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Tops, Bottoms, and the Ghost of HIV:  
An Investigation of the Impact of Collective Memory on the Behavior-Group Identity Relationship  
Among Gay Men

By

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Doctor of Philosophy

Sociology

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Michael Patrick Vaughn  
M.A., Emory University, 2017  
B.A., State University of New York College at Geneseo, 2012

Advisor: Irene Browne, PhD  
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An abstract of  
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James T. Laney School of Graduate Studies of Emory University  
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## Abstract

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Among Gay Men  
By Michael Patrick Vaughn

What happens when something integral to who you are becomes potentially lethal? In this dissertation, which sits at the intersection of social psychology, cultural sociology, sexualities studies, and health sociology, I explore the long-term sexual- and identity-related implications of the HIV/AIDS epidemic for gay men living in the United States. Sexual behavior has long been regarded as a core component of one's sexuality. Throughout the HIV/AIDS epidemic (1980-present), gay men's sexual behavior has become pathologized, regarded as something potentially deadly and, especially in the first decade of the epidemic, unpredictably so. Similarly, American Psychiatry framed homosexuality as an incurable mental health disorder from 1952-1980. How then do gay men understand what it means to be gay? How has the collective memory of the HIV/AIDS epidemic thus far been integrated into gay identity? And how do gay men's lived experiences with the epidemic, which vary widely for younger and older adults, influence this relationship? I pose these questions to situate the HIV/AIDS epidemic as a sort of rupture in the naturalness of the pairing of sexual behavior and sexuality, particularly for gay men. To peer into this rupture, I pose an overarching question to all of my participants, as well as the reader: *what does it mean to be gay?*

In this dissertation, I examine the ways in which gay men construct their gay identity, particularly focusing on the relationship between collective memory and identity. I argue that gay men have commemorated the HIV/AIDS epidemic as a collective memory and that this collective memory influences the construction of gay identity. Individuals draw upon the collective memory differently given their lived experience with the HIV/AIDS epidemic, creating a birth cohort effect in gay identity construction. To gather data on commemorated and forgotten narratives of the HIV/AIDS epidemic, I conducted archival research at three sites (Atlanta, GA, New York, NY, and New Haven, CT), and I interviewed 61 gay men in New York City, stratified across three birth cohorts and by race, to better understand individuals' construction of their own gay identity. These gay men participated in an in-depth interview, sharing self-stories about their own sex lives.

Using the stories commemorated in the archives as a guide to the potential veins of gay collective memory, I find that gay men consistently define what it means to be gay in terms of medical collective memory. Gay men draw upon narratives from American Psychiatry and the history of the HIV/AIDS epidemic to define, in part, what it means to be gay. In the first of three empirical studies in this dissertation, I find that collective memories of medical trauma may influence identity verification for gay men. In the second study, I find that the historical narratives invoked when defining what it means to be gay vary across generations, due largely to lived experience. In the third study, I demonstrate the ways in which white-coded gay historical narratives and cultural objects are taken as central to gay identity, and thus impact identity verification differently for gay men of different races.

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## Prelude: Situated in Space and Time

We do not obtain knowledge by standing outside the world; we know because we are of the world (Barad 2007:185)

*How did I get here when “here” keeps changing?*

This project began, as many do, somewhere between cruising and people watching in a haze of gin at a crowded gay bar in New York City. I struggle to remember exactly when it came to me; the fog of age, alcohol, and trauma-induced memory loss has given me these stories with “ugly holes,<sup>1</sup>” patched with second-hand narratives, stitched together with hastily-typed notes on my then-embarrassingly-old Motorola Razr flip phone to produce anything true or real or believable. But in 2014, as a young gay man who only wanted to find a family and learn how to act, I turned to the gay scene.

I’ve always been fascinated by stories, and the stories I heard at 3, 4, and 5am at gay bars and clubs were some of the most captivating.

During my time living in New York City, I learned about gay etiquette from my then-partner at bars the Upper East Side I couldn’t afford (“These gays think buying you cocktail is a transaction”). I learned how to manipulate and play to win from gaymers in Hell’s Kitchen (“The unwritten rule at Vlada [gay bar] is the winner of every third hand gets a free shot”). I learned how to assert superiority despite my being on the lowest possible rung of the NYC fashion scene (“Those shoes are looking kind of *casual*”). I learned to be wary of “chicken hawks,” older allegedly predatory men at clubs, to both shade and admire muscle queens, when to play up my femme side and to whom, and how to “YAAASSSS!” at precisely the right time.

<sup>1</sup> “The Prelude Pathétique” (Lady Gaga 2011)

I was not, as a young white man, taught much history, nor did I care. I never knew the Stonewall Riots were not the only queer riots, nor did I know they were violent uprisings against the police led by an array of queer people, including both Black and Latinx trans women (e.g., Marsha P. Johnson and Sylvia Rivera) and butch lesbians (e.g., Stormé DeLarverie). I didn't know that organized crime families protected queer bars in New York City from police raids, historically, nor did I know they did so to make sure they could keep selling drugs to the marginalized and vulnerable populations out of the back rooms of these same queer bars. I didn't think about where my "gay slang" originated (largely queer Black/PoC communities). I didn't think about why I never saw anyone over thirty in any of the good clubs, or why it was rude to refer to my older friends as "gay dead" once they turned thirty. I didn't think about it because these stories, these histories were not a part of what it *meant to be gay* for me or for my young white gay friends. I only thought about cocktails and sex and shoes and closets.

*What does it mean to be gay?*

My inclination starting this project was to try to take a completely grounded approach. No preconceived notions, no conceptualizations, no baggage. And I found this immediately impossible. As an insider, someone who identifies as a gay man, I had so many thoughts about what it means to be gay. And the stories I learned as a young adult in New York City continued to influence my personal life and academic work. And as an outsider, someone coming to a community to do research, having been away for years, and as a white person in his late 20s, I had so many assumptions about what would matter and what would be irrelevant.

My next inclination was to rely on commemorated history and to expand as needed. Building out my ASA 2018 presentation, I quickly realized that mapping gay collective memory is an impossible task, and one that quite offensively reduces sexuality to a simple list of

experiences. Conducting in-person interviews, I further realized that there is no one gay history. My whiteness centered certain historical moments (Stonewall Riots, Gay Marriage), public health definitions (self-identified MSM), presumed biographical constants (coming out, first partner, first sexual encounter), and gay iconography (Golden Girls, Lady Gaga, Cher, Barbra, Liza, Judy) at the exclusion of ostensibly any other understanding of queerness. During data collection, I had the jarring realization that my constants, my definition of what it means to be gay was not a constant across the population. My expectations about what constituted gay culture were consistently challenged throughout this project, such that I find myself unable to, and no longer interested in answering the key question of my study– what does it mean to be gay. Instead, I am fascinated by the construction of gayness and how historical trauma interacts with lived experience and positionality to shape the experience of being gay.

### *Positionality*

I entered into this research as a white gay man, a New York native, and a graduate student. I found that participants' reception of my gender presentation varied throughout data collection, with some participants reading me as transgender or genderqueer and others as a feminine cisgender man. Rather than marking my own identity labels, I want to center the impact. I never passed as anything but white, because I am white. I never passed as anything but a student; the consent form and description of this project immediately flagged an occupation, level of expertise, and associated class background. How participants read, and reacted to, my gender and sexuality varied widely across participants. Some would comment on trans issues as if they were colluding with a cisgender ally, making remarks which they felt wouldn't be appropriate for an audience including trans people. Others would pause, look at my long hair, tattoos, and painted nails, and give a more painstaking, carefully worded answer, signaling that

they are reading me as something other than cisgender and really need to make a point that is offensive but don't want to offend me personally. Some would read me as complete other when describing queer issues, reading me as another White Gay<sup>TM</sup><sub>2</sub> who was rigidly invested in the gender binary and the naturalization of white culture in queer spaces. I have worked to include all of these experiences in my analysis, as they shifted my role as insider/outsider and both the way I approached asking questions/probing for more information and also how the participant related to me and the content of the interview. The influence of positionality is a manifestation of power and, in a story about ghosts, I would be remiss to ignore how power structures haunt all of our interactions.

Given the centrality of age and generation to this project, I was particularly mindful of how my perceived age played a role in the interview. Participants ranged in how old they assumed I was, allowing me to intentionally enter into an insider role with both the youngest and middle age cohorts (I was 29 years old at the time of data collection and appeared to pass as a peer for folks aged roughly 25-35). The youngest participants, those around 21 years old, often framed me as "old." While, explicitly, they meant this as compared to themselves, this was often a source of tension. One individual, who lied about his age and ultimately was omitted from the study, used me as an age reference point to describe "creepy old guys" on Grindr. While that particular instance was hurtful, generally younger participants perceived me as someone outside of their generation, making me either the "expert" on gay matters who should be guiding the interview, or as someone who was old and out of touch, needing to be guided.

For the middle age cohorts, my age was ambiguous. Participants tended to ask me questions about the New York City scene as a test of sorts, to determine how in touch I was and,

<sup>2</sup> This was a common phrase used to describe the most privileged of gay men, the numerical minority / power majority with high SES and low awareness or interest in social justice.

in many cases, to determine if I was a young gay “on the scene” still or if I was “gay dead<sup>3</sup>” like them. Given that I had been *off the scene* for about five years at the time of data collection, I was able to draw on personal experience from “back in the day,” which simultaneously gave me clout and credibility while acknowledging that I was ignorant about how The City operated in 2018/9. My age, being just young enough to be the tail end of the youngest cohort and just old enough to be the youngest member of the middle cohort, positioned me as a site of ambiguity. Both youngest and middle cohorts had to assess me, to determine how best to connect with me, to figure out if I shared their understanding of what it means to be gay.

For the oldest cohort, I was a member of the ignorant youth. For some participants, I was an embodiment of what is wrong with the younger generation, and a specific other to whom they could vent frustrations (which was rich data!). For others, I was someone who could still learn, someone who could still be taught about how things were and use those lessons to grow and make today and tomorrow better. I felt something stir up in me when participants treated me as if they were my mentor, embodying the role of gay elder. For these individuals, to get rich stories, I found myself *performing* being naïve and young. While qualitative methods require us to ask questions we think we know the answer to, I found myself doing so to learn more. This dynamic often resulted in participants sharing even more personal stories, recounting experiences and what they meant to them. In some cases, my questions fell flat, asking “what was that like for you?” shifts the participant’s focus, from him teaching me to him self-reflecting. Some participants found this petulant, and others disregarded my questions to continue with their point. They had a story to tell and I was here to listen (which is true). Guiding interviews with older cohorts became challenging in these cases.

<sup>3</sup> A surprisingly diverse array of participants all, separately, shared with me that thirty years old is “gay dead,” meaning the age when most individuals are expected to exit the gay scene.

## Chapter 1: Rendering Visible the Ghost of HIV

History is a chronology that makes experience visible, but in which categories appear as nonetheless ahistorical (Scott 1991:778)

How does a history of being treated like they're *ill* continue to haunt gay men? In the following chapters, I bring together social psychological theories of identity and cultural theories of memory to develop a novel framework for the long-term social impact of trauma. I find that a shared trauma, like the experience of medical pathologization, can influence how a group understands itself, and what the group identity means to group members. The meaning of the group identity, however, is not uniformly shared; individuals invoke collective memories, shared stories of their group's imagined history, to determine how medical pathologization influences the meaning of their identity.

My work delves into the meaning-making processes that happen after a traumatic experience, identifying collective memory as one source of meaning when groups create their group identity standard (i.e., the shared meaning of the identity). By taking this approach, my work also underscores the limits to more conventional understandings of cultural trauma, or a traumatic experience which impacts an *entire* group or society. My findings further research in collective memory by demonstrating one way in which trauma may be experienced differently across sub-populations (generations, races) and how these divergent experiences impact meaning-making and identity processes differently.

I use the HIV/AIDS epidemic and the history of homosexuality classified as a psychiatric disorder as an evocative case to understand how medical pathologization can become a collective memory and influence identity processes. I find that medical trauma can influence how a group defines itself, or its identity standard (Ch 3). I also find that the collective memory of a traumatic

event can continue to influence a group differently depending on their birth cohort, well after the traumatic experience has ended and well after it becomes medically managed (Ch 4). I also find that collective memory cannot explain all variation in identity processes, given that individuals, groups, and histories are embedded in systems of power, such as racism and white supremacy (Ch 4 and 5).

My research contributes to the fields of cultural sociology and social psychology by demonstrating the connection between a group's perceived history (collective memory) and the group's self-definition (identity standard). Social psychologists have long theorized how memory is integral to understanding the self (Mead 1934), yet little work has focused on how collective memory may constitute a potential source of meaning for the identity standard. Similarly, collective memory scholars have long theorized that groups perpetuate their own sets of self-relevant stories (Halbwachs 1992), but there is relatively little work examining how collective memories influence the individual who holds said group identity. In this dissertation, I bring these two distinct fields of study together to further our sociological understanding of how meaning-making happens in the context of a group with an imagined history.

In the following sections, I will review the key areas of social psychology and cultural sociology relevant to my study. I will begin with sociological social psychology, discussing meaning-making and identity processes. Then I will discuss cultural sociology, focusing on collective memory and its relationship to social psychology. Next, I will provide a working conceptualization for two key concepts: "trauma" and "gay." I will close the chapter with a roadmap of the following four chapters.

### *Social Psychology*

To understand the lasting impact of medical trauma and pathologization on gay identity, I begin my theoretical framework with the *meaning* of being gay. “Meaning” is a shared human understanding of a given social object (see: Mead 1934). Meaning-making, then, is the process by which individuals develop said shared understanding (see: Blumer 1969; Stryker 1980). Meaning-making is integral to human social life. Symbolic interaction, at its core, is a system of communicating that involves the learning and interpreting of these shared meanings (Mead 1934; Blumer 1969). Using symbolic interaction, individuals are able to communicate ideas and concepts, and orient themselves collectively and form groups. The concept of a “gay identity” requires individuals to generally agree on what it means to be gay, at some level of abstraction, which is an example of meaning-making.

An identity is a socially agreed-upon set of meanings which defines a social role (Burke 1991; Stryker and Burke 2000). Identity theory uses a cybernetic feedback loop as a model, in which individuals perform their relevant identities while interacting with others. Individuals base their performance on that set of meanings defining the identity, known as the identity standard. They then receive feedback on their performance from the audience and compare this perceived feedback of their performance with the identity standard to determine how accurate they embodied their identity.

