

REQUIRED FORMAT

REPORT FOLLOWING SABBATICAL

Directions are in Italics

Name: [REDACTED] Campus/Department: [REDACTED], Communication

Period of Sabbatical: Fall 2014

First, I would like to thank the committee for granting me a sabbatical for the fall 2014 semester. This sabbatical enabled me to completely finish my dissertation, as promised, titled, "The Medical Condom: Contentions, Challenges and Opportunities for PrEP, HIV Prevention, Gay Sexuality and the Gay Male Body."

Attach the Statement of Purpose as approved by the Sabbatical Review Committee.

A. Narrative on Activity and Findings

(Describe your activity in detail and attach supporting documents of outcomes—e.g. transcript, manuscript outline and/or chapter course proposal, and research/project report, survey responses. Be certain to directly address and report upon the activities outlined in your sabbatical proposal.)

Content & Topic of Dissertation

My dissertation is a critical health communication focus that looks at the intersections of PrEP, unsafe sexual practices in the gay community, gay sexuality, HIV/AIDS, and the gay male body. Specifically, in November of 2010, the *New England Journal of Medicine* published a breakthrough study for the prevention of HIV/AIDS in men who have sex with men (MSM) (Grant et al., 2010). The study found that men who took a daily PrEP (i.e. Preexposure Prophylaxis) regimen of emtricitabine and tenofovir disoproxil fumarate (FTC-TDF) reduced their HIV risk by 73 percent as long as they took this medication 90 percent or more of the time during the research study. PrEP is "the administration of antiretrovirals before HIV exposure to prevent infection" (Supervie, Garcia-Lerma, Heneine, & Blower, 2010, p. 12381). Simply stated, the researchers took an existing medication to treat HIV and gave it to HIV-negative volunteers and monitored their sexual practices especially when they did not use condoms or participated in bareback (unprotected anal intercourse) sex with other men. In July 2012, the U.S. Food and Drug Administration (FDA) approved the use of this drug for the use of PrEP in preventing HIV in high-risk communities (CDC, 2012).

This promising news comes at time when researchers have been searching for preventative measures of HIV transmission other than condoms. Additionally, the Grant et al. (2010) study is important because HIV rates are still on the rise around the world and among MSM in the United States who are increasingly becoming infected. Specifically, "MSM represent more than half of new HIV infections and nearly half of all people living with HIV in the U.S., and the rate of new HIV diagnoses among MSM is more than 44 times that of other men" (CDC, 2011). Moreover, data suggest that HIV infections have been steadily increasing in this group since the mid-1990s. While PrEP shows much promise and efficacy, doctors and

scientists are aware that more research needs to be conducted in order to monitor long-term use of PrEP treatments. PrEP offers so much potential in preventing HIV that *Time* magazine ranked the study number one as the top medical breakthrough of 2010 (Park, 2010).

The success and potential that PrEP offers can completely change the thought process in how safe sex is discussed and managed but it can also come at costs. Many of the current HIV drug treatments are high in toxicity which can put stress on vital organs in the body. Shortly after the PrEP study was published, criticism of PrEP treatments was raised almost immediately in the medical community. Gostin and Kim (2011) raised the ethical questions regarding the administering of the PrEP regimen, "Under what circumstances is it ethical to recommend that healthy individuals take medications with potential adverse effects and drug resistance?" (pp. 191-192). The ethical implication of prescribing toxic medications to healthy people was also raised by Leydorf (2011). He argues "you have to question the rationale for taking something that can *make* you ill in order to *prevent* getting ill. It would be like doctors prescribing chemo for life instead of advising smokers to give up cigarettes" (p.22). In addition to the ethical implications of the medication used in the PrEP study, it (i.e. Truvada) costs approximately \$13,000 per year (Leydorf, 2011). This raises many more policy questions as to whether or not health insurance should, or would, cover the cost of a PrEP regimen. While scientific and medical results from the PrEP study show excellent results in preventing HIV among high risk sexual groups, especially MSM, PrEP enables yet constrains some of the many other issues associated with the administering of this treatment.

