among the field of producers that constitutes the experts.

> Expertise is not synonymous with knowledge. Expertise, unlike knowledge, does not
> reside in the individual, but rather emerges from a dynamic interaction between the
> individual and his physical/cultural domain. Whether or not an individual is selected to
> serve in an expert role for a constituency is often independent of the absolute accuracy of
> their knowledge. Experts are not necessarily the most knowledgeable among us (Agnew
> 1994:67).

For sociology, the issue of expertise is both a methodological issue and a theoretical one. First,

methodologically, how is sociology to deem a particular group worthy of "expert" identification

pertaining to particular topics? Within this dissertation, I take very seriously the contributions of

an often unrecognized group as vehicles of knowledge and innovators of technological solutions.

In taking this group seriously, I was able to obtain a point of entry into a hidden social world and

analyze that world with the same critical view as institutions (CDC), and cultural resources (sex

manuals). The work of indigenous non-elite knowledge producers, such as sex workers, is an

under-explored terrain within the sociology of knowledge.[83]

Second, it is also theoretically interesting to explore the conditions under which particular

groups are elevated to the level of experts.[84] The expert status of sex workers is very situational

and not legitimated in many social locations. Sex workers themselves, some clients, some sex

manuals and few community based organizations construct sex workers as experts on the topics

of safer sex. Sex workers are one group of knowledge producers who must attain their own

level of expertise and present it to others in a clandestine, stigmatized profession. What is the

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[83] This discussion of the social distribution of knowledge can be explicated by lodging analysis in a reading of Alfred Schutz (1989).