Symbolic interactionists such as Erving Goffman (1975) have argued that individuals’ experiences during interactions continue to have an influence even after interaction has formally ended. Goffman (1975) refers to this social phenomenon as the interaction having a *referential afterlife*. People experience referential afterlives in most interactions – acting more guarded around an acquaintance after a trust violation, doing more emotional labor during a current interaction after unintentionally hurting a family member in the past, or even feeling awkward



around my neighbor after being awkward in a previous encounter – our past social interactions are continuously influencing our current social interactions. Goffman (1975) theorized a referential afterlife within discreet social relationships – an awkward interaction with my neighbor will continue to impact my future interactions with my neighbor, but it will not generalize outside of our relationship to my other relationships.

I build on Goffman’s concept of the referential afterlife, which focuses on individuals and the short-term impact, by using it to explain the long-term social impact of medical pathologization on gay men. I would expect a more pronounced experience, like something traumatic, to have a longer-reaching effect than something with a lower impact (e.g., awkward interactions). To capture this phenomenon, I bring meaning-making and identity processes into conversation with cultural sociological theories of memory. I turn to collective memory because, as I explain below, shared historical narratives orient individuals towards a shared account of *who their group was* and, in this way, is meaning-making.

### *Cultural Sociology*

Collective memories are *the stories we tell about our shared past* that shape *our shared present*. A collective memory is a historical narrative, an account of an event from the past that has been accepted by a group to be both a true story of the group’s past and defining of some aspect of that group’s identity (Halbwachs 1992). All groups possess an array of collective memories, a repository of stories about their imagined past. Collective memory is a social phenomenon which allows for group members to share a similar understanding of their group through widely known, clear historical narratives. Similar to Mead’s (1932) assertion that *individual memory* binds aspects of the self together, Halbwachs (1992) argues that *collective memory* is the force that binds group members together. Halbwachs (1992) posits that memory is

inherently social and that individuals cannot recollect events separate from the social context in which they occurred.

Pushing this argument even further, Halbwachs states that memories rooted in their social context “... consist not only of a series of individual images of the past. They are at the same time models, examples, and elements of teaching. They express the *general attitude of the group*; they not only reproduce its history, but also *define its nature* and its qualities and weaknesses” (1992:58, emphasis added). Collective memory situates group membership within a shared history, a history which individuals can “remember” even if they did not directly experience every event commemorated (e.g., family stories passed down generations). It is the shared nature of collective memories that “... enacts and gives substance to the group’s identity, its present conditions, and its vision of the future” (Cubitt 2007:10). Put another way, collective memories allow group members to imagine how the group sees itself (MacMillan 2008). Collective memories are theorized to influence all group members because they share a perceived past and an understanding of the nature of the group (Halbwachs 1992). More recent work theorizes collective memories as being clear, consistent, widely shared, and framing the group positively (Wagner-Pacifici and Schwartz 1991).

I build upon collective memory literature by demonstrating how, rather than all people remembering the same event (e.g., 9/11, Pearl Harbor, MLK’s Assassination, etc.), collective memories can also be *shared experiences*. Building on the work of Olick (1999), I demonstrate that gay men’s experiences of medical trauma are individual in nature, but common themes emerge across all gay men that bind them, creating collective memories. The experience of attending regular funerals of friends and lovers who have died from AIDS-related causes is highly individual (each person is attending their own friends’ services), and yet there is a

commonality of having lived through a time when this was the norm. That commonality, I argue, has become a collective memory and continues to influence the meaning of being gay.

The continued influence of these common experiences is also an extension of Goffman's referential afterlife. The traumatic impact of these experiences did not end after each funeral was concluded, nor did it end once the HIV/AIDS epidemic became medically managed and the mortality rate dropped in the United States. Salant and Gehlert (2008) conducted similar work studying medical collective memories in Black communities, focusing on how historical maltreatment by physicians has become a collective memory that impacts seeking medical care. They find that the previously high mortality rate associated with cancer broadly has become a collective memory, thus pairing death and dying with a cancer diagnosis despite increased survival rates and more precise and effective treatments. This collective memory manifests in what the authors term a "risk of knowing," a fear of a cancer diagnosis, dissuading individuals from seeking treatment. This effect is compounded by another collective memory, rooted in a history of systemic racism, in which Black individuals regularly receive unequal quality of medical care as compared to white individuals. I build on this vein of work by examining the ways in which medical trauma may become a collective memory that influences the gay identity standard, and how the complicated relationship between race and medicine may factor into the memory/identity.

*Conceptual Definition: "Trauma"*

My approach is a departure from sociological studies of trauma, which typically focus on "cultural trauma," the kinds of major events that impact an entire group and shape that group's understanding of who they are (Alexander 2004). I find that cultural trauma may be a limited concept for ongoing events like the HIV/AIDS epidemic. Taking a cultural trauma framework, I

would expect the HIV/AIDS epidemic to be experienced relatively similarly across all gay men. However, I find that, while gay men generally agree that medical trauma is key to understanding gay identity (invoking the plaguebearer frame, discussed later), gay men draw on *different instances* of medical trauma to frame their identity, generally based on their lived experiences growing up. While I do not question the validity or utility of cultural trauma as a framework in many cases, I demonstrate that the concept is ill-fit for ongoing traumatic events like the HIV/AIDS epidemic, particularly given the range of narratives used to explain the epidemic (see: Chapter 2) and that the epidemic has influenced different sub-populations differently (see: Chapter 4 for generations and Chapter 5 for race).

*Conceptual Definition: “Gay”*

Central to my dissertation is the concept of “being gay,” an ambiguous label I interrogate throughout the project. In order to begin this research, I had to make a working definition of “gay,” which inevitably evolved over the course of the study. To capture both the diversity within the group and how social labels are mobilized as if the group is completely cohesive, I left the definition up to the participant. Individuals opted in if they felt they were gay men and, during interviews, discussed what it *means* to be gay. For many, this meant identifying as queer and, during interviews, talking about their journey towards and then laterally from “gay” to a more “queer” sexuality which is labeled by many outsiders as gay. For some, it meant using “gay” as a term of convenience but, if you took the time to listen, they would share how this term is complicated and ill-fitting. For others, “gay” was meaningless and unimportant, just one facet of who they are. And for others still, “gay” was an incredibly important part of who they are, something loaded with emotion and meaning.

Given how histories are re-written and meanings change over time, I want to pause here to walk through some of the history of the concept of homosexuality, as it contextualizes my participants' stories shared in the following chapters and enables me to more deeply analyze gay identity and memory of trauma. While compulsory heterosexuality is a tool of colonization (Blank 2012; see also: Connell 1995; Connell and Dowsett 1992; Connell and Messerchmidt 2005), the normalization of heterosexuality as a concrete concept is attributed in part to the referential afterlife of the work of Richard von Krafft-Ebing, the German psychiatrist often credited with writing the first widely-influential medical text on sexuality and coining the term "homosexuality" (see: Herzer 1985). Krafft-Ebing's *Psychopathia Sexualis* ([1866] 1953), written for psychiatrists and medical professionals, defines sexual desire as a means to procreation, thus normalizing one model of heterosexuality and pathologizing all sexual behavior or desire which do not result in procreation.

Krafft-Ebing's work owes a debt to Karl-Maria Kertbeny (1869), a queer activist who fought to get Germany's harsh anti-sodomy legislation repealed, in that Kertbeny *actually* appears to have coined the terms homosexual and heterosexual in an effort to improve sexual categorization and reduce stigma (Herzer 1985; Féray and Herzer 1990). Krafft-Ebing's narrative was commemorated and Kertbeny's was forgotten, thus, through Krafft-Ebing's status and connections to the field of psychology, formally framing non-heterosexual sexualities as other, stigmatized, and pathological. The referential afterlife of this text continues to influence how we think about gay men, still impacting social life hundreds of years after the authors have died.

Put another way, Krafft-Ebing's violent use of psychology is one early instance of pathologizing being gay. This is not to say that religious institutions,<sup>4</sup> as well as colonial

<sup>4</sup>I am thinking of Catholic dogma here, due in large part to my own upbringing

programs and governmental regulations<sup>5</sup> had not already positioned queerness as a stigmatized other. But rather, Krafft-Ebing appropriating Kertbeny and others' activist efforts continued to influence psychology when, 83 years later, the American Psychiatric Association (APA) formally categorized homosexuality as a psychological disorder in the DSM I (1952). More than 100 years after Krafft-Ebing's text, in DSM III-R, homosexuality was formally removed as a psychological disorder (DSM 1987). But even then, the ghost hadn't vanished; the diagnosis was replaced with a condition which paired psychological distress with one's sexuality. The damage of 100 years of medicalization and pathology had manifest generations of psychological damage, which itself became a new kind of mental health concern, a new box to check, and a new diagnosis secondary to one's queerness.

The memory of, the trauma of pathologizing normal variation does not fade away. It has a referential afterlife. What began as a name for normal variation was co-opted and continues to persist as a problem to be treated. There is a mnemonic bridge here, a connection between two points in time (see: Zerubavel 2003), a connection between historical and contemporary instances of queerness being diagnosed and pathologized, of queerness being something that queer folk themselves have to fight against, either with anonymous pamphlets to call for an end to draconic anti-sodomy legislation (Kertbeny 1869; Herzdr 1985; Féray and Herzer 1990) or leveraging civil rights efforts to advocate for basic medical care (Ghaziani 2014). Previous scholarship has demonstrated that a history of medical maltreatment holds a referential afterlife. In Salant and Gehlert's (2008) work studying Black women's experiences with breast cancer treatment, she finds that individuals often experience a *risk of knowing*. The risk of knowing is the risk of knowing that one is ill and in need of medical support. The history of gynecology, and

<sup>5</sup> European anti-sodomy laws which were widely dispersed via colonialism (Blank 2012).

medicine broadly, hurting and killing Black Americans in unethical medical treatments or experiments has left a lasting referential afterlife. This history of violence becomes an additional factor when considering the meaning of medical care and medical providers, even for Black Americans who do not know of anyone who has experienced such medical violence.

While I name this as a mnemonic bridge, I do not mean to invoke a single-lane road, clearly linking past and present. Rather, I conceptualize social life as a collection of stories, all existing at the same time. Just as some individuals can be higher status than others in a group (Ridgeway 1991, 2011; Johnson, Dowd, and Ridgeway 2006), ideas and stories are also often understood in terms of a hierarchy (Gramsci 1971). Some stories are kept out of wide public awareness intentionally, held sacred by small subpopulations. Some stories are meant for all but are shunned as *niche* because they encapsulate an aspect of the lived experiences of marginalized folk. Some stories are lost to the group over time. And some stories die with the loss of a generation.

I argue that *Psychopathia Sexualis* continues to influence what it means to be gay, with a different impact for each generation of gay men and even influencing identity verification across races. I find that this referential afterlife shapes the meaning of being gay through what I term a *plaguebearer frame*, a cognitive framework to interpret one's lived experiences as they relate to being gay. The overarching theme is that the abstract meaning of being gay is white men struggling, often with some medical trauma (Chapter 2 and 3). These struggles are often tied to medicine, with generations of gay men coalescing around a shared medical trauma, like psychiatric diagnoses or HIV/AIDS (Chapter 4). Similarly, the whiteness of the plaguebearer frame means that white cultural objects or spaces can be coded as gay, and be used to facilitate

identity verification for white gay men, whereas objects and spaces coded any other race often fall outside of the plaguebearer frame, and are viewed as *not gay* (Chapter 5).

Through analyzing both archival and interview data, I demonstrate the ways in which collective memories of trauma continue to impact gay men's lives, and how this impact may vary based on one's race and generation. As Ahmed cautions, bracketing off a segment of social life may result in a loss of meaning and a reliance on the universal, typically white men's experiences. I test the whiteness of a bracketed off gay identity in Chapter 5, examining how gay men of different races understand identity processes and gay cultural objects. Similarly, I examine the ways in which different stories of medical trauma may be more or less focal to gay men of different generations in Chapter 4. Across both chapters, I actively seek out diversity of experience within the broad category of "gay men" to better understand how medical trauma haunts gay identity and gay collective memory.

### *What's to Come*

This dissertation is divided into four substantive chapters, each emphasizing a different aspect of the complex relationship between trauma, memory, and identity. These chapters build upon one another, meaning that they each can be read independently but are written to be read in sequence. In Chapter 2, *Plaguebearers and Personality Disorders*, I conduct an analysis of gay archival materials to map the landscape of gay collective memory as it relates to medical trauma. In Chapter 3, "*The Struggle Stuff*," I bring the historical narratives outlined in Chapter 2 into conversation with interview data, analyzing how collective memory influences identity verification for gay men. In Chapter 4, *Three Gay Generations*, I present findings to suggest that the HIV/AIDS epidemic has subdivided gay men into three generations, each of which uses a different constellation of collective memories to define what it means to be gay. In Chapter 5, "*It*



*Was Just White Men Listening to Spanish Music,*” I investigate the ways in which gay identity is coded as white and how this influences identity verification across different races of gay men. I close the dissertation with a summary of empirical findings, theoretical extensions, and clinical suggestions.

Through this dissertation, I demonstrate the ways in which traumatic events can continue to impact social life, emphasizing the HIV/AIDS epidemic and psychiatric diagnostic criteria as two sites of medical trauma. I find that gay identity is often understood through the lens of medical trauma, what I term the plaguebearer frame. This frame impacts how gay men define what it means to be gay, how gay men enact their identities in sexual interactions, and how they evaluate themselves and others. The implications of this work, as I demonstrate in the following five chapters, is that trauma does not go away, even when remedies are fought for and provided (i.e., the creation of life-saving HIV drugs and APA removing homosexuality as diagnostic criteria for mental illness). If a system is replicated enough and by powerful actors, moments of trauma and pain can still seep under the skin and become a piece of who we are.

## Chapter 2: Plaguebearers and Personality Disorders: Mapping the Influence of Medicine and Whiteness in Gay Collective Memory

The HIV/AIDS epidemic seemed to appear overnight, with its origin being sudden, dramatic, and initially unintelligible to medical scientists, who resolved this ambiguity by invoking the historical narratives of queerness-as-pathology. But where did this frame, what I term the *plaguebearer frame* originate in medicine and how did come to be used to understand gay men? As I demonstrate with my archival findings below, HIV/AIDS was and continues to be haunted by the ghost of early psychiatry, in which homosexuality was pathologized and believed to be incurable. The work of German psychiatrists in the late 19<sup>th</sup> century popularized a framework to understand queerness as a diagnosable illness, manifesting itself both in American psychiatry (“homosexuality” as a diagnosis) and public health (treatment of gay men throughout the HIV/AIDS epidemic). This framework has not only influenced medicine and public health and has even become an aspect of how gay men understand who they are.