The possibilities suggested by PrEP regimens offer many promises for sexual health in protecting the body from HIV but it also raises questions in regards to how the gay male body is often managed and regulated by medical culture. The gay male body is unique in that it is subject to disease and illness, especially from a sexual health context. Lupton (2003) notes that:

Over the past century and a half, the homosexual body has been subjected to intense medical scrutiny. As part of the quest to categorize, label and define human bodily functions and behaviours, medico-scientific discourses have constructed 'the homosexual' as a distinct human type. (p. 31)

MSM, specifically gay men who bareback, or who put their bodies in danger, violate the social norms of trying to maintain a healthy lifestyle that is encouraged and privileged by society and forms the normative structure from which the medical community approaches the issue. That is, gay men are taking sexual risks that put them not only at risk of HIV but also of contracting other STIs that can easily be prevented by using a condom. Foucault (2000) noted this social norm as the "imperative of health" which he claimed is "at once the duty of each and the objective of all" (p. 94). The practice of barebacking, in transgressing the norm, raises many questions in a society that privileges a healthy lifestyle over risky sexual behavior. While same-sex relations and practices have been stigmatized by society, barebacking among MSM is further placed in spaces of stigmatization that exist both inside as well as outside of the self (or the body). Foucault states that "the whole machinery of power . . . was implanted in bodies" (p. 42). Power has specifically played a predominant role in regards to how sexuality is practiced, taught, and performed. Foucault notes:

The power which thus took charge of sexuality set about contacting bodies, caressing them with its eyes, intensifying areas, electrifying surfaces, dramatizing troubled moments. It wrapped the sexual body in its embrace. (p. 44)

The sexual body has been regulated through elements of socially acceptable sexual practices and norms, and barebacking is no exception. Trying to understand such practices of some gay men further questions the notions of what is sexually and socially acceptable to do with one's body and what is not. As a preventive tool, PrEP complicates the simplicity of "use a condom" as a response to the possibility of contracting HIV/AIDS and further impacts the management of MSM's sexual practices. The question surrounding the advent of PrEP is whether or not it will be welcomed among MSM, as they are already showing increased rates of bareback sex.

And power, according to Foucault, does not exist in isolation – it finds its way into the body and plays a major role in how human bodies are managed and controlled. Foucault (1980) specifically argues:

What I want to show is how power relations can materially penetrate the body in depth, without depending even on the mediation of the subject's own representations. In power takes hold on the body, this isn't through its having first to be interiorized in people's consciousness. There is a network or circuit of bio-power, or somato-power, which acts as the formative matrix of sexuality itself as the historical and cultural phenomenon within which we seem at once to recognise and lose ourselves. (p. 186)

As gay sexuality went through a liberation phase in the 1970s, and HIV/AIDS spread virtually unchecked throughout the 1980s, the hysteria to control the spread of the illness and to find a cure and vaccine was the dominant discourse during that time. Since no vaccine or cure has been found, prevention and treatment of the disease is what has been communicated and has forced many gay men to take control of their bodies through their sexual practices, in particular, practicing safe sex with a condom. Now that PrEP has the potential to take control of HIV prevention measures without the use of condoms, power is literally installed in the body in the form of medicine, in this case, PrEP, to protect against the virus. While the long-term potentials and dangers of taking PrEP regimens remains unclear, the gay male body is, in a sense, fitted with a script of protection against HIV. Neither condoms nor PrEP are failsafe measures, but the emergence of this new alternative changes the power dynamics within the gay community, as it also changes the power dynamics invoked in managing the MSM body. The "safe-sex" norm is also challenged with respect to the gay community's reaction to this new regimen.