[84] Despite the insurgencies of community activists, the CDC is probably still considered the most knowledgeable and respectable source of information regarding AIDS and safer sex prevention practices to the general public.
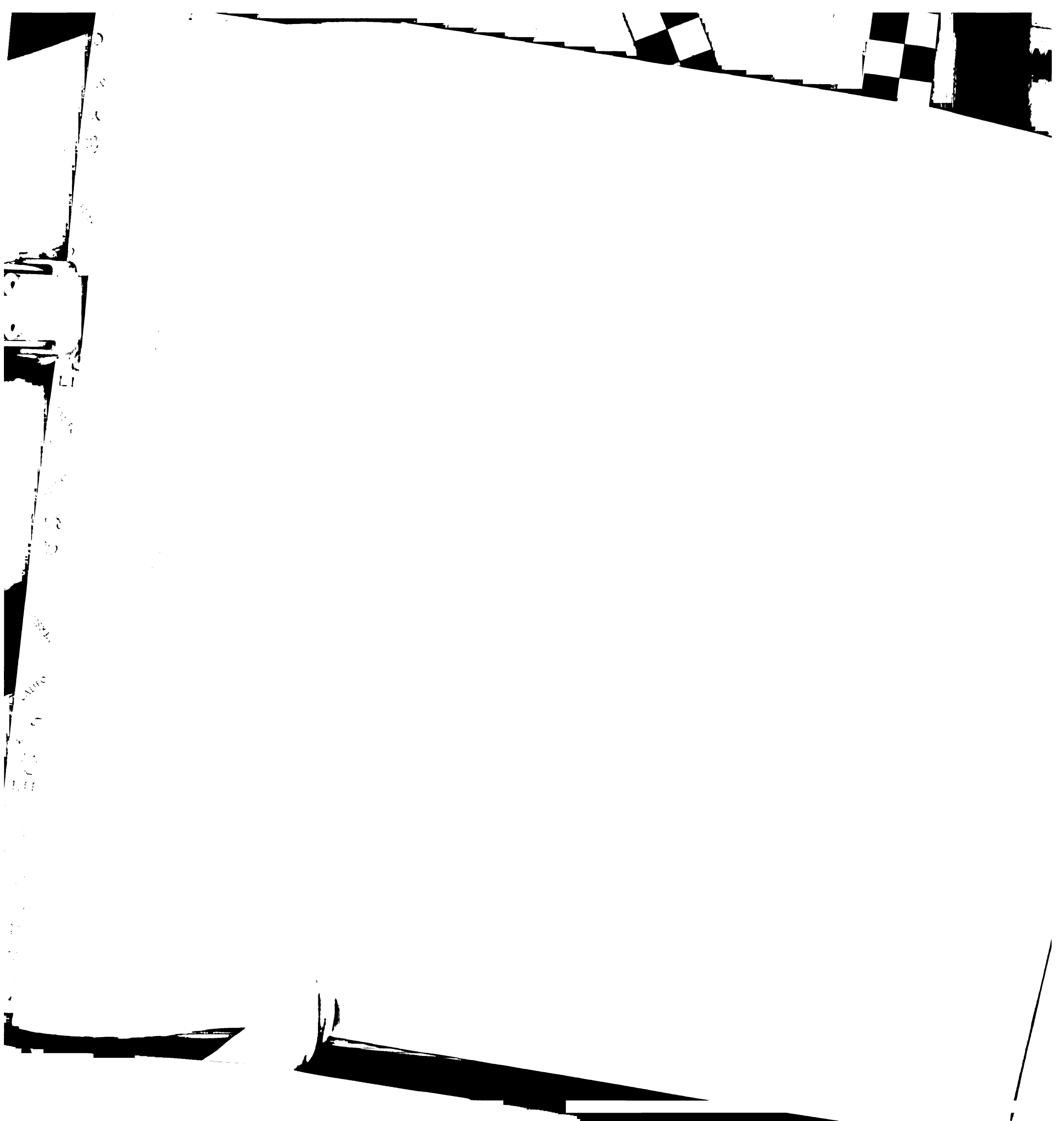
extra work sex workers have to do to view and exhibit themselves as experts? Furthermore, how is knowledge valued by social worlds? There are many components of knowledge which create the discourse and practices of safer sex including epidemiology of AIDS/HIV, latex barriers construction and permeability, social factors that influence sexual decision making, immunology, and so on. Sex workers may be the most knowledgeable about the actual practices of safer sex and how to employ them in sexual relations due to their lengthy and consistent use of these practices in work settings (Bell 1994). However, this social and interactional expertise does not elevate sex workers to a level of esteemed expert in the same way as do scientific "breakthroughs" in the molecular biology of HIV. Certain types of knowledge are seen as more important, scholarly, or scientific than others and perhaps this is influential to how one is deemed an expert.

Third, the sociology of knowledge, and theories of social constructionism more broadly, must continue to interpret the materiality of the body. As Vance (1990:26) asks:

> Are there ways to integrate bodily sensation and function into a social construction frame, while still acknowledging that human experience of the body is always mediated by culture and subjectivity, and without elevating the body as determinative? The answer will not be found in a return to essentialism, whether frank or disguised, but in exploring more sensitive and imaginative ways of considering the body.

This dissertation examines the rise of knowledge pertaining to meanings laden practices and devices. Upon entering analysis from the perspective of the social construction of knowledge, I have often banged up against the materiality of latex barriers, the physical manifestations of AIDS/HIV, and the flexible limitations of bodies to perform certain activities. Often with compassion, sex workers discuss the difficulty many male clients have in maintaining an erection if they use condoms. Within the sociology of knowledge perspective, I initially interpreted this reaction to condoms as steeped in an age-old excuse by heterosexual men to force women to be

responsible for birth control. Upon further reflection and attention to the sex workers' actual work experiences, I can no longer so quickly dismiss others' embodied reactions as inspired by ulterior motives. Practicing safer sex or administering latex devices does have material, corporeal properties and consequences. Things feel, taste, and smell differently when latex is introduced into erotic activity. These embodied consequences of using latex are wrapped up in the multiple associations and meanings of latex interwoven with the "real" physical effects of actually incorporating the object into sex. It is here, when we consider the intricacies of safer sex practices with latex that we confront the entanglements of identity or consciousness and corporeality or embodiment.