I argue that the medical trauma experienced by gay men have become collective memories, which influence how gay men understand what it means to be gay. Several scholars have examined how queer historical events are commemorated into gay collective memory (Steidl 2013, regarding the Stonewall Riots), how meaning of queer identities can vary across generations (Stein, regarding lesbian identity), and the utility and trajectory of queer cultural enclaves (Ghaziani 2014, regarding gayborhoods). I complement this literature by investigating the ways in which collective memory influences the meaning of gay identity.

To provide an account of the landscape of gay collective memory, I conducted a thematic analysis of a number of key archival collections to better understand some of the central gay collective memories. First, I analyzed 23 collections on gay life from three archives – the Rose

Library at Emory University, the New York Public Library, and the Yale University Archives. I then compiled all nine iterations of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual* (DSM), and the APA's two position statements explicitly about homosexuality<sup>6</sup> to provide an account of the APA's changing practices and diagnostic criteria from 1951-2018. I analyzed this archive of diagnostic manuals and position statements to better understand how psychiatry has contributed to the medicalization of homosexuality. See Table 1 for a list of all archives and collections consulted.

These archives house an array of medically-related gay collective memory, all of which pair being gay and being ill. I highlight four distinct themes which emerge from the archival data: 1) homosexuality as an incurable illness; 2) homosexuality as an affliction deserving support; 3) homosexuality as a self-induced death sentence; and 4) homosexuality as both a white man's affliction and one deserving support. These four themes are all variations on a broader interpretive frame<sup>7</sup>, what I term the *plaguebearer frame*. The plaguebearer frame is a shared set of meanings which simultaneously defines gay men in relation to medicine and positions any illness as self-inflicted; gay men are plaguebearers in that they are ill and infecting themselves. I find that, from 1951-1995, this general framework has shaped the way that gay men understand what it means to be gay, despite major political changes.

Before I discuss these four narrative themes, I want to underscore that they are not mutually exclusive. Rather, these four meanings operate to create what Vinitzky-Seroussi and Teeger refer to as a "cacophonous silence" (2010). Cacophonous silence is a social phenomenon in which multiple narratives exist but only a select few are explicit and perceptible. Using the

<sup>6</sup> I use the term "homosexuality" exclusively within a medical context or diagnostic category, as that is the language used in psychiatry. I use "gay men" to refer to the group of people

<sup>7</sup> For more on interpretive frames, see Fine (2012).

metaphor of competing voices, some narratives are “louder” than others, creating the illusion of just one narrative existing when, in reality, the previous narratives continue to persist but are “quieter” than the focal narrative, or blend into the “louder” narrative. As new and different narratives are put forth, the discourses become layered, often building upon and augmenting one another rather than replacing them. At no point in my analysis does a vein of discourse about queer pathologization *vanish*.

Through this analysis, I advance the field of collective memory by studying the ways in which an *ongoing, rapidly evolving event*, like the HIV/AIDS epidemic and mental health practice, can enter into collective memory. My findings suggest that collective memory functions akin to Swidler’s toolkit (2001) in that the narratives included in gay collective memory do not overwrite one another despite them appearing to be a logical contradiction (e.g., homosexuality as a death sentence and as a sexual health risk factor). Through this finding, I conceptualize collective memory as a loose collection of self-relevant meanings and narratives, rather than a defined set of historical narratives. This fluidity allows for potentially contradictory narratives to coexist within gay collective memory and, I argue, work in concert and serve as an interpretive frame for future identity-related interactions.

<sup>8</sup> I would be remiss if I didn’t acknowledge that my analysis is not exhaustive, but, rather, an abductive approach. Abduction calls for the researcher to find cases which challenge conventional theoretical assumptions (i.e., that HIV/AIDS is a cultural trauma for gay men), thus leading to theoretical generation (i.e., the plaguebearer frame (Ch2), the influence of collective memory on identity processes (Ch3), the division of gay men into generations (Ch4), and the limits of collective memory at the intersection of race and sexuality (Ch5).) See Tavory and Timmermans (2014) for more on abductive analyses.

Table 1. List of Archives and Collections Consulted

Rose Library at Emory University		New York Public Library	Yale University Archives	American Psychiatric Association
MSS 785 Michael Lomax	MSS 1264 AID Atlanta	MG 688 Gay Men of African Descent	MS 1846 Lesbian and Gay Liberation	DSM-I (1952)
MSS 802 Larry McDonald	MSS 1276 Cherry Valley Editions		MS 1834 AIDS Collection	DSM-I, special printing (1965)
MSS 908 Kennedy and Sons Printing	MSS 1300 Positive Impact		MS 2041 Julia Penelope	DSM-II (1968)
MSS 1065 Ed Stansell Papers	MSS 1302 Bruce Garner			DSM-II (1973, Position Statement)
MSS 1071 NABWMT	MSS 1329 Scott McCord			DSM-III (1980)
MSS 1072 David Lowe	MSS 1365 Billy Howard			DSM-III-R (1987)
MSS 1083 SCLC Collection	MSS 1378 Kenneth South			DSM-IV (1994)
MSS 1182 John Stone Papers	MSS 1407 Murray James Vise			“American Psychiatric Association Rebukes Reparative Therapy” (1998, Position Statement)
MSS 1231 Jesse Peel				DSM-IV-TR (2000)
MSS 1249 LGBT Collection				DSM-5 (2013)
MSS 1251 Atlanta Gay Men’s Chorus				“Position Statement on Conversion Therapy and LGBTQ Patients” (2018 Position Statement)

## HOMOSEXUALITY AS AN INCURABLE ILLNESS

While my archival work begins in 1952, when the American Psychiatric Association (APA) published the first *Diagnostic and Statistical Manual* (DSM), I want to begin by presenting a ghost story: the controversial publication of *Psychopathia Sexualis* in 1866 by Germany psychiatrist Richard von Krafft-Ebing. *Psychopathia Sexualis* is commonly named as one of the earliest psychological texts to grapple with homosexuality as a disorder and Krafft-Ebing as the scholar who theorized homosexuality as a pathology (see: Drescher 2015). Krafft-Ebing, often credited with coining the term “homosexuality” in this work, defines homosexuality

as an all-encompassing abnormal manifestation of sexual desire. Referring to homosexuality as an “antipathic sexual instinct” ([1866]1953:338), Krafft-Ebing classified homosexuality as “feeling, thought, will, and the whole character, in cases of the complete development of the anomaly, correspond with the peculiar sexual instinct, but not with the sex which the individual represents anatomically and physiologically” (336). Krafft-Ebing actually appropriated the term “homosexual” from German queer activists, such as Karl-Maria Kertbeny (see: Blank 2012). Kertbeny and colleagues coined the term homosexual as one of many classifications of normal human sexual desire (Herzer 1985; Féray and Herzer 1990). Krafft-Ebing changed the definition of homosexual when he appropriated the term, making it instead abnormal and a diagnoseable condition affecting one’s “whole character.”<sup>9,10</sup>

Krafft-Ebing’s *Psychopathia Sexualis* ([1866] 1953) haunts the *Diagnostic and Statistical Manual*’s treatment of homosexuality, such that nearly seventy years later his “whole character” description resurfaces as homosexuality is treated as a personality disorder in DSM-I (1952)<sup>11</sup>. Personality disorders are arguably the most difficult psychological disorders to understand and treat, largely because the disorder is in how the patient acts and thinks, but the patient rarely experiences any discomfort or distress from this disorder. DSM-I defines a personality disorder as “developmental defects or pathological trends in the personality structure ... manifested by a lifelong pattern of action or behavior, rather than by mental or emotional symptoms” (APA 1952:34). “Sexual Deviation,” of which homosexuality is one example, is defined as follows:

This diagnosis is reserved for deviant sexuality which is not symptomatic of more extensive syndromes, such as schizophrenic or obsessional reactions. The term includes most of the cases formerly classified as “psychopathic personality with pathologic sexuality.” The diagnosis will specify the type of pathologic behavior, such as

<sup>9</sup> For more on Krafft-Ebing, Karl-Maria Kertbeny, and *Psychopathia Sexualis*, see Chapter 1.

<sup>10</sup> For more on the history of psychology and sexual orientation, see Hereck (2010). For more on psychiatry and sexuality, see: De Block and Adriaens (2013).

<sup>11</sup> The pathologization of homosexuality by psychiatry has been studied extensively. For additional analyses of the DSM and the psychiatric tradition of diagnosing and treating homosexuality in the United States, see: Bayer (1981).

homosexuality, transvestitism, pedophilia, fetishism and sexual sadism (including rape, sexual assault, and mutilation). (APA 1952:38-39).

In the special printing of (1965), which foreshadowed many of the changes to be seen in DSM-II, there were no changes to the definition of Sexual Deviation, but homosexuality was clarified as one of five sub-categories of Sexual Deviation, in the company of fetishism, pedophilia, transvestitism, and exhibitionism (as well as “other” and “unspecified”). Across all versions of the DSM-I, homosexuality was regarded both as an unchanging abnormality of one’s personality, or of one’s sense of self.

DSM-II (1967) expanded on the ways in which homosexuality was a personality disorder. DSM-II defines a personality disorder as a “group of disorders characterized by deeply ingrained maladaptive patterns of behavior,” which are generally “life-long patterns, often recognizable by the time of adolescence or earlier” (APA 1967:41). While DSM-II does not define any of the Sexual Disorder sub-categories (homosexuality, fetishism, pedophilia, transvestitism, exhibitionism, voyeurism, sadism, masochism, other sexual deviation, and “[unspecified sexual deviation]”), it does expand upon the definition of a Sexual Deviation. DSM-II notes that “this category is for individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus, or towards coitus performed under bizarre circumstances, such as necrophilia, pedophilia, sexual sadism, and fetishism” (1967:44).

In 1973, the American Psychiatric Association released a carefully worded position statement about the state of homosexuality as a mental disorder. In DSM-I and DSM-II, homosexuality was a sub-category, meaning it was one of many manifestations of the Sexual Deviation personality disorder. In this position statement, the APA announced that, as of the sixth printing of the DSM-II, homosexuality will be removed from the category of “Sexual

Deviation” and a new diagnosis, “Sexual Orientation Disturbance,” will be added to the DSM-II as of the sixth edition. On the surface, this seems like an exorcism of the ghost of *Psychopathia Sexualis*, but, upon closer analysis, is the specter simply manifesting in a new way.

In the 1973 position statement, the APA leans heavily on the rise of conversion therapy, then known as reparative therapy, which was believed to allow one to change one’s sexuality (exclusively to change from a deviant, queer sexuality to a more normative, heterosexual sexuality). In this three-page document, the APA outlines the conflict over homosexuality as a personality disorder – proponents arguing that homosexuality is a psychopathology and requires treatment, whereas opponents arguing that homosexuality is one iteration of human sexual desire and should be treated as normal variation. The APA is unsure where it lands, and, in 1973, refused to give up the ghost. Justifying their decision, the position statement reads as follows:

For a mental or psychiatric condition to be considered a psychiatric disorder, it must either regularly cause subjective distress, or regularly be associated with some generalized impairment in social effectiveness or functioning. With the exception of homosexuality (and perhaps some of the other sexual deviations when in mild form, such as voyeurism), all of the other mental disorders in the DSM-II fulfill either of these two criteria. (While one may argue that the personality disorders are an exception, on reflection it is clear that it is inappropriate to make a diagnosis of a personality disorder merely because of the presence of certain typical personality traits which cause no subjective distress or impairment in social functioning. Clearly homosexuality, per se, does not meet the requirements for a psychiatric disorder since, as noted above, many homosexuals are quite satisfied with their sexual orientation and demonstrate no generalized impairment in social effectiveness or functioning (1973:2).

The APA claims that “many homosexuals are quite satisfied with their sexual orientation” and yet, two paragraphs above, they note that “a significant portion of homosexuals are quite bothered by, in conflict with, or wish to change their sexual orientation” as evidence that homosexuals may require psychological support.

There is a tension here which the APA acknowledges and tables, writing that “our profession need not now agree on [homosexuality’s] origin, significance, and value for human happiness when we acknowledge that by itself it does not meet the requirements for a psychiatric



disorder. Similarly, by no longer listing it as a psychiatric disorder we are not saying that it is “normal” or as valuable as heterosexuality” (APA 1973:2). Homosexuality remains a problem *antipathic sexual instinct*, as Krafft-Ebing wrote in 1866, one inferior to heterosexuality and problematic, but also one that doesn’t technically meet the criteria for psychopathology. Writing under intense political pressure, just four years after the 1969 Stonewall Riots, the APA removed homosexuality as a kind of “Sexual Deviation” and instead made Homosexuality the formal diagnosis, with a sub-code of “Sexual Orientation Disturbance.” Sexual Orientation Disturbance was defined as “for individuals whose sexual interests are directed primarily towards people of the same sex and who are either bothered by, in conflict with, or wish to change their sexual orientation” (APA 1973:3). The APA is clear that this does not make homosexuality *normal*, however. Addressing potential push-back from the conservative medical community, the APA poses the question of impact and answers it:

What will be the effect of carrying out such a proposal? No doubt, homosexual activist groups will claim that psychiatry has at last recognized that homosexuality is as “normal” as heterosexuality. They will be wrong. In removing homosexuality per se from the nomenclature we are only recognizing that by itself homosexuality does not meet the criteria for being considered a psychiatric disorder. We will in no way be aligning ourselves with any particular viewpoint regarding the etiology or desirability of homosexual behavior (APA 1972:3).

In refusing to acknowledge homosexuality as normal sexual variation, the APA was both manifesting the ghost of *Psychopathia Sexualis*, defining homosexuals as both abnormal and categorically different than heterosexuals. By making a political statement of refusing to acknowledge homosexuality as normal, the APA leveraged its status and social resources to define homosexuality as abnormal. The statement closes with a reaffirmation of treating “homosexuals who have been unhappy with their lot,” so as to help the patient accept or live with his current sexual orientation, or, if he desires, help him to change it.

At this point in the timeline, events begin to occur in rapid succession and stories begin to overlap. To clarify the story as best as possible, I will provide an overview of the next two themes: homosexuality as an affliction deserving support and homosexuality as a self-induced death sentence. The prospect of being able to change one's sexuality, outlined in the 1973 APA position statement, re-framed gay men as sick and deserving support via psychiatry<sup>12</sup>. This theme continued throughout the 1970s and into the 1980s, co-occurring with public health messaging of "Gay-Related Immune Disease," or GRID, the "gay cancer" (later known as AIDS) that was a self-induced death sentence for gay men. As the CDC and other public health bodies gathered information and developed tools to treat and care for PLWA, the themes of AIDS as a death sentence began to run parallel with themes of homosexuality being an affliction deserving support, neither narrative being erased and homosexuality being coded as white.