The script, specifically the per(script)ion of PrEP regimens, adds to the text of the gay male body. Cahill (2008) argues, "If, as Foucault claims, individual bodies are produced with certain identifiable characteristics that relate directly to power dynamics, then bodies are texts that we may read in order to discern the (sometimes implicit) claims of the dominant discourse" (p. 815). The text of the gay male body continues to be studied, medicalized, and managed through the influence of bio-power. That is, in order for gay men to protect themselves from the dangers of HIV they must further add to the text of their bodies through the scripts of PrEP regimens. Similarly, the text of the female body has had the similar scripts and discourse through the invention of birth-control medications. And now that PrEP has become more of a reality, it brings with it new meanings, opportunities, and uncertainties for the gay male body. Lupton (2003) notes that "Like the gendered body, the sexually active body is currently a primary site at which contesting discourses compete for meaning, particularly in the fields of medicine and public health" (p. 29).

In addition to the control over the gay male body from acquiring HIV, PrEP focuses on sexuality in regards to how HIV can be prevented. Rubin (1999) argues that sexual behaviors are privileged within a hierarchy in society. The most privileged form of sexuality and practice is that of monogamous, married, heterosexual couples. Not very long ago, up until 1973, the *Diagnostic and Statistical Manual (DSM)* classified homosexuality as a psychiatric illness. The American Psychiatric Association removed the words and supposed “illness” of homosexuality from the DSM at its 1973 meeting in San Francisco (Chicago Public Media, 2002). While the psychiatric stigma of homosexuality started to change during this time, homosexuality as a lifestyle and sexual practice still today holds a high level of stigmatization. Rubin argues about society and sexuality:

Most systems of sexual judgment – religious, psychological, feminist, or socialist – attempt to determine on which side of the line a particular act falls. Only sex acts on the good side of the line are accorded moral complexity. For instance, heterosexual encounters may be sublime or disgusting, free or forced, healing or destructive, romantic or mercenary. As long as it does not violate other rules, heterosexuality is acknowledged to exhibit the full range of human experience. In contrast, all sex acts on the bad side of the line are considered utterly repulsive and devoid of all emotional nuance. The further from the line a sex act is, the more it is depicted as a uniformly bad experience. (p. 152)

Rubin further argues that homosexuality has become more acceptable within the last few decades but has still not received the same respect as heterosexual practices by society. While Rubin does not speak directly to the sexual practice of barebacking, there can be an argument made that, within the hierarchy of homosexual practices, these types of sexual behaviors are not widely embraced among MSM or within the gay community. Larry Kramer, an AIDS activist since the early 1980s, is still making passionate pleas to the gay community about the health risks of barebacking (Kramer, 2005). This discourse is in direct competition of a gay pornography industry that’s producing bareback pornography at three times the rate of condom-only pornography (Colin, 2009), not to mention the social networking websites, including mobile phone apps, dedicated to barebacking. Even though gay men are experiencing more equality and sexual freedom than previous decades, the practices of barebacking tend to fall on the other side of the wall of socially acceptable sexual practices. Now that PrEP has the potential of preventing HIV without the use of condoms, and allows for the possible potential practice of safe, bareback sex, the question is raised about what PrEP means for the gay male body, gay sexuality and health, and HIV/AIDS.

Considering the above stated information, I am curious about the intersections of PrEP, HIV-prevention in the gay community, the gay male body, and gay sexuality and health. As a result, I proposed the following research questions for my dissertation:

1. What kind of meanings do Gay Men subscribe to barebacking within the context of PrEP regimens?
2. What kind of meanings do Gay Men subscribe to HIV/AIDS within the context of PrEP?
3. What do Gay Men (re)think about gay sexuality and gay health in regards to PrEP treatments?
4. What does PrEP mean for the gay male body?

In addition to the above authors and theorists, I will be incorporating the theoretical work of Kenneth Burke and Elizabeth Grosz.