Finally, this dissertation contributes to theories about the social and cultural construction of technology. Not all technologies are created equal. Certain technologies in their application are recalcitrant to incorporation into intended practices. This recalcitrance can be due to the difficulty of developing and appreciating new embodied relationships with technologies. Sex workers, as knowledge producers, actively appropriate existing latex devices for new and unusual purposes. Within this adaptive reuse of these devices, sex workers inscribed devices with other meanings. For example, the material limits of the technology configures a user's relationship to the technology. Acting outside of the intended uses, sex workers innovate devices to meet their needs. In the practical application of the devices in sex work sessions, workers transmit their know-how in an interactive performance with the devices. This is a form of grassroots technology transfer. In this process, those who were once configured by technology, are the new configurers. Configuration is an ongoing process with multiple participants.

To illustrate, dental dams produced for dentistry are appropriated by sexual communities for use during oral sex. Sex workers are configured by the material and sentient constraints of the

device since they are "not big enough", you "can't see through it", and they "taste bad". In turn, sex workers innovate new devices such as saran wrap or male condoms for use during oral sex. These devices are then introduced to clients in sexual interactions and have the potential to filter into new social worlds. Sex workers, configured by their relationship with dental dams and innovated devices, configure new users to the devices with a potential for further scope.

I began my dissertation with the intention of accumulating the different tactics for incorporating safer sex into sexual practices. I had a vision of illuminating possible new techniques of safer sex that could be transported from sex work communities or sex manuals to a broad audience. I wanted this work to have practical value in helping to reduce the spread of HIV. However, the more entrenched I became in my dissertation, it became painfully clear that this was not possible. My goals must be must more modest. I have been able to locate one community in particular who are enabled by very special circumstances and conditions. If these conditions and circumstances are met, perhaps others will be able to practice safer sex and integrate practices into their everyday sexual lives.