## HOMOSEXUALITY AS AN AFFLICTION DESERVING SUPPORT

DSM-III (1980) quickly steps back from the statements about changing one's sexuality made in the 1973 position statement. DSM-III, which was created to solidify psychiatry's position as a research-based medical science (see: Strand 2011), introduced a new disorder, Ego-dystonic Homosexuality, to replace Sexual Orientation Disturbance. Published at the very start of the HIV/AIDS epidemic, the DSM-III classifies Ego-dystonic Homosexuality as a "Psychosexual Disorder," specifically as a "residual class of "Other Psychosexual Disorders" along with "Psychosexual Disorders Not Elsewhere Classified" (APA 1980:261). In this new classification, homosexuality occupies a liminal space as "other," not quite fitting into any other category of Psychosexual Disorder. Ego-dystonic Homosexuality is defined as "a desire to

<sup>12</sup> As the APA has stated, these kinds of treatments – known as conversion therapy or reparative therapy – are ineffective and actually incredibly harmful to patients (APA 1998; 2018)

acquire or increase heterosexual arousal, so that heterosexual relationships can be initiated or maintained, and a sustained pattern of overt homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress” (APA 1980:281), the course of which is explained as follows:

There is some evidence that in time many individuals with this disorder give up the yearning to become heterosexual and accept themselves as homosexuals. This process is apparently facilitated by the presence of a supportive homosexual subculture. It is not known how often the disorder, without treatment, is self-limited. However, there is a general consensus that spontaneous development of a satisfactory heterosexual adjustment in individuals who previously had a sustained pattern of exclusively homosexual arousal is rare. The extent to which therapy is able to decrease homosexual arousal, increase heterosexual arousal, or help homosexuals become satisfied with their sexuality is disputed (APA 1980:281-282)

DSM-III using Ego-dystonic Homosexuality invokes Krafft-Ebing’s “whole character” model in a new way by framing homosexuality as something undesirable and abnormal, but, in a departure from the previous statements, potentially a *benign abnormality*. While homosexuals were no longer classified as ill by virtue of who they are, their abnormality was expected to be stressful and potentially be in conflict with their ego, or their self-concept. The tension of the 1973 position statement persists into the DSM-III, such that the DSM clearly maintains that homosexuality is not a disorder, but does remain abnormal and those who are distressed by their abnormality can be diagnosed with a psychosexual disorder. The DSM-II steps back from the 1973 position statement’s claims to changing one’s sexuality, returning both to *Psychopathia Sexualis* ([1866] 1953) and DSM-I and II (1952; 1965) by returning to the notion of homosexuality as an unchanging abnormality. This definition echoes DSM-I, which defined personality disorders like homosexuality as “a lifelong pattern of action or behavior” (1953:34).

By 1980, homosexuality was framed as being an abnormality which could be managed, with those afflicted deserving support. 1980 also brought with it the HIV/AIDS epidemic, which pulled public health into the conversation about homosexuals as a sick population. The treatment

of gay men in the United States at the start of the HIV/AIDS epidemic shifted focus away from these of deserving support initially, defined initially by the highly visible and rapid death of many gay men in major urban areas. Themes of deserving support re-emerged with the advent of AIDS Care organizations, though the depiction of those deserving support was often coded as white.

#### HOMOSEXUALITY AS A SELF-INDUCED DEATH SENTENCE

In order to continue this story, I need to take a brief detour to define and describe both HIV and AIDS. The Human Immunodeficiency Virus (HIV) is a retrovirus, meaning it integrates its own genetic material into the cells of its host as a means of reproduction, killing the host cells in the process. In the case of HIV, the virus reproduces using CD4 T cells, which are a vital component of the human immune system. Given that HIV reproduction results in the death of CD4 T cells, untreated HIV infection will suppress the person's immune system. Perceptible symptoms of HIV infection are quite minor (e.g., fever, chills, tiredness, sore throat, etc.) and are often mistaken for the flu (HIV.gov). Individuals do not die from HIV, but, left untreated, HIV infection can develop into AIDS, or Acquired Immunodeficiency Syndrome. AIDS is a constellation of conditions which are caused by HIV-related immune system suppression. These conditions are often opportunistic infections (e.g., toxoplasmosis, meningitis, pneumonia) or cancers (e.g., Kaposi sarcoma, non-Hodgkin lymphoma). In this way, individuals rarely die *from AIDS*, but rather from a specific condition that is secondary to their suppressed immune system.

The start date of the epidemic is a source of debate, with sources claiming the first reported case was likely in 1980 (Vahlne 2009), though the precise start date remains unclear. In 1984, the epidemic was attributed to a type of the Human Immunodeficiency Virus (HIV), but from 1980-1983 the source and mode of transmission were matters of speculation. Given that

gay men had heightened visibility post-Stonewall, and were a topic of political debate, the high death toll at the onset of the epidemic did not go unnoticed. As the *New York Times* reported on the epidemic, referring to it as both “acquired immunodeficiency disease” (AID) and “gay-related immunodeficiency” (GRID), counted the death toll at 136 and confirmed number of patients living with GRID at 335 as of May 11, 1982 (Altman 1982). In this article titled “Homosexual Disorder Worries Health Official,” the *Times* reported on the epidemic as exclusively impacting gay men, writing that “given the fact that homosexuality is not new, the most puzzling question is why the outbreak is occurring now, and not sometime in the past” (1982:C6). The *New York Times* reported a number of potential theories as to the cause of GRID, such as “the immunological disorder may be triggered by the introduction of sperm or seminal fluid into the blood through sexual contact” (C6).

Image 1. Headline from *The New York Times* (Altman 1982).



As discussed in Chapter 1, however, sexual behavior is a core facet of sexuality, and, for gay men living in a post-Sexual Revolution, post-Stonewall era, *sex mattered*. In the 1960s and 70s, queerness was by no means widely accepted, as the APA made clear, but it existed and some gay men could take up physical space and be both visible and sexual in ways which were perceived as impossible in decades prior. Freedom of sexual expression was one way to enact their sexual identity and bring into line sexual attraction and behavior.

The allegations that gay men were poisoning one another with semen frame gay men as *plaguebearers* in many ways, the bringers of their own demise through their typical-yet-abnormal sexual behavior. The ghost of Krafft-Ebing returns again in a new form, in 1982, manifesting the “whole character” of gay men as both abnormal and self-destructive.

## HOMOSEXUALITY AS AN AFFLICTION DESERVING SUPPORT

1987 brought simultaneous hope and renewed hardship as the FDA approved the first HIV treatment, azidothymidine (AZT) and DSM-III-R was released, both providing a sense of support and suggested the possibility of change. And yet, while both psychiatry and medicine put forth clear efforts to support gay men during the peak of the HIV/AIDS mortality rate, their well intentions did not yield a positive impact. AZT was initially prescribed in doses high enough to become toxic, sometimes deadly, for patients. AZT did not reduce the mortality rate of the epidemic and, the side effects were often just as traumatic, if not worse. Similarly, DSM-III-R (1987) served as a necessary-but-ineffective medical advance for gay men. In DSM-III-R, homosexuality was removed from the main body of the manual, instead it was included within “Sexual Disorders Not Otherwise Specified (NOS),” defined as:

Sexual Disorders that are not classifiable in any of the previous categories” and included three examples to guide diagnoses 1) “marked feelings of inadequacy concerning body habitus, size and shape of sex organs, sexual performance, or other traits related to self-imposed standards of masculinity or femininity,” 2) “distress about a pattern of repeated sexual conquests or other forms of nonparaphilic sexual addiction, involving a succession of people who exist only as things to be used” and 3) “persistent and marked distress about one’s sexual orientation. (1987).

However, DSM-III-R did not fully remove homosexuality, retaining “Ego-dystonic Homosexuality” in the index and using it to refer to Sexual Disorders NOS.<sup>13</sup>

<sup>13</sup> Sexual Disorders NOS technically encompassed any kind of sexual disorder which did not fall into another diagnostic category, not just limited to sexual issues faced by queer individuals.

Given this medical landscape, smaller clinics began to crop up to serve and provide hope for PWLA, most notably AID Atlanta. At the start of the epidemic, AID Atlanta was one of the trailblazers in providing comprehensive care to AIDS patients. This organization, one of the first in the country to receive federal funding for AIDS care, served PWLA in the Southeastern United States. With its close proximity to the CDC and relative isolation from other gay hubs such as San Francisco and New York City, Atlanta was and continues to be a city focused inward. Rather than exporting activist work, as ACT-UP did internationally, or being a source of comparison, as San Francisco did with its medical facilities, Atlanta ran at its own pace.

I center AID Atlanta because, in 1987, just as the DSM-III-R was being released, AID Atlanta underwent a very public change in leadership which exposed differences in opinion as to what an AID Care organization does and who it should serve. Kenneth South, the then Executive Director of AID Atlanta, left the organization after heated conflict with the board of directors, especially one member in particular, Bruce Garner. This conflict was widely reported on, being featured in newspapers across Atlanta and the Southeastern United States, given the prominence of AID Atlanta in the field and the urgency of need for AIDS Care. To outline this debate, I draw primarily from a debate between South and Garner published in *Southline* in 1987, given that it features South and Garner discussing the goal of HIV/AIDS Care in their own words.

The South/Garner conflict is an example of two powerful actors competing to define an experience, engaging in a “a tug of war between who we primarily serve” (Southline 1987:6, see Image 2 below) during the HIV/AIDS epidemic. South and Garner fought over who should staff AID Atlanta, among other issues. While both believed they needed highly qualified staff members, they disagreed very publicly about what it means to be *qualified* to do AIDS care work. Garner took the stance of a business-focused stance, clarifying that AID Atlanta’s Board

of Directors would not consider sexuality when staffing their offices. Garner stated that AID Atlanta was not “trying to distance ourselves from the gay community,” going so far as to call the claim “hogwash,” but also clarified that their desired staff would be people “directly affected by AIDS,” like “somebody associated with the Red Cross” (Southline 1987:6-7).

South framed expertise in AIDS Care as being directly linked to lived experience, meaning that *gay men* were the logical choice of staffing. Discussing the history of AID Atlanta, South explains that the organization “started with a group of five or six gay people just like every other AIDS organization, **because gay people are the ones that have been affected the most**” (Southline 1987:7, emphasis added). South acknowledges that AID Atlanta will have to extend its services, given the concrete knowledge that more populations than gay men were impacted by HIV/AIDS, and specifically names that Black heterosexual people. South, invoking racist stereotypes, cautions that AID Atlanta may push away potential Black clients because of “their own homophobia” (7). In this way, South explicitly pairs HIV/AIDS and being gay, and codes gay as white.

While both South and Garner agree that those working at AID Atlanta should be experts in HIV/AIDS, the definition of expertise is contested. As Collins (2000) argues, the definition of expertise is often set by the power majority (white, heterosexual, wealthy men) and all other ways of knowing are positioned as other and disvalued. The South/Garner debate is an example of this – South defines expertise by lived experience, on *living through* the epidemic, whereas Garner defines it in terms of institutional affiliation. These are conflicting epistemologies, which led to their power struggle, a struggle which Garner ultimately won.

South’s argument, which while not held by AID Atlanta after his departure, continued to be relevant to gay life. South not only paired being gay with HIV/AIDS, denying the value of the



lived experience of all other groups impacted by the epidemic, but also coded gay identity as white. He drew a division between “gay men” and “Black heterosexuals,” erasing the possibility of Black gay men as being affected by the epidemic in the past or having valuable lived experience to support AID Atlanta. Similarly, he frames HIV/AIDS as only just then impacting Black people.

Numerous accounts by Black gay activists of their experiences during the 1980s clearly demonstrate that these are false assumptions (Khuti 2001a,b,c,d)<sup>14</sup>. As expressed in the oral histories of key founding members of the Gay Men of African Descent (GMAD), many gay organizations were deeply racist. As Kenneth Tolbert, a GMAD member from the early 1980s, recounts during an oral history of his involvement in the movement, numerous organizations were unsafe for Black gay men because these organizations both participated in and were “basically representative of so much of the racist innuendoes which black gay individuals have to endure at the hands of white gay individuals, which really is sad, but it is a reality” (Khuti 2001e:5). As another GMAD member, George Bellinger Jr. recounts in his oral history, many Black gay activists created HIV/AIDS programs for Black gay men, working both to reduce homophobia in Black spaces and promote safer sex via playshops<sup>15</sup> (Khuti 2001c).

South’s discursive move of pairing being gay and being white was common across most “gay” archival collections. Through my analysis, I found that the majority of “LGBT” or “Gay” collections across both the Rose Library and Yale University Archives focused on white gay men’s experiences. Race was rarely discussed in the documents available, and stories tended to exclusively emphasize white gay men’s perspectives, a silence that reflects South’s division of

<sup>14</sup> Schomburg Center for Research in Black Culture MG688, Box 12 – 2001

<sup>15</sup> Playshops were workshops focused on safer sex practices, sometimes being demonstrations about condom use and the risk of HIV transmission associated with different sexual behaviors, and sometimes being sex parties with an explicit safer-sex focus (e.g., emphasizing mutual masturbation over insertive sex).

Black and gay clients. The notable exception was the Rose Library's collection of documents from the "National Association of Black and White Men Together" or at archives based around race, like the collections at the Schomburg Center for Research in Black Culture, housed by the New York Public Library.

The assumed whiteness of racially-unspecified gay people is an example of Ridgeway's "off diagonal." People who are "off diagonal" are individuals who embody both a power-advantaged identity and a power-disadvantaged identity (Ridgeway and Erickson 2000; Ridgeway and Kricheli-Katz 2013). Individuals who perceptibly embody a power-disadvantaged role are assumed to also embody a power advantaged role. For example, individuals who are gay (disadvantaged) are often assumed to be white (advantaged) when race is unknown. Similarly, individuals who are Black (disadvantaged) are often assumed to be straight (advantaged). The off-diagonal, then, is the experience of holding two disadvantaged roles, thereby violating audience expectations that one's disadvantaged identity is complemented with an advantage identity (e.g., a Black gay man occupies the off-diagonal and experiences societal expectations that Blackness is paired with heterosexuality and gayness is paired with whiteness).