Additionally, in my dissertation, I used a qualitative methodology which, on average, creates for a longer dissertation (both in collection of data and in the overall page length of the dissertation). Since the submission of the sabbatical application, I collected 20 in-depth interviews. When I gathered all of these interviews, they were professionally transcribed (i.e. listening to the interviews and typing out the interview word-for-word into a document). The interview transcripts were sent back to all of the participants to make sure that they were accurate – this is also called conducting a “member check” (Corbin & Strauss, 2008). Upon receiving confirmation from my participants, I wrote the analysis chapters (four & five) from the data using the “constant comparative method” (Corbin & Strauss, 2008). Specifically, this meant creating themes that have consistently emerged in the interview data and stuck out most to me as a research. Within these themes, I expanded upon them by writing lengthy dimensions of those themes. Those themes, along with their dimensions that emerged in the data are as follows:

Summary of Themes & Dimensions

Theme	Dimension
The Body	HIV Testing & the Body PrEP & HIV testing OraQuick & HIV testing Bareback Sex & the Body Medical Conditions & the Body
Medical & Sexual Communication & Knowledge	Formal Sex Education Informal Sex Education Sexual Health Communication with Doctors Communication with Sexual Partners
Interpretations of HIV	Medical Optimism Personal Optimism Generational Optimism Social & Personal Pessimism Knowledge Absence & Presence of HIV Language of HIV/AIDS Silence & Stigma HIV as Object/“It” Being Gay = HIV
Interpretation of PrEP	Language of PrEP Birth Control References Doubt about PrEP Increased Sexual Risk

Health & Medical Interpretations
Negative Criticism & Interpretations
of PrEP
Positive Embracement of PrEP

Finally, I tied these themes back to the theoretical implications that I have laid out in my literature review and theory chapters. The analysis chapters, and the final, “implications” chapter have been submitted (as a hard copy) to the Office of Academic Affairs and are free to be viewed by the committee.

Qualitative dissertations at Ohio University’s School of Communication Studies (and across the Communication discipline) differ greatly from quantitative dissertation methodologies. First, qualitative dissertations are longer in page length. Typically, qualitative dissertations average anywhere from 250 to 500 pages in length (my dissertation was close to 400 pages). The sabbatical allowed me to write approximately 225 pages of material. The entire dissertation was sent to the Office of Academic Affairs in a bounded, hard copy.

B. Professional Benefit to Applicant

(Discuss how the activity made you a better teacher or other professional or scholar.)

By successfully completing this dissertation, I will be able to better myself as both a Communication scholar and professional. As a scholar, this process has improved my academic writing ability and will afford me the opportunities to pursue other projects that are meaningful to me. Those projects include, but are not limited to, turning in portions of my dissertation into conference presentations and/or publications. Professionally, the completion of the dissertation provides me with an academic “credential” that could increase the credibility of my work that I present at conferences.

Secondly, completing the writing process of the dissertation will help me professionally. With a completed dissertation, I can take the finished product and can propose portions of it as conference presentations, edited book chapters, and/or published academic articles. While the dissertation is an important academic “event” in a scholar’s career, it should start the process of increased inquiry along with a pursuant research agenda. Also, many grant applications expect applicants (depending on the field) to have their terminal degree earned, so if I would want to pursue a grant for a project I would need the credential of “Ph.D. in Communication.” I believe having such a finished and completed dissertation will give me the confidence to pursue all of these goals and objectives in my academic career.

Finally, fully finishing the dissertation will enhance my teaching as an instructor. In the COM 101 (Introduction to Human Communication) and COM 105 (Public Speaking) courses, I teach students about the research process because students are required to gather materials and sources for their speeches. Specifically, I teach students about “quality resources,” pitfalls that should be avoided while researching for a speech or a paper, and how to critically think about the material that they research. By going through the entire research process of a dissertation, and fully immersing myself in that process during a sabbatical, will be both valuable to me and further strengthen my pedagogical skills in the classroom.

C. Benefit to the College

(Discuss the impact your sabbatical activity will have on carrying out your professional responsibilities e.g. to teaching; to student learning; to programs, courses or curriculum development; to retraining, or to an institution specific project.)