Meanings about safer sex will continue to go through moments of relative stability and flux. Within this dissertation, I have explored some of the knowledges, technologies, and identities emerging from the social construction of safer sex. In so doing, I have explored how safer sex is packed with our understandings of health, life, death, power, sexuality, expertise, and professionalism. Unpacking these meanings enables us to envision the complex of knowledge production. Perhaps through our acknowledging, critically evaluating and deploying this knowledge complex, we will be able to attend to the tasks of creating alternate models to transmit valuable information. These models, however, must be self-reflexive, temporary, and flexible to reinterpretation.
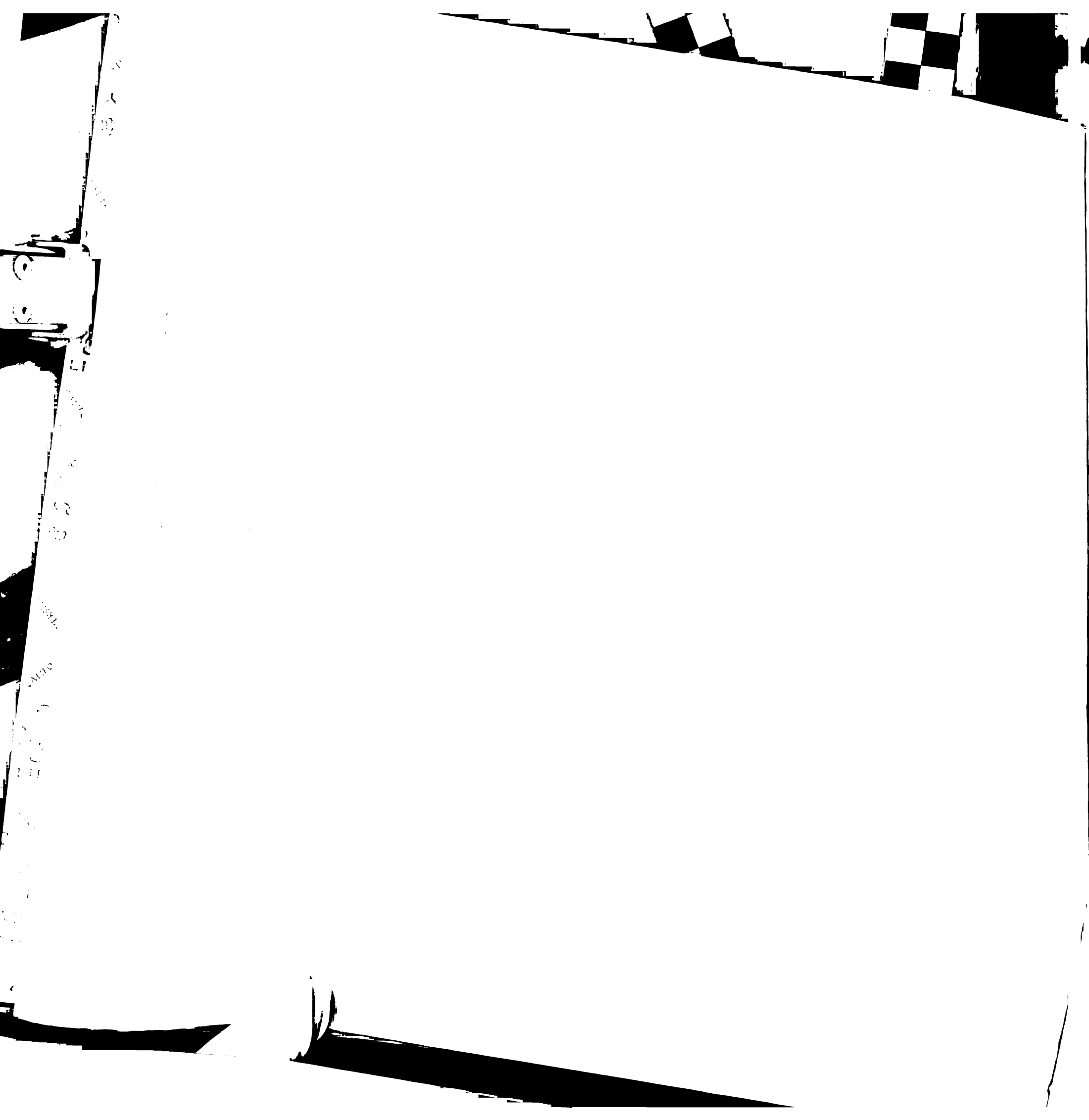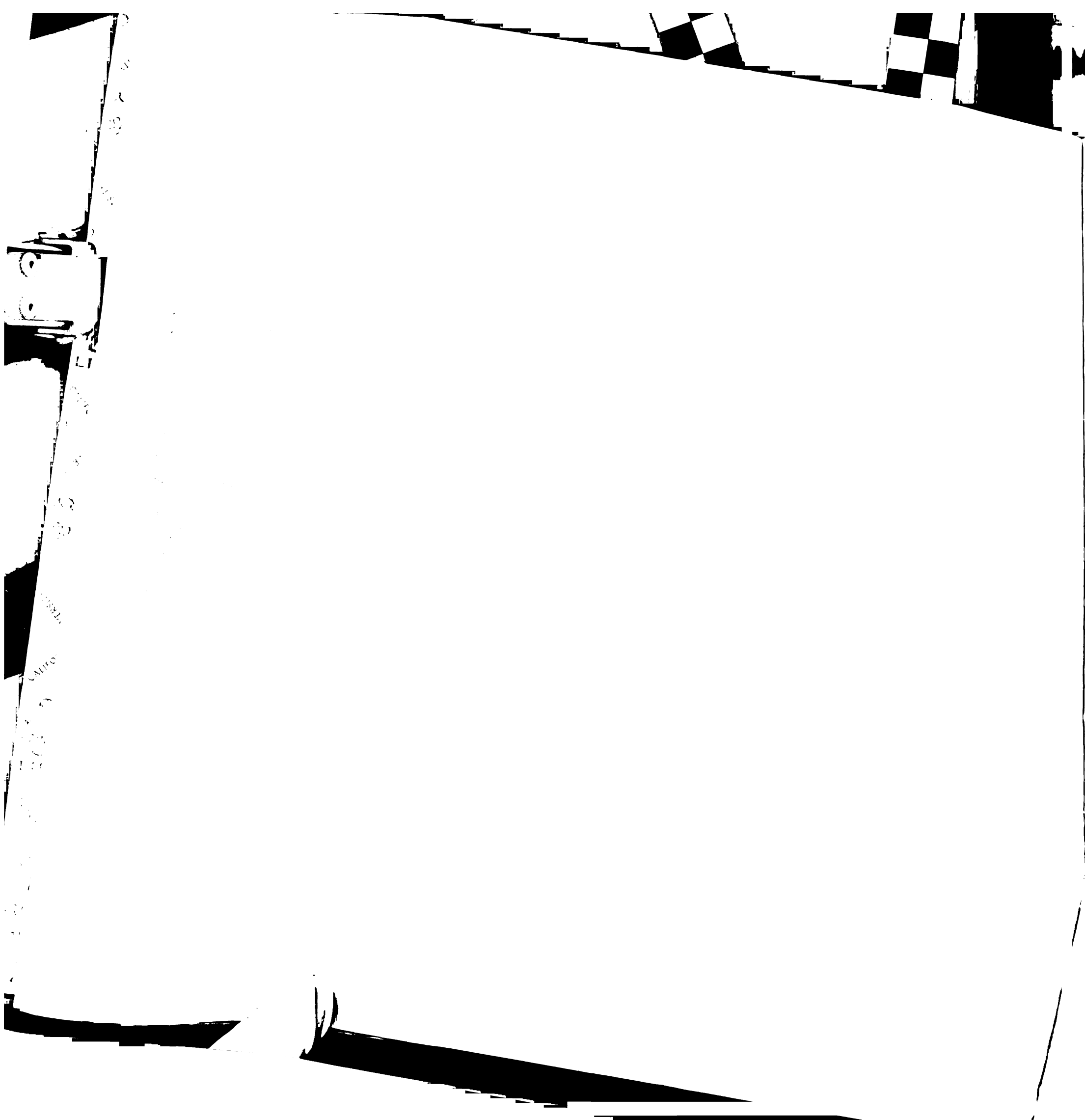
ADDENDUM

Axial coding

Axial coding is used to further develop analysis based on open coding of transcripts. The focus is "on specifying a category in terms of the conditions that give rise to it; the *context* in which it is embedded; the action/interactional *strategies* by which it is handled, managed, carried out; and the *consequences* of those strategies" (Strauss and Corbin 1990:97, emphasis in original). In my study, I developed my own way to do axial coding to attend to the conditions and consequences of specific categories. For example, in my attempts to dimensionalize safer sex as it was discussed in the lives of sex workers, I wanted to explode the category of safety. My axial coding and the resulting memo, abridged and excerpted, below illustrate my method. This type of coding enabled me to dig deeper into the meaning of safer sex and the dimensions of the concept.

CATEGORY=Safer sex
I have already described what sex is but what is safety? How do sex workers talk about their own safety and the safety of others (clients, family members, friends, lovers)?

What is safe and safety?
Safety occurs in a *context* of control by the sex worker as discussed in interviews (001-007, 009-010, 012-019).

Strategies to maintain safety involve:

Doing doubles
Sharing a work space with other sex workers
Training with an expert
Using latex
Calling a friend before and after a sexual session; Using a driver
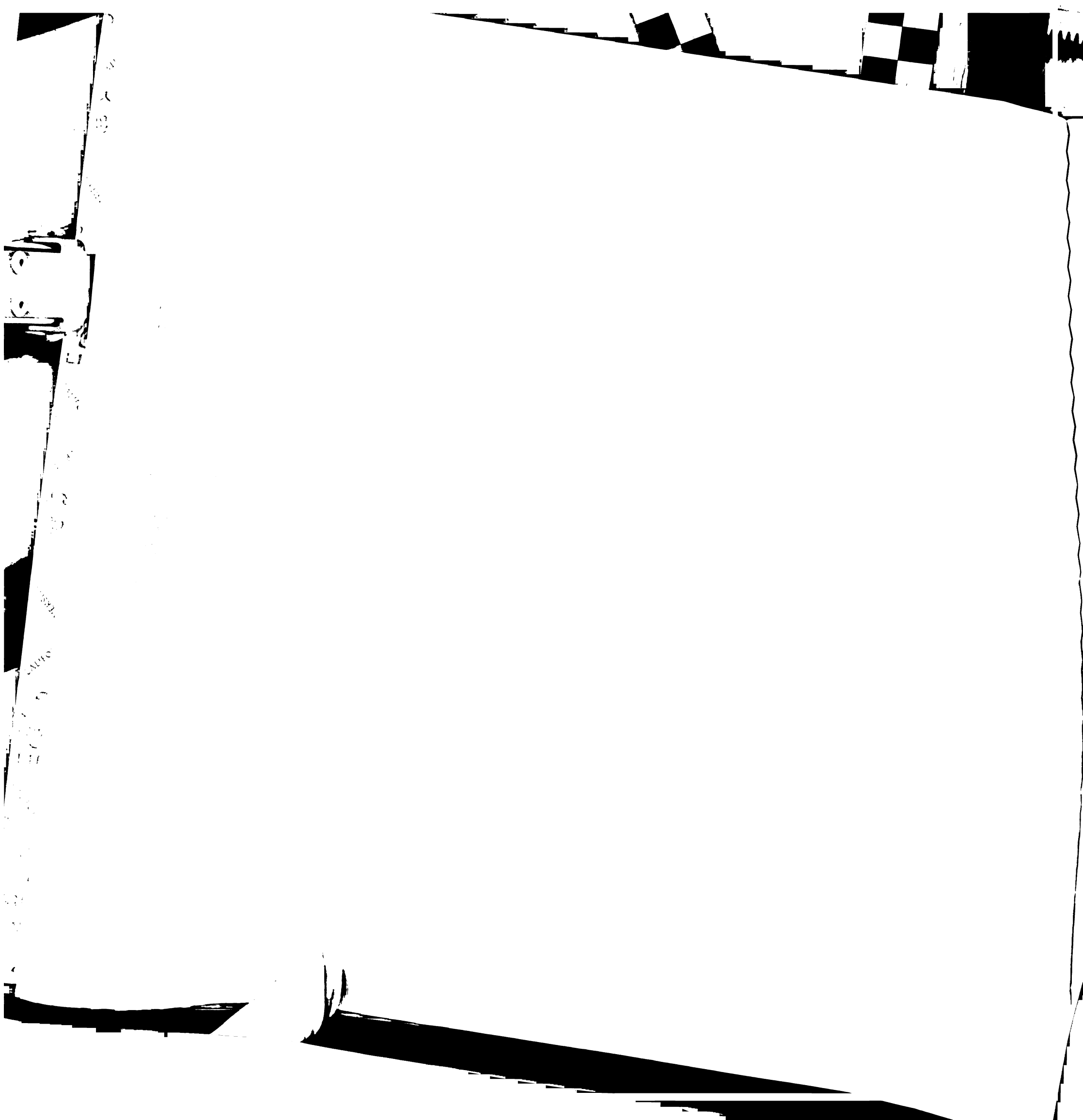Intuition (This is a biggie)
Asking for the money before the trick
Only seeing clients through referrals through other girls
Building a network of sex workers
Maintaining a high level of communication
Inspecting clients bodies for dirt and indications of illness

Consequences of safety strategies: (these only occur sometimes)

Feel more secure at work
Feel more competent at work because less to worry about
May feel over secure, overestimate their safety (especially in first latex failure stories)
Feel a sense of community with other workers
Feel as if it a routine (could be used as an emotionally distancing technique)
Can be a turn off
More work to be subtle
Time consuming sometimes

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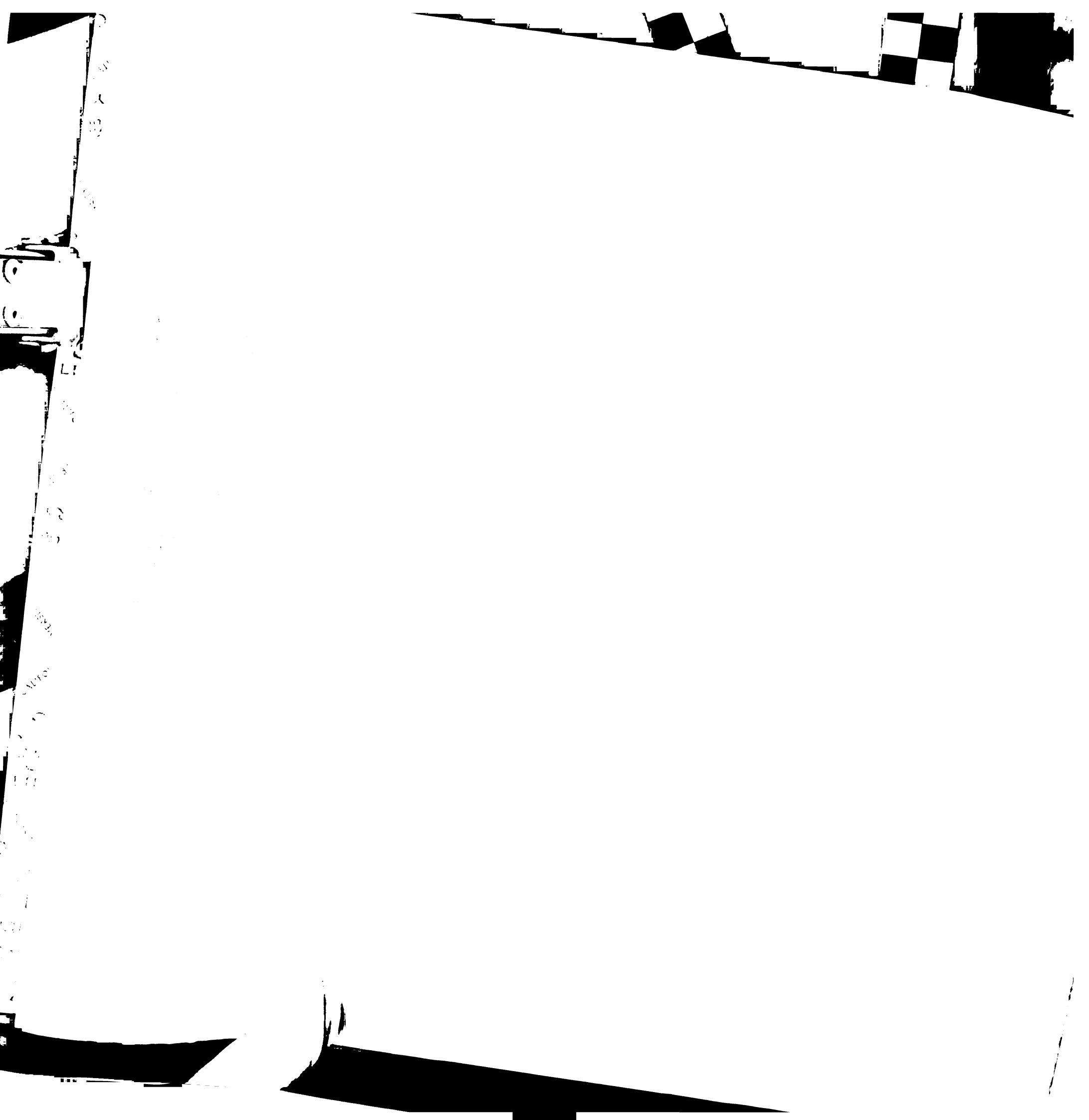
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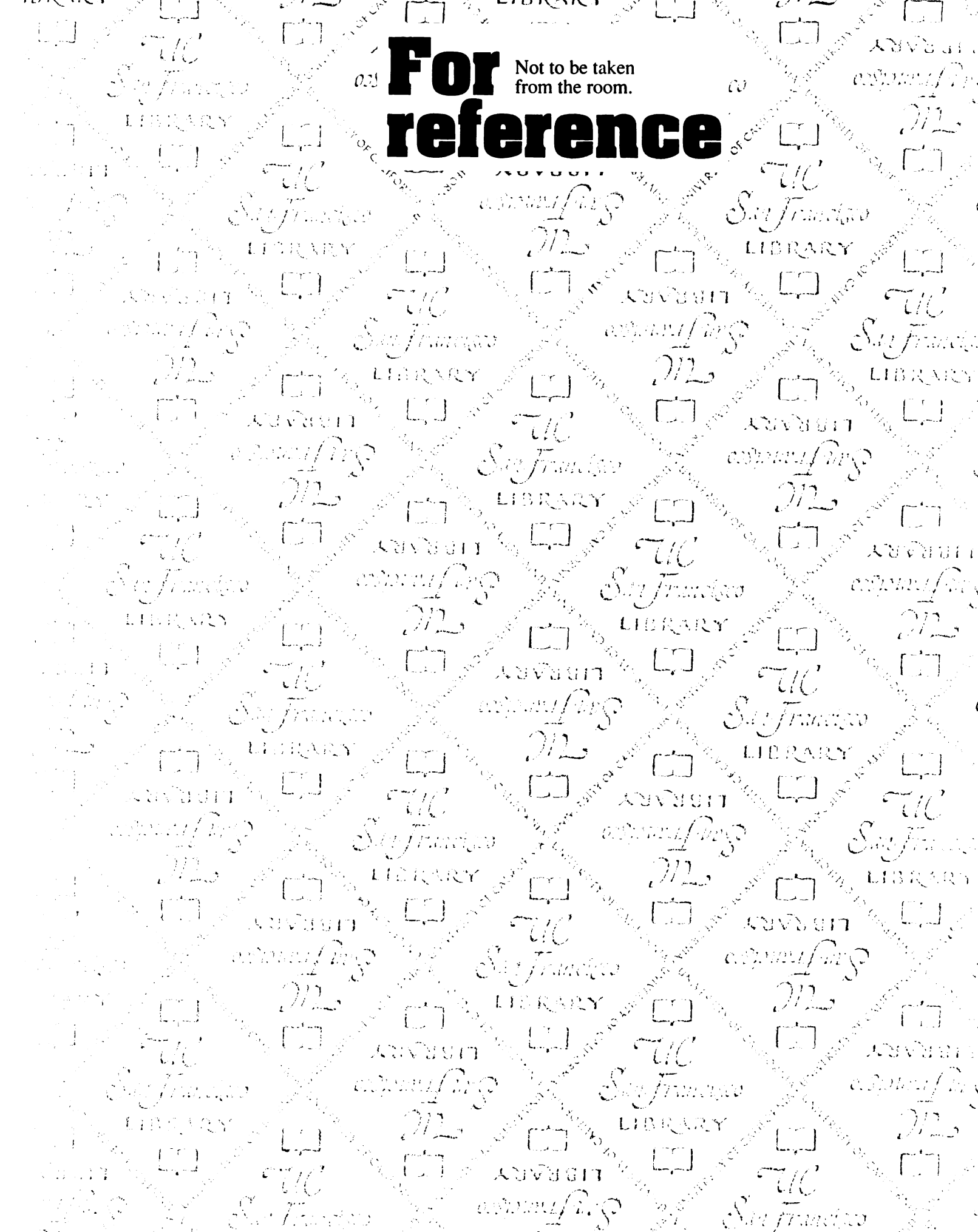
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