In the archives, I find that gay spaces and groups are often described without explicit reference to race, which ultimately results in them being populated exclusively by white gay people or being described in contrast to spaces and groups where race is explicitly specified, which usually encompass people of color exclusively or primarily. In this way, most "gay archives" were really constructed to be "white gay archives." I investigate the whiteness of gay collective memory, and how the whiteness of these stories may make them less useful when investigating the intersection of race and sexuality in Chapter 5.

South's stance that only (white) gay men understand HIV/AIDS and Garner's stance that lived experience matters less than institutional affiliation both speak to the broader haunting of gay identity by *Psychopathia Sexualis*. South invokes the specter in his pairing of gay and illness, underscoring how integral *being gay* is to understanding HIV. For South, there is something important about holding that identity, some aspect of being gay that allows men to engaged with HIV/AIDS deeply. Who they are is integrally connected to illness, specifically HIV/AIDS.

Garner takes a different approach, eschewing the idea that one's identity is key to adequate AIDS care work, instead relying on the individual's work experience. Garner, however, fell into the trap of invalidating any lived experience, which leads his argument to become non-identarian. Nobody's lived experience matters outside of their paid labor. This puts Garner in a challenging position, in that he both holds that "people are dying all around us," (Southline 1987:8) but never who. Instead, he discusses how "all AIDS organizations began as a response to a crisis. They operated as crisis, for lack of a better term, probably crisis intervention in some cases, dealing with the AIDS epidemic as a crisis. **But it's not a crisis anymore.** The virus is believed to have been with us for 10 years. [The official epidemic has been with us about six-plus now" (8). Garner is imagining a post-AIDS world when few treatments existed and the mortality rate had not yet dropped. "People are dying all around you" from AIDS (8), but the crisis has ended.

Without the ghost of *Psychopathia Sexualis*, Garner doesn't have a frame to interpret the epidemic and speak about it. "People are dying all around you," but "it's not a crisis anymore." By refusing to invoke *Psychopathia Sexualis*, Garner is left without an interpretive frame to

understand the epidemic. He has no figure of a homosexual, a plaguebearer, someone who only just now, in 1987, deserves support.

South's pairing of homosexuality and HIV/AIDS was the reality for many gay men from 1980-1997; HIV had an impact on almost everything for nearly two decades. In many ways, this is yet another manifestation of Krafft-Ebing's "whole character," such that social life for gay men was happening in relation to HIV. While this isn't a collapsing of meaning – I don't argue that HIV became synonymous with being gay – it did become inextricably linked for the 17 years of the epidemic without any effective antiretroviral medication.

Image 2. Newspaper clipping from *Southline* – a double-feature of interviews with South and Garner (Rose Library MSS 1378, Box 1 - 1987).

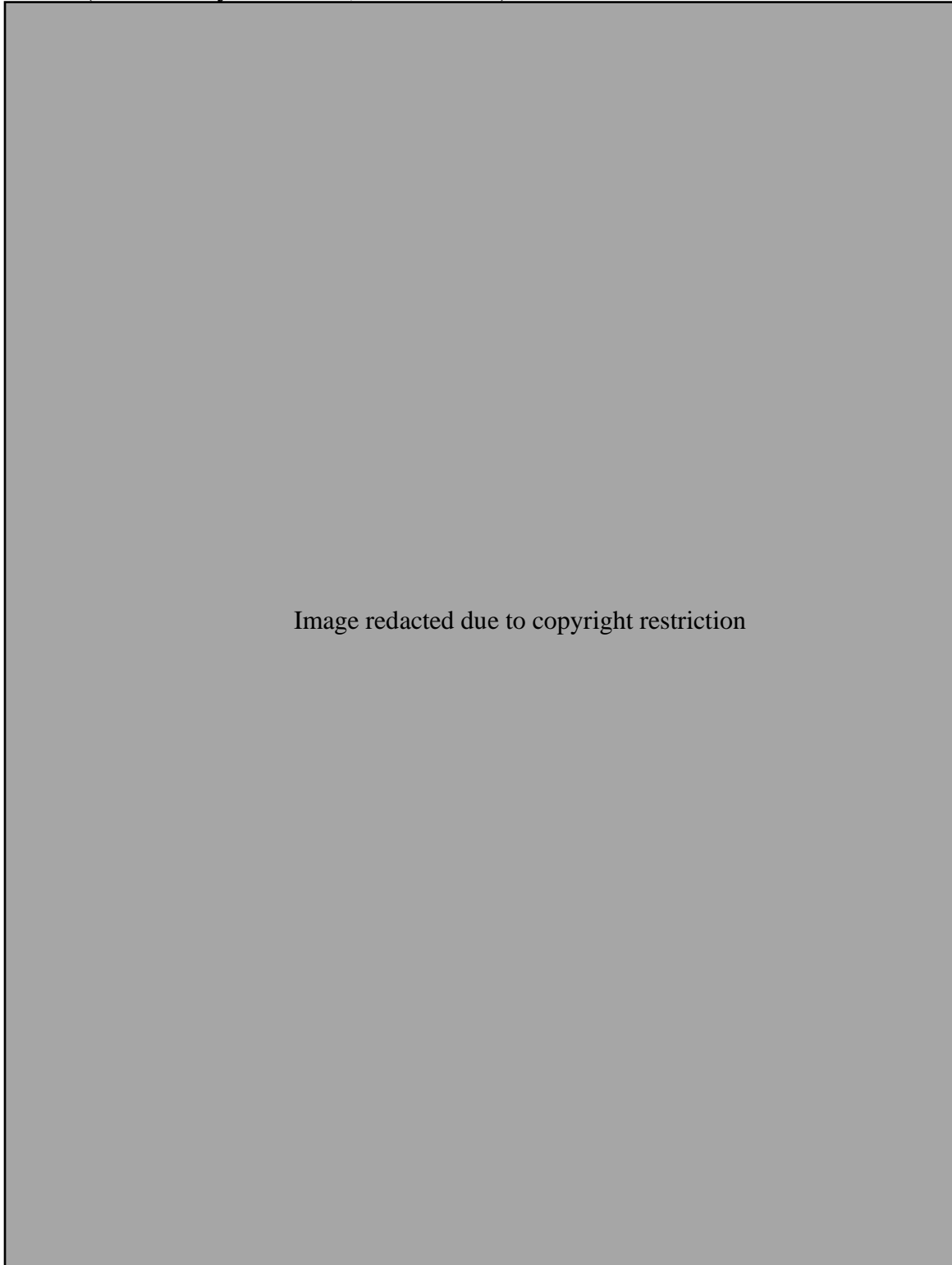


Image redacted due to copyright restriction

## STORIES OF SEX UNDER THE SHADOW OF AIDS

The pairing of HIV/AIDS with homosexuality served as a powerful meaning, one which carried through the peak of the epidemic. This pairing was evident in nearly all facets of daily life I could find in the gay archives, particularly in diaries and gay periodicals. The papers of Dr. Jesse Peel, a gay psychiatrist who worked closely with AIDS patients across the United States from the start of the epidemic, were an evocative example of this connection. Dr. Peel's collection of diaries and journals, which he ultimately published under the title *The Camp Merton Chronicles*, show how the HIV/AIDS epidemic became a regular, near-constant presence in daily life for gay men. In his diaries, Dr. Peel vividly recorded the presence of the epidemic by taping obituaries into the pages of his journals, literally interrupting stories about his family, lovers, and travels with the death of colleagues, friends, and loved ones.

Image 3. Pages 4-5 of *The Camp Merton Chronicle*, Dr. Jesse Peel's diary/travelogue (Rose Library MSS 1231, Box 4 - 1989).



Image 4. Page 55 of *The Camp Merton Chronicle*, Dr. Jesse Peel's diary/travelogue (Rose Library MSS 1231, Box 4 - 1989).

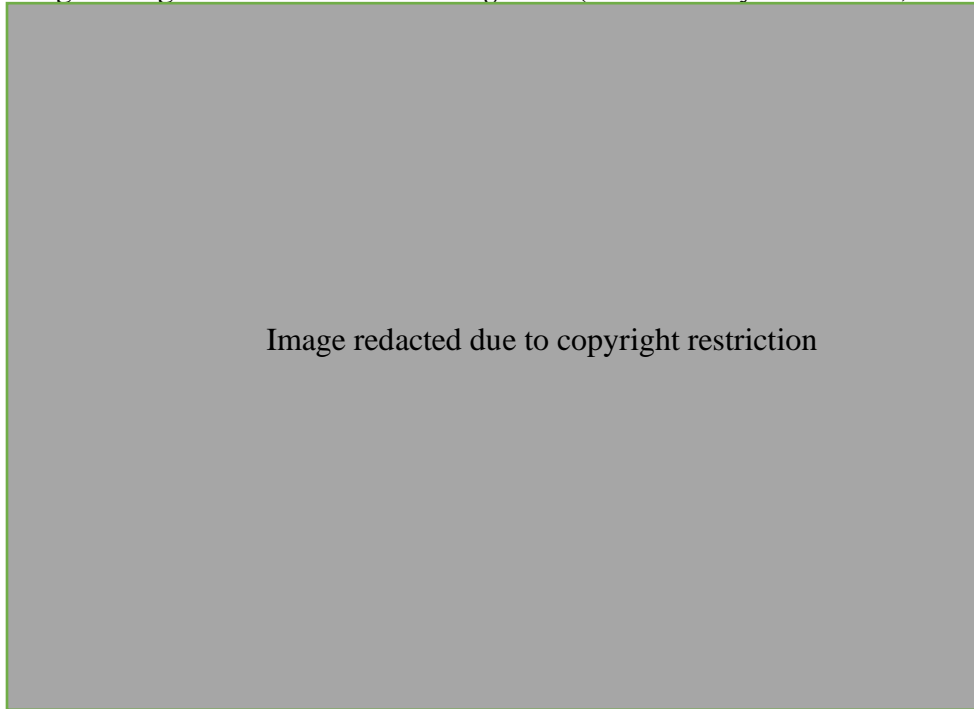


In Dr. Peel's recording of his own life in these diaries, he vividly depicts how the HIV/AIDS epidemic inserted itself into it and shifted how gay life could happen, underscoring the proximity of HIV/AIDS and death to all aspects of living as a gay man during the 1980s and early-mid 1990s.

The proximity of HIV/AIDS to the meaning of being gay also was apparent in gay publications, particularly a connection between gay sexual imagery and HIV/AIDS. During my analysis of gay publications, I came across dozens of instances in which HIV/AIDS information was communicated directly next to sexually explicit advertisements. I am not intuiting the *intentions* of the editors of these publications, but rather illustrating that these two things, gay sex and HIV/AIDS information, were in many ways related to one another. More than just being both *about sex*, HIV/AIDS information and sexual connections are framed as being *the same kind of thing*. In the November 1986 issue of *Cité Guide Magazine*, the periodical reports on

federal funding for AIDS research in the same spread as three advertisements for pornography – one for rent, one for purchase, and one for confidential photo development. The proximity of these pieces of information suggest that they would all matter to the audience, gay men.

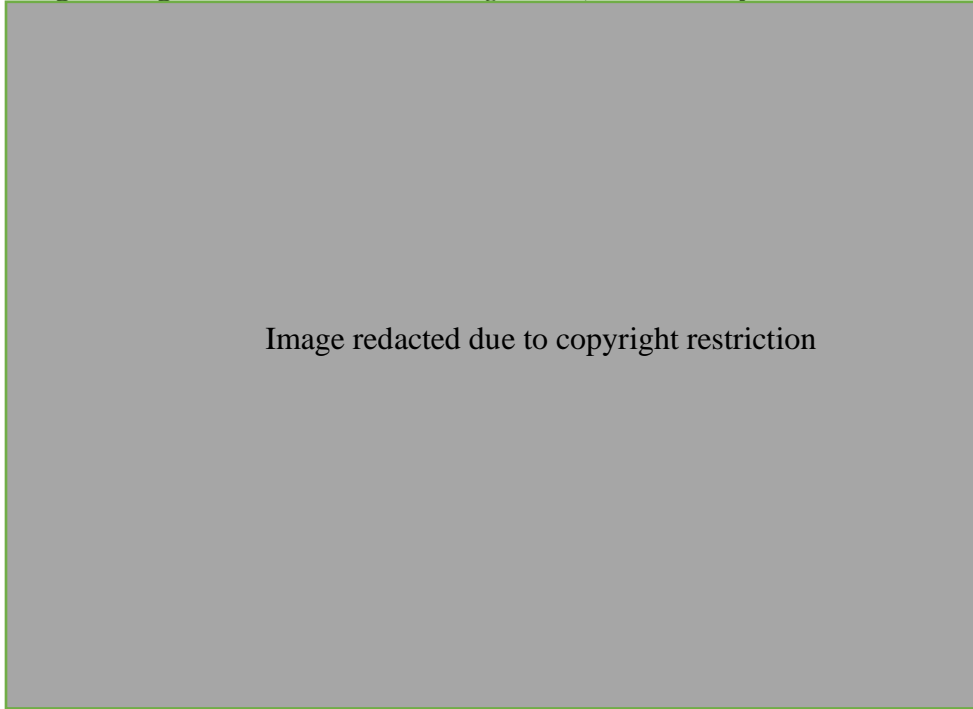
Image 5. Pages 6-7 of *Cité Guide Magazine* (Rose Library MSS 1399, Box 1 - 1986).



Similarly, in the August 1987 edition of *Etcetera Magazine*, they published a full-page advertisement with medical information provided by a physician across from a half-page ad of an athletic club, advertised with a fit white man in a speedo reclining. Again, the connection between the ads suggests that those interested in information about HIV/AIDS care would also be interested in an athletic club which appears to double as a cruising spot.

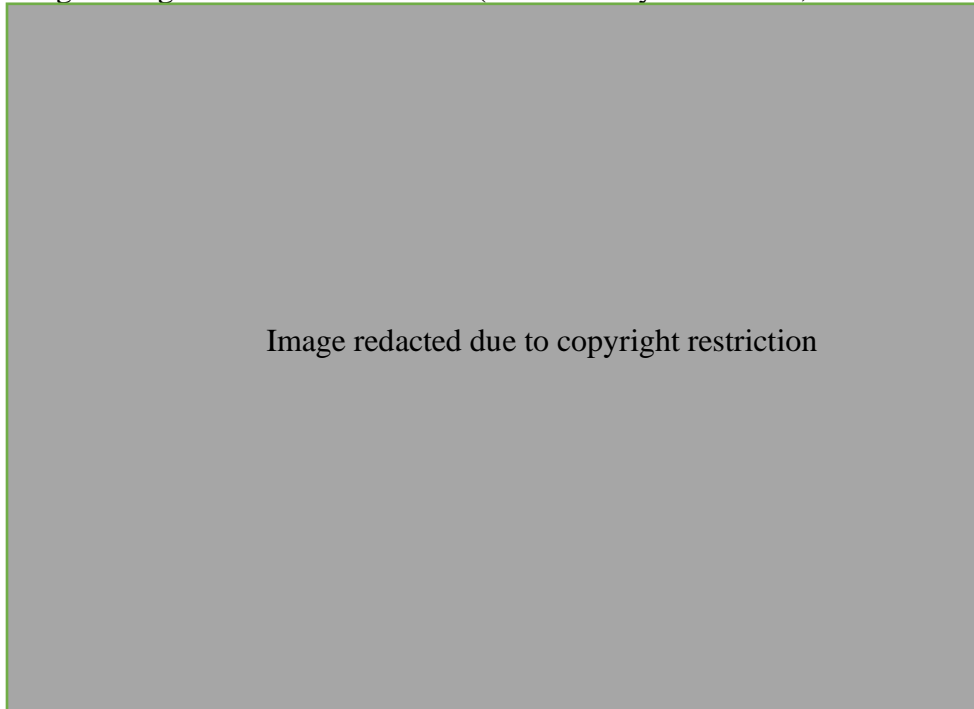


Image 6. Pages 48-49 of *Etcetera Magazine* (Rose Library MSS 1249, OBV1 - 1987).



This trend continued into the 1990s – as shown vividly in this page from the *Southern Voice*, a popular gay periodical in the Southeastern United States. Of the five ads on this page, four of them are selling sexual connections – two are personal ad or messaging services and two are phone-sex lines. The fifth ad is for “The *AIDS/HIV Treatment Directory*,” a service that provides information about “approved and experimental medical treatments.” This advertisement is, again, positioned as if it is somehow the same kind of ad as the other four, even depicting an attractive man to catch the reader’s eye.

Image 7. Page 35 of *Southern Voice* (Rose Library MSS 1072, Box 1 - 1991).



This page from *Southern Voice* is one of comparatively few from the time which featured a man of color to advertise a gay service. In this ad, the service is called “The Black Line.” As was common among the less-frequent services featuring men of color, this service was defined by its POC affiliation – a Black model advertising a “Black” phone sex line. The tagline “where all men are welcome” signals that many of these other spaces or services are not welcoming to Black gay men or gay men of color more generally. The division of “1-900-CUTE-GUYS” and “1-900-HOT-BLACK” underscores the coding of gay spaces as white, and all gay Black and POC spaces as requiring a racial tag.

Looking specifically for Black gay men’s stories in gay archives, I turned to one of the largest anti-racist queer organizations at the time, the National Association of Black and White Men Together (NABWMT, sometimes referred to as the Men of All Color Together, or MACT). I find a similar pairing of HIV/AIDS and sex in gay periodicals geared towards gay men of color.

While there was a consistent pairing of HIV/AIDS and gay sex, I find that differently raced organizations constructed this pairing differently. Organizations which do not have an explicit racial affiliation, meaning they are coded as white via the off-diagonal, tended to make these connections implicit (placement of ads). Conversely, gay organizations with an explicit racial affiliation generally made that connection explicit, be it through writing about how the HIV/AIDS epidemic has impacted gay men or advertising safer sex programs and parties. The NABWMT's newsletters, given NABWMT's role as an activist organization, would include reflections on white supremacy and the ways in which Black gay men, and gay men of color generally, were not given the same access to HIV/AIDS resources or support as white gay men. While these reflections were explicitly a consciousness raising effort, the NABWMT would also create spaces for Black gay men to learn how to have sex and experience sexual pleasure during the epidemic, often referred to as playshops (play + workshops). Most notable of these playshops was *Hot, Horny & Healthy!* which was developed by NABWMT and the National Taskforce for AIDS Prevention.

Image 8. Pages 6-7 of the Spring Newsletter for the National Association of Black and White Men Together (Rose Library MSS1071, Box 1 - 1989).

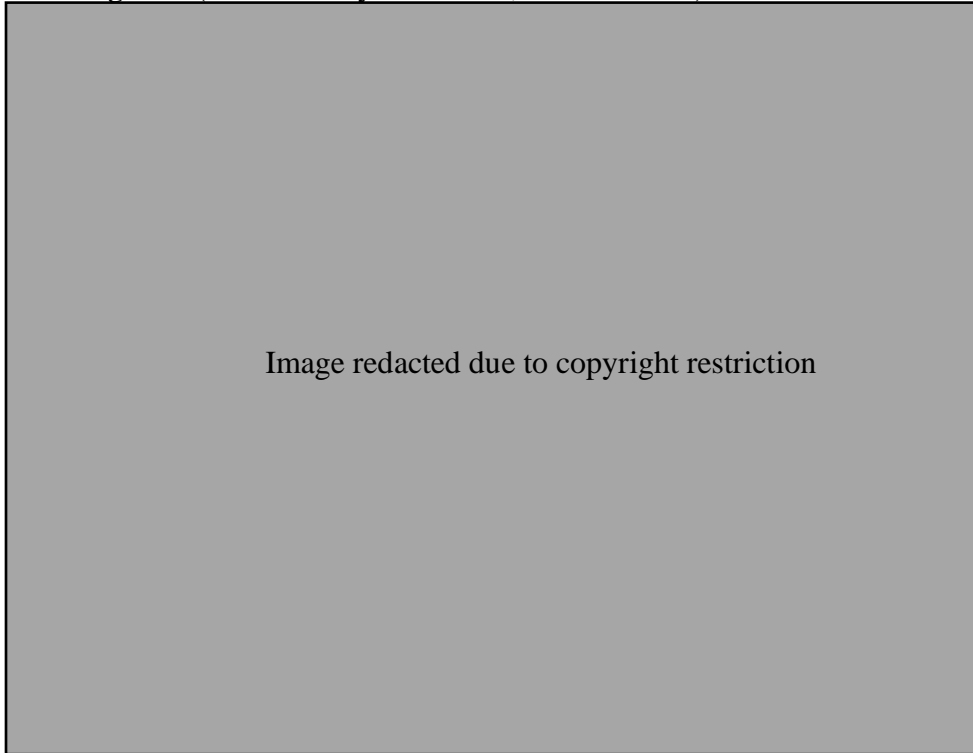
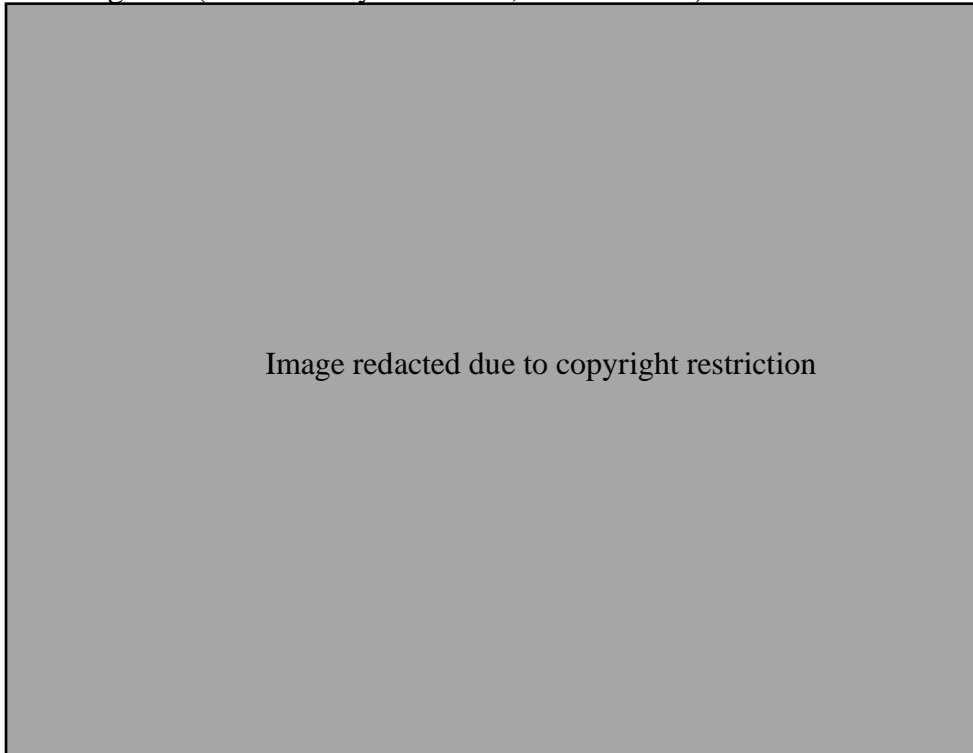


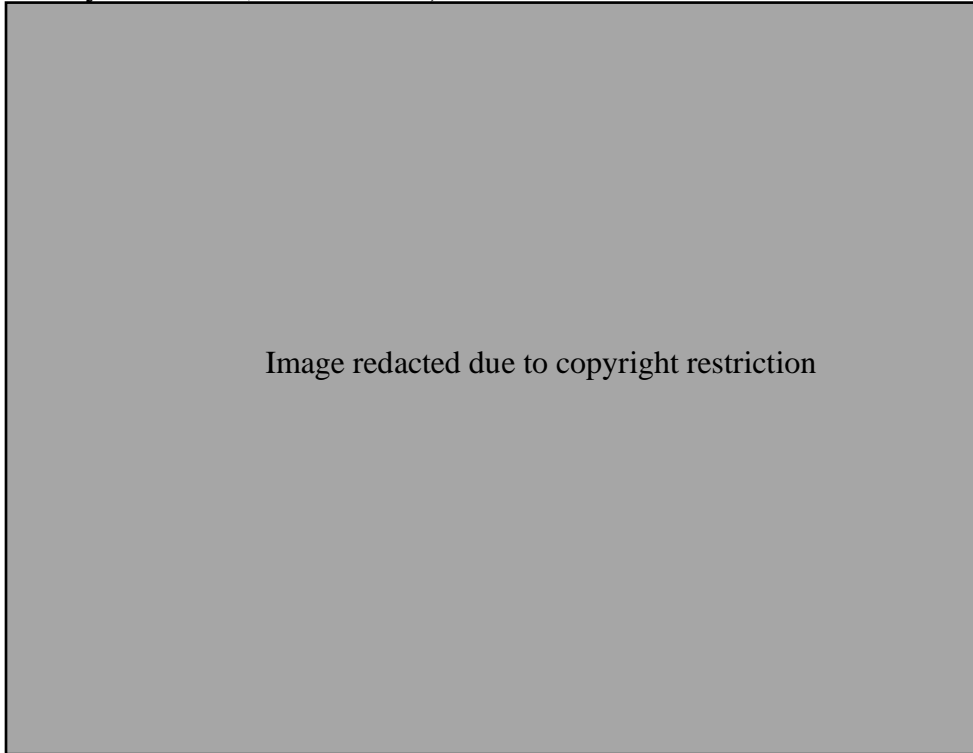
Image 9. Pages 6-7 of the Spring Newsletter for the National Association of Black and White Men Together (Rose Library MSS1071, Box 1 - 1988).



Playshops were also a point of discussion during oral history interviews with GMAD members. One founding GMAD member, Jeff Haskins, discussed getting connected to Black gay activism through playshops hosted by Gay Men of All Colors (Khuti 2001d), which is an offshoot of NABWMT, discussed above. These playshops were a space to learn lifesaving information about HIV/AIDS while also socializing and engaging sexually with other Black gay men. As George Bellinger, Jr. recounted during his oral history of GMAD, these workshops were often “eroticizing safer-sex” (Khut 2001c:10) in an effort to help Black gay men continue to have a fulfilling and enjoyable sex life while also minimizing risk of HIV infection. He explained these POC-exclusive spaces as follows: “... for a lot of us, we realized that coming to GMAD once a week was for – was sort of the only place they got to be publicly gay, outside of a club or in a sexual situation. So it was really important to be a safe space for people that could be whatever kind of gay man, faggot, sissy ... (inaudible) ... wanted to be in that room. It’s important to have that” (Khuti 2001c:11). Playshops were both a space to learn and served as a refuge from the racism and homophobia of the outside world, including white gay spaces.

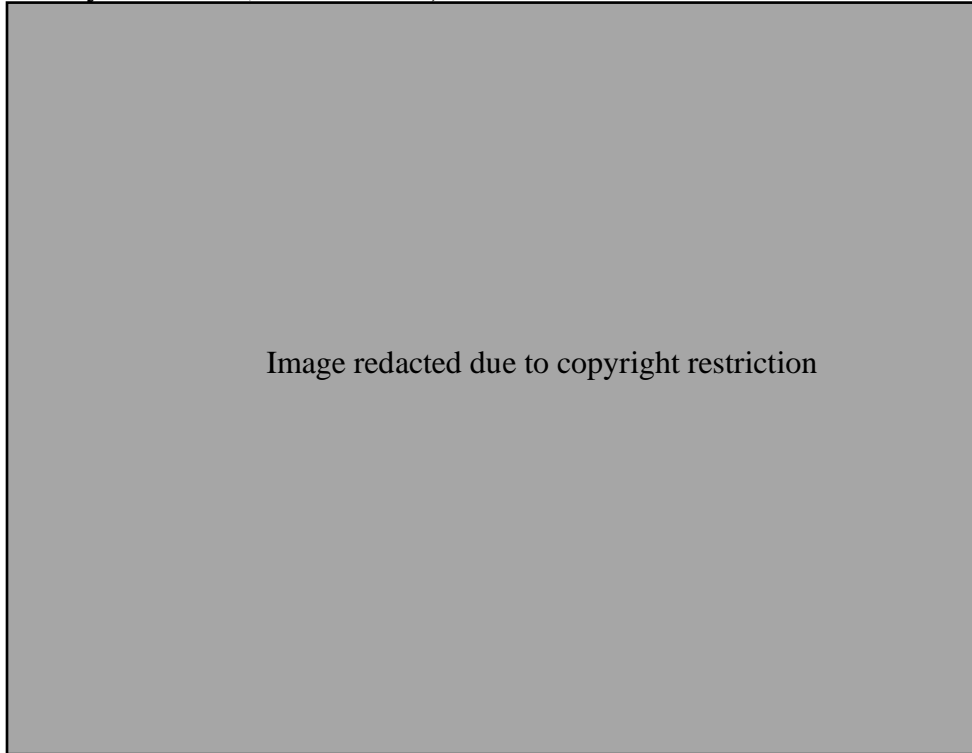
Beyond playshops, many organizations, like the New York chapter of MACT, acknowledging the importance of sex for gay men and the relative exclusion of gay men of color, created safer sex parties. These Jacks of Color parties were POC-centered and emphasized kinds of sex which had lower risk of HIV transmission, traditionally just manual stimulation (“Jacks” being a pun, referring to “jacking off,” the playing card, and having a masculine connotation).

Image 10. January newsletter for the New York chapter of Men of All Colors Together ((Rose Library MSS 1071, Box 1 - 1992).



These Black and POC-focused jackoff clubs, which often extended to including oral and anal sex with a condom, were created in an effort to address the dominance of white men in gay spaces, particularly within the safer sex party scene, creating what MACT/NY referred to as the “second sexual revolution.”

Image 11. January newsletter for the New York chapter of Men of All Colors Together ((Rose Library MSS 1017, Box 1 - 1992).



While differences emerged in the ways in *how* differently raced organizations represent the connection between HIV/AIDS and gay sex during the 1980s and 1990s, gay men were still understood through the plaguebearer frame. In analyzing these documents, my goal is not to intuit what the writers and editors intended when they put together and printed these periodicals. Rather, I strove to identify themes in how gay men understood what it meant to be gay. Similarly, I do not mean to make claims about what the APA or CDC believed about homosexuality, but to instead to argue that both the DSM and the HIV/AIDS epidemic were two medically-based traumas which were understood via Krafft-Ebing's frame of homosexuals as abnormal and ill. Put another way, I have used archival data to argued that the ghost of *Psychopathia Sexualis* has continued to haunt gay men from the 1860s up through 1990s.

I stop my archival analysis in the mid-1990s, as this was a major turning point in the history of medicine for gay men. In 1995, new medication to treat HIV infection known as highly-active antiretroviral therapy (HAART) became available and dramatically reduced the AIDS-related mortality rate. Administered as a combination therapy, HAART includes multiple kinds of drugs which intervene at multiple points in the viral replication process, thereby preventing HIV infection from compromising the patient's immune system. The advent of HAART allowed for clinicians to more accurately tailor treatment to the patient's specific case, their CD4 count, and their symptoms. This was the turning point in the epidemic, transforming HIV infection from a probably death sentence to a chronic, manageable condition.

Around the same time, the APA fully removed homosexuality from the DSM-IV (1994) and coming out against conversion therapy (1998). These steps did shift the field of psychiatry, leading to what Drescher refers to as "the APA implicitly accept[ing] a normal variant view of homosexuality in a way that had not been possible fourteen years earlier" (2015:571). But, even with a more normalized stance on homosexuality, the APA had not fully exorcised the ghost of *Psychopathia Sexualis*. There is still an ongoing impact of this psychiatric tradition of pathologizing queerness. Scholars have argued that the persistence of paraphilic disorders in DSM-5 continue to pathologize non-heterosexual, non-reproductive kinds of sexualities (Downing 2015), retaining the frame from *Psychopathia Sexualis* that sex without the goal of reproduction is deviant and, in many cases, pathological.

#### CONCLUSION: PLAGUEBEARER INTERPRETIVE FRAME

Given the centrality of sex to what it means to be gay (Weeks 2009), the pairing of gay men's sex lives with illness, particularly an illness which it was believed defined them and could harm others, has resulted in the propagation of what I am calling a *plaguebearer frame*. An



interpretive frame is a set of meanings people rely on to understand aspects of social life, a preconceived notion of what is important and relevant in a familiar situation (see: Fine 2012). The haunting of *Psychopathia Sexualis*, of that initial pairing of gay men and illness within psychiatry, has provided gay men with this frame to understand who they are and the world around them. This frame, originating with Krafft-Ebing and evolving 1951-1995, defining being gay by its affiliation with illness.

In this chapter, I have provided an account of how homosexuality has been paired with different notions of illness from 1952-1995 and beyond, emphasizing the diversity of experience within the broad theme of *gay men as plaguebearers*. In doing so, I advance the field of collective memory by underscoring the ways in which key historical events, like Krafft-Ebing's pathologizing psychiatric work, can continue to haunt a group of people, informing how individuals and groups understand and react to future traumatic experiences. I also extend the field by underscoring the diversity of narratives and experiences within a group's collective memory, particularly in terms of the memory of an ongoing event, such as the HIV/AIDS epidemic and the psychiatric treatment of homosexuality.

Based on these findings, I argue that a group can commemorate a wide range of histories as collective memories, and individuals may have some agency in how they use these memories in understanding who they are. Much like Swidler's toolkit (2001), I theorize that collective memories are distinct cultural objects which individuals and groups use to interpret their experiences. This allows for a high degree of fluidity in in-group diversity than a more rigid conceptualization of collective memory. I will test this conceptualization in the following chapters.

These findings advance the field of collective memory by theorizing a group sharing *the same kind of experience* as a collective memory. Collective memory is typically conceptualized as referring to a specific event with a temporally bounded timeframe, like one earthquake (Xu 2019) or a shooting on a college campus (Steidl 2013). Through my work in this chapter, I build upon Salant and Gehlert (2008), who study how medical abuse has become a collective memory for Black people in the United States, conceptualize collective memory. Both Salant and Gehlert's and my own work read for common individual experiences (physicians mistreating, misdiagnosing, and not listening to Black patients; gay men being treated as ill or witnessing death/dying within their community) and discuss those *shared individual experiences* as collective memory. Rather than, say, the assassination of Harvey Milk, a singular event which gay men may remember and hold as a collective memory, I argue that commonly experienced individual events may *feel like* a shared experience, thus operating as a collective memory, because of the similarity across individuals' experiences. While the experiences of going to a funeral, of being told one will die of AIDS, or of be told one is mentally ill are all private, the feeling of others having had similar private experiences creates a collective memory about the idea of medical trauma.

These collective memories, built from the shared experiences of medical trauma, are what influence how gay men understand what it means to be gay. In the next chapter, I test this assertion using interview data with gay men living in New York City. I expect these gay collective memories will lead gay men to use the plaguebearer frame to understand what it means to be gay. In this way, medical trauma will continue to haunt the meaning of being gay. In Chapter 4, I push this analysis further, examining how differences in the specific lived experiences individual have influence the kinds of collective memories gay men draw upon to

define what it means to be gay. Differences in lived experience will result in the emergence of generations of gay men, with each generation coalescing around the collective memory of their shared lived experience. In Chapter 5, I examine the whiteness of gay identity, specifically analyzing the ways in which gay spaces and cultural artifacts are coded white, impacting identity verification for gay men of color. I expect collective memory to fail to address racial differences in lived experience, given the whiteness of gay collective memory, resulting in gay men to draw upon a different frame to understand who they are.

### Chapter 3: “The Struggle Stuff”: Gay Collective Memory and Lived Experience as Managing Ambiguity During Gay Identity Verification

In the present chapter, I investigate the ways in which collective memory can influence identity processes, focusing on gay identity verification. Analyzing a set of 61 interviews conducted in the metro-New York area with gay men (See: Appendix 1), I find that gay men experience the gay identity standard as ambiguous, which left participants unsure how to perform their gay identity in interactions. Gay men interviewed consistently relied on the plaguebearer frame (discussed in Chapter 2) and medical collective memories (HIV/AIDS, psychiatric diagnoses) to articulate what it means to be gay, suggesting that gay collective memory may be one source of the gay identity standard. In terms of identity verification, gay men discussed the significance of sex as a core behavior for gay identity. Participants discussed receiving explicit feedback on their gay identity performance during sexual interactions. In non-sexual interactions, typically in heterosexually-coded spaces, gay men discussed relying on the reflected appraisal as a means of avoiding violence, given that being “verified” in their gay identity in an unsafe environment could result in physical violence, hate speech, or some other form of harm.

My findings extend identity theory by putting forth collective memory as one potential source of the identity standard and examining some of the conditions under which individuals may draw on different kinds of feedback for identity performance. Collective memories are historical narratives that are taken to define one’s group (Halbwachs 1992). I demonstrate that collective memories can influence identity processes by influencing the meaning of the identity, or the identity standard. Given the ambiguity of gay identity, collective memory serves as a frame to help gay men understand who they are and how to act in gay identity-relevant situations. I also demonstrate that gay men seek out different kinds of information to verify their

gay identity based on the context, with gay men seeking out and providing explicit feedback during sexual interactions and relying heavily on reflected appraisals in heterosexually-coded spaces. To contextualize my findings in the identity theory literature, I will first provide a brief overview of identity scholarship, emphasizing identity performance and verification.

## IDENTITY THEORY

While colloquially used to refer to a person's entire selfhood, an "identity" is a set of meanings attached to a social role situated within a broader social structure (Stets and Serpe 2013; see also: Stryker 1980). Identity scholars have demonstrated that individuals have some sort of cognitive sense of their multiple identities, and that these identities impact how they perceive they should act and will be received by others in social situations (see: Burke 1991, 2006a; Higgins 1987; Marcussen and Large 2006). Symbolic interactionist George Herbert Mead posited that an individual's self is comprised of an array of identities bound together by the individual's memory (1934). Each identity has its own meaning, known as the identity standard, which is socially constructed and passed on during socialization.

While the identity standard is experienced as a unified definition of the social role, scholars argue that identity standards are comprised of dimensions, each of which represents a discrete meaning (such as a characteristic or trait) associated with the social role (Stryker and Burke 2000). The meanings attached to a given identity coalesce to form the identity standard, which informs the definition of said identity (Burke 2006a). For example, the identity of "man" includes dimensions of being active (Lee 2014), dominant and in control (Vaccaro, Schrock, and McCabe 2011), and is presumed heterosexual (see: Connell and Messerschmidt 2005).

I find that these meanings which comprise the gay identity standard are informed in part by collective memory. While collective memories are commonly conceptualized as shared

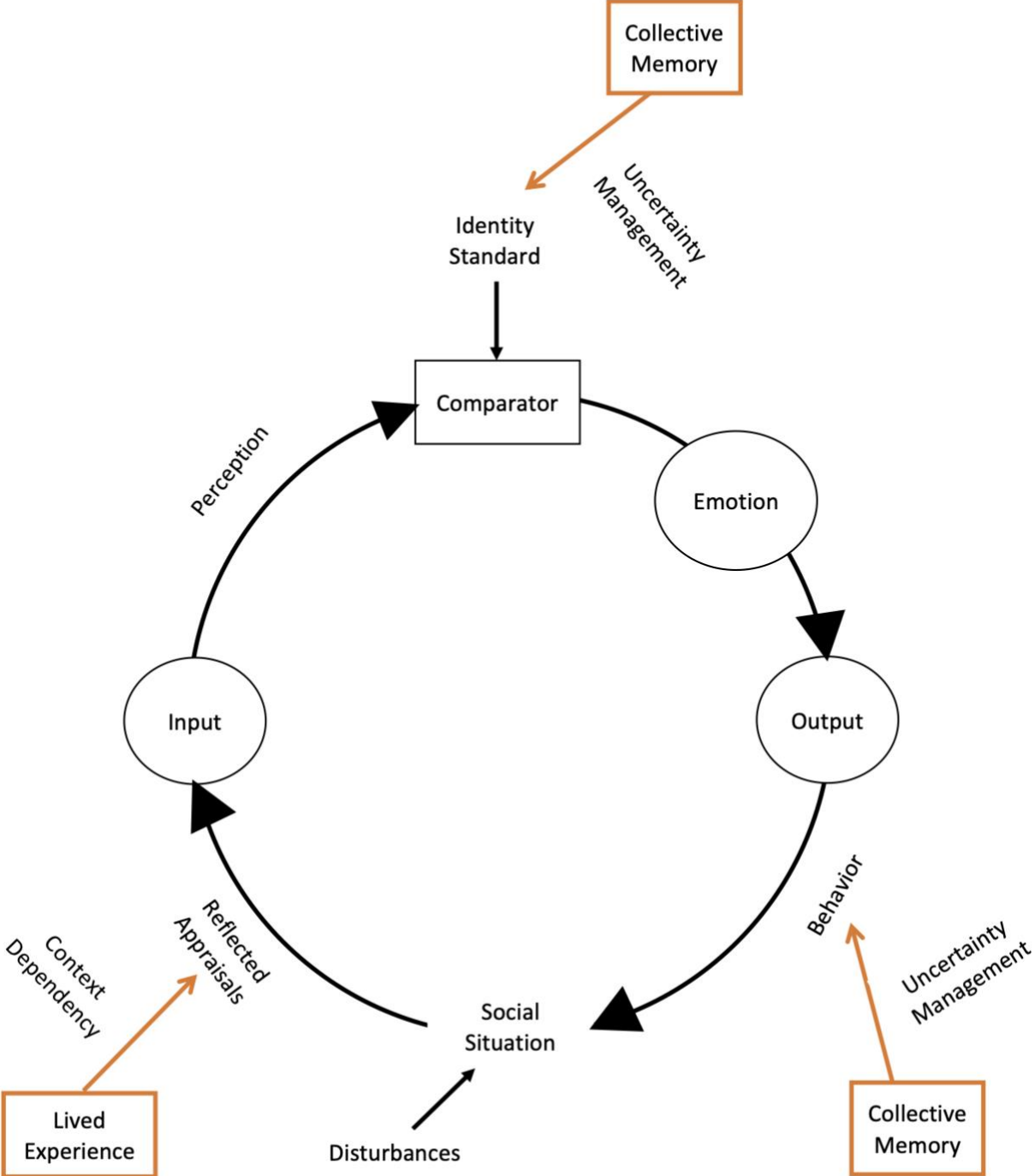
historical narratives and identity standards as a set of meanings, I argue that both narratives and sets of meanings are experienced by individuals as social cognitions. The key difference, then, is that collective memories are social cognitions expressed as stories whereas identity standards are social cognitions which are performed during interactions. Given that they are the same *kind of thing* (social cognition) and are theorized to do the same thing (define a group identity), I theorize that collective memory is one potential source of the identity standard. In this way, collective memories are the socially constructed historical account of the *meaning of one's group*.

## IDENTITY PERFORMANCE

Stemming from Goffman's work studying individual interactions (1959, 1975, 1981), identity theory scholars tend to conceptualize identities as being *performed* during interactions, performances which solicit feedback and trigger a cyclical identity verification process (Burke 1991, 2006a, 2006b; Stets 2018). Individuals strive to show others who they are during identity performances and interaction partners, implicitly or explicitly, give feedback on how well they performed their identity. For Cooley (1902), there are three ways in which an individual can receive feedback during an interaction: direct feedback, via reflected appraisal, and through self-evaluation. Identity theorists often center the reflected appraisal, the process by which individuals *imagine* how others evaluate them and their social performance (Burke 1991, 2006; Stets 2018). Individuals use imagined feedback in the absence of direct feedback, given that people rarely provide explicit feedback on identity performance in our daily interactions. Individuals use the reflected appraisal, generally unconsciously, to determine if their identity performances are in line with the relevant identity standard. This comparison lets the individual know how accurately they enacted their identity and informs future interactions.

While identity scholars tend to find that the reflected appraisal is a highly common form of identity feedback, I examine the conditions under which gay men use direct feedback or the reflected appraisal during identity verification. I argue that gay men discuss the gay identity standard in terms of gay collective memory, mobilizing the plaguebearer frame and medical collective memories to articulate what it means to be gay. In terms of identity verification, I expect that participants discuss identity verification as occurring differently in all-gay spaces and heterosexually-coded spaces. Specifically, feedback indicating an accurate performance should be negatively valanced, or potentially dangerous, when the audience is the general public or heterosexually coded. Given the stigma associated with gay identity, I expect explicit feedback to be perceived as highly dangerous for gay men, meaning that having one's gay identity verified in a predominately heterosexual space could result in physical or psychological harm. I diagram these processes in Figure 1.

Figure 1. Adaptation of Stets' (2018) identity feedback loop model (adaptations in orange)





## MANAGING AN AMBIGUOUS IDENTITY STANDARD

During interviews, the first and clearest theme which emerged is *how deceptively difficult* it is to describe what it means to be gay. When asked, participants struggled to verbalize what gay means; it was often cast as a feeling or an experience, something ephemeral. If you've lived it, many felt, then you know what it means. My position as an insider was incredibly tense here, particularly given that my feminine-of-center gender performance often signaled a gay identity. Participants consistently fell back on "you know what I mean" and found my probes confusing or redundant. Surely I understood what I meant, even as I played the role of naïve researcher. Others still remarked that asking what it means to be gay was "a hard question" and one they had never thought about before, despite their gay identity being central to who they are and how they live their lives. Reading for silence, these "hard questions" were an articulation that the gay identity standard is ambiguous. Throughout our conversations, however, participants started to find words for their feelings, invoking the ghosts of gay medical trauma by relying on the power of labels alone (Krafft-Ebing's notion that homosexuality encompassed one's "whole character" and the lack of definition of homosexuality in DSM I) and the ongoing influence of medical trauma for gay men (HIV/AIDS).

### *The power of labels: How psychiatry haunts gay identity*

To manage the ambiguity of the meaning of being gay, or the gay identity standard, participants often drew on some variation of a labeling approach. For many, claiming the label "gay" was sufficient to be considered gay. Some participants even went as far as to espousing that claiming the label and its social consequences superceded feeling any connection to a real or imagined community or having a shared understanding of the term gay. At first blush, I wrote this off as neoliberalism, an empty sign, as reliance on a word without any connection to a

broader structure or meaning. However, upon closer inspection, I realized a great many participants actively and categorically rejected defining of what it means to be gay. As Ben discussed, his gay identity is wrapped within a broader history. When asked how he understood what it means to be gay, Ben took a detour, explaining that “this is going to kind of fold back into my experience,” recounting the physical and psychological danger he associated with being categorized as gay growing up. Being categorized as a gay man comes with “this little box,” which he feared would have opened him up to violence had he come out as a young age. Rather, Ben discussed doing away with an identity framework and instead emphasizing experience:

I, I wish I had [come out sooner]. Um but that's only now thinking back. And that's actually kind of informed for me why I don't I don't know that I would say I, I see like this in particular this thing is what it means to be gay because what is that thing? Um I, I like the sort of **medical terminology** um the social anthropology sort of terminology of like **men having sex with men**. (MV: Okay.) As a community because it doesn't necessarily define any sort of social structures. It doesn't define any sort of uh you know uh [pause] order or yeah. **It, it it just talks about a experience that is or isn't the case for an individual**. Like you are a man who has sex with men or you're not a man who has sex with men. (MV: So does that mean can people pick up and put down the label gay as they change the things that they do?) But see that's what it kind of gets to right? **Like to pick up and put down the label gay is to have some sort of an understanding of what the label gay is and what comes along with it**. If you're not in the sort of uh framework that has a definition for it, that allows for a definition for it, then what is it to pick up this label of gay? (Ben, 36, Black)

In this discussion, Ben is describing the ways in which he finds “gay identity” an ill-fitting concept for him, despite living his life as an openly gay man. Ben instead discusses shifting focus away from the label gay and instead emphasizing similarities in *chosen sexual behaviors*. However, in his attempt to shift focus from an ambiguous category that opens up individuals to harm, he invokes medical language tied to gay men’s experiences within the HIV/AIDS epidemic. Even when attempting to move away from sexuality, Ben draws upon medical discourse found within gay collective memory to manage the ambiguity of one’s sexuality without invoking one’s sexual identity. Talking about gay men’s sex lives invokes the

plaguebearer frame and gay collective memories even when the speaker is intentionally trying to *not* rely on gay identity.

Similarly, Bruce W. echoed Ben's sentiment by reinforcing that identifying as gay required imagining oneself, and being visible, as part of a larger group of people who *do the same thing*. Recounting narratives of two individuals from his past, Bruce W. talks through the need for visibility and activity within an imagined gay community to be gay. Just as Ben discussed the importance of emphasizing what one does, so too does Bruce W – “the openness, I think, for me, is the key element” (Bruce W., 32, white).

Both Bruce W. and Ben describe the core tenets of identity theory – identities matter when they are enacted and that identities are more than their behavior. For Ben, while he argues for a shifting of focus from identity to behavior, he invokes collective memories of medical trauma to do so, suggesting that not only is there a shared gay history, but that there is also an imagined community of gay men who share this history. Bruce W., similarly, discusses the importance of visibility of one's actions to being gay, suggesting that there is an audience (gay men) and some actions fit within the audience's understanding of what it means to be gay (a gay identity standard).

While Bruce W., Ben, and others implied that there is a connection between gay history and the meaning of being gay, many participants directly commented on the *shared history* of gay men as it relates to gay identity. While chatting at the High Line, an open air park on the West Side of the city, Thomas shared with me his perspective:

What does it mean to be gay? To me, what it means to be gay is you're comfortable with your sexuality, you understand that you're attracted to men solely, and that's who you may want to partner with for the rest of your life. Being gay means being strong for others who don't have that voice. So I feel like if I'm doing something like this is beneficial to maybe the younger generation who don't have the voice for themselves. like, maybe they died or something else happened. I feel like being gay is a huge title. It's a huge, you know ... In a sense, I feel very lucky to be gay. I feel very, very lucky that this

is what God has chosen for me, cool. **Being gay, you just got to stand up for other people.** I just feel like just stand up for what's right, stand up for what it is, and **understand our past, in terms of the people who have had to deal with things and probably didn't make it out.** Meaning like, maybe they died or something else happened. So I feel like being gay, like **you have to have a strong voice and be understanding of where we are in this day and age and kind of put a voice out there.** (Thomas, 25, South Asian).

Thomas clearly states that a history of trauma, of death and dying, is integral to understanding gay identity. Similar to Bruce W., Thomas emphasizes the importance of being visible and, like Ben, still invokes MSM as a designation. For Thomas, however, the collective memories of medical trauma housed within the identity standard *inform his identity-relevant behavior*. Because these memories are so integral to his understanding of what it means to be gay, Thomas shared that he feels compelled to perform his gay identity in a particular way. Thomas discussed his sexuality, and the importance of gay history, with an intensely positive affect, even when describing medical trauma. Through his discussion of an imperative to act, Thomas is articulating one way in which collective memory can resolve the ambiguity of the gay identity standard. Gay collective memories, in this way, can provide a guide for identity performance by defining what it means to be gay.

*“The struggle stuff”*: *Plaguebearer frame as an aspect of gay identity standard*

The clearest evidence of collective memory serving as a source of the gay identity standard came in discussions of trauma. I closed each interview with a final question of “was there anything you expected to talk about that we didn’t cover,” to encourage participants to bring up the aspects of being gay that were important, but we had not discussed. While some participants followed social desirability norms and said no, many participants remarked that I had not asked them questions about their experiences of trauma, or, as Thomas referred to it at the close of his interview, “the struggle stuff.” Participants in this study, the Gay Men’s Sex

Lives Study, were consistently surprised that they were not going to be directly asked about their experiences of violence, sexual assault, familial rejection, or any other source of trauma. These were clearly topics of discussion, but were always brought up by the participant; no individual was asked to disclose any traumatic narrative.

When asked about the meaning of gay identity, many participants directly invoked the HIV/AIDS epidemic. When asked about what being gay meant, Matty bluntly stated, “it means you’re going to die of AIDS.” His flat affect gave way to a longer story, in which he shared that his “mother and father and aunt and uncle just like, probably very similar to an intervention where they're trying to [pause] explain to me that, you know, being gay is dying of AIDS. My aunt's a nurse and she was like, you know, basically telling me **the horrors of HIV and shit and AIDS**, and like, [laughs] I'm like “why are you telling me this?”” (Matty, 44, white).

Matty is describing the plaguebearer frame and one collective memory of the HIV/AIDS epidemic. Matty, even today, defined being gay as it relates to HIV/AIDS, emphasizing the certainty of death. In doing so, he pairs the meaning of being gay with “the horrors of HIV and shit,” most notably death/dying. This is another instance in which participants drew upon gay collective memory to define what it means to be gay. Put another way, Matty defines the gay identity standard, in part, by gay collective memories of the HIV/AIDS epidemic. “GRID” continues to haunt what it means to be gay, resolving the ambiguity of the gay identity standard by providing a framework of pathology.

To manage the ambiguity of being gay, many gay men invoked the plaguebearer frame, mixing both HIV/AIDS and psychiatric collective memories. While not espousing it himself, Brooklyn discussed at length the damage treating queerness as pathology can have for gay men. He describes being gay as follows:

That's easy, but esoterically being gay means living more, living more as your true self, in terms of your sexual orientation. So, there are plenty, plenty of homosexuals who could never be gay because they deny that for themselves. They would rather live in the closet and any perceived safety to that, that that provides, than to accept who they are. And that is because of the societal pressures that is put onto them, that **their orientation is abnormal**, that their orientation is evil, that **their orientation is not acceptable**. (Brooklyn, 30, white/Hispanic)

In this segment, Brooklyn holds that self-acceptance is required to be gay *while knowing you will be treated as abnormal*. Put another way, Brooklyn is acknowledging the importance of self-labeling and visible identity performances, but also is naming a key dimension of gay identity is the history of queer folx being treating as sick by the medical institution. The haunting of queer pathology, the haunting of HIV/AIDS and of DSM-I, are made visible here. Brooklyn isn't saying that gay men are sick, but rather that there are broader societal pressures (discourse and historical narratives, institutions) which define gay men, in part, as sick. His description of deviant sexuality mirrors closely the rationale for the APA to include homosexuality as diagnostic criteria (abnormality, deviance, etc.).

Pathologization is such a powerful dimension in gay identity, participants discussed it being an immediate connection with other queer folx. As Gavin Murphy said,

I think we've all experienced some sort of discrimination or oppression or judgment because of our sexuality. **And I think hardship bonds people quicker than pretty much anything else**. To be able to share a burden like that, uh, will bond people. Um, and this, like, I don't know. Have you ever experienced walking down the street and you like catch eyes with someone and you just know they're gay? (Gavin Murphy, 30, white)

Gavin Murphy is identifying a shared experience among individuals, oppression, and also a broader trend of *gay people being bonded by a perceived shared hardship*. While Gavin Murphy refers to this as some "magical faggy voodoo," I argue that it is collective memory that is connecting them and creating consistency across a wide range of gay men<sup>16</sup>. This connection

<sup>16</sup> As I discuss in Chapter 4, individuals of different generations center different kinds of hardships when defining being gay. Similarly, as I discuss in Chapter 5, individuals of different races experience identity verification differently

leads gay men to perceive that “you’ve seen the same shit I have” (Gavin Murphy), creating a shared perceived past and, which influences the meaning of gay identity.

While participants discussed the gay identity standard as highly ambiguous, they generally agreed that a history of struggle was integral to gay identity. Gay collective memory contributed to the meaning of being gay by providing the plaguebearer frame, centering medical trauma in participants’ working definition of what it means to be gay. In this way, collective memory served as one source of the gay identity standard.

I build on this connection between memory and identity by examining the ways in which participants discussed performing their gay identity. I specifically focus on inter-identity verification and the kinds of feedback participants discussed receiving.

## IDENTITY PERFORMANCE

While challenging to precisely define, participants often discussed gay identity performance in terms of their sexual interactions. Sexual behavior, or at least the possibility of sexual behavior, was often described as integral to gay identity. Similar to the identity standard, gay sexual interactions were framed as ambiguous, largely because individuals had to learn the sexual scripts required for a successful sexual interaction via trial and error. While participants generally agreed that there are sexual scripts, or gendered sets of behavioral norms and expectations that govern sexual interactions (see: Gagnon and Simon 2005), they learned these scripts primarily through trial and error with sexual partners. Despite this trial and error model, sexual interactions were framed as a a relatively safe space to perform one’s gay identity, given that they were the threat of homophobia and negative reactions to being gay were highly unlikely

*Ambiguous Sexual Scripts: Trial and Error Sexual Interactions*

Sexual behavior is a key component of sexuality (Weeks 2009), and yet, for most people, nobody teaches you how to do it.<sup>17</sup> For gay men in particular, sex has long been theorized as a key component of their gay identity (Dowsett 1996; Dean 2009), and therefore important to identity processes. Gay men interviewed made it clear that an individual claiming a gay identity with no interest in having sex with men would be confusing, if not suspicious. When posed hypothetical scenarios, such as a self-identified gay man who is also asexual, many participants struggled to hang onto their reliance on labels alone. Sex with a man, or at least the possibility of sex with a man clearly mattered for many of the gay men interviewed.

When discussing their own sex lives, participants described sex as an unstructured, complicated learning experience, largely happening through trial and error. Some attributed this to a lack of queer sexual education, others to homophobic stigma, and others still to the United States' general anti-sex attitude. Whatever the reason, participants largely agreed that learning how to have sex is a universally awkward and vital stage in gay identity acquisition; it was by developing a