Most importantly, by completing the dissertation, I will be able to provide a number of benefits to the College. First, it will help build the “credentials” of the Communication faculty at the College. Out of 17 full-time Communication faculty members (across all three campuses), five, including myself, have successfully earned their doctorate’s in Communication (which is a terminal degree in our field). Five other members of the Communication faculty are currently ABD (all but dissertation). Those five members, in my personal conversations with them, have elected to not finish their dissertations or their time has “run out” in being able to successfully complete their degree. Furthermore, according to the Faculty Association website (and other College communications), the Administration has encouraged faculty retraining and development in the field of Communication. Also, when job searches are created for a new Communication faculty member, “Ph.D. is preferred.”

Secondly, finishing this dissertation has helped me to better understand the phenomena I am researching and then enable me to teach it to students in the College community. Specifically, I would like to teach a special topics class at the College on “Sexuality and Communication.” In this class, topics will center on how humans communicate about sexuality at the intrapersonal (within ourselves), perceptual, cultural, interpersonal, group, organizational, health, and societal levels. I am serious about teaching such a special topics class as I took a short course on Friday, November 22, 2013 titled, “Connecting Across the Discipline and In the Classroom: Teaching a Course in Sexuality and Communication” at the National Communication Association’s (NCA) 99th Convention in Washington, DC. Due to the content of my dissertation, I will be able to discuss specific issues of sexuality, especially HIV-prevention, in how they relate to communities of sexual minorities, especially gay and bisexual men. Additionally, by gaining the knowledge from completion of my dissertation, I would be able to discuss specific elements when it comes to sexual health when I teach that section to my future Freshman Seminar (COL 101) students. Specifically, the second learning outcome for the Freshman Seminar course states “Students who successfully complete this course will be able to explore personal and societal issues faced by first year students (i.e. alcohol and other drug use and abuse, sexuality, cultural diversity, etc.).” The element of sexuality, although a small component of the learning outcomes for Freshman Seminar, directly relates to the research in my dissertation, especially within the element of HIV-prevention – something all first-year students need to understand and recognize as pertinent health issue. Finally, another benefit to the College can be from presentations that I could deliver to the College’s Gay-Straight Alliance (GSA). A few semesters ago, I delivered a presentation to the GSA in which I discussed a brief history of HIV/AIDS, treatment and prevention of the virus, and the research that I am currently conducting within my dissertation. Since my presentation, I have been asked to return and deliver other presentations to the GSA within the context of HIV/AIDS and my general interest (and experience) in the gay community. I also presented a portion of my dissertation during “Banned Books Week” in October 2014. These are just a few of the many ways that this sabbatical would afford me the opportunity to benefit the College.

D. Describe the Current Status of the Project

I successfully defended my dissertation on Friday, March 13, 2015. I have a few minimal revisions to make but will have those completed by the end of the semester. It is important to note that the committee approved and signed the dissertation defense form, noting a successful, passing defense. That paper will be turned into the Graduate College of Ohio University when I make the needed revisions and my advisor thinks they are appropriate. I plan on making those changes during the spring break recess.

Notes:

The report should be submitted to the Sabbatical Review Committee (c/o Vice President for Academic Affairs) within eight weeks of your return. Your report will be reviewed by the Sabbatical Review Committee to make certain that you completed the work proposed in your sabbatical application.

You should be aware that your report may be subject to public inspection and may be shared with the Board of Trustees and your colleagues. Upon review and acceptance by the Sabbatical Review Committee and your dean, the report will be forwarded to the President.

A faculty member is expected to complete his/her sabbatical as awarded, or as modified or waived with committee approval. A faculty member granted and accepting a sabbatical who fails to complete the sabbatical as awarded, or modified or waived with committee approval, shall be required to reimburse the College for all monies paid under this provision to the faculty member during the period of said leave.

Upon return from sabbatical leave, the faculty member agrees to remain in a full-time faculty position for a minimum of one (1) year. Prior to the commencement of a sabbatical leave, a faculty member shall be required to execute documentation to assure repayment to the College of all costs related to the sabbatical leave in the event the faculty member does not return to the employ of the College. At the conclusion of one year of full-time service following sabbatical leave, the documentation will be returned to the faculty member.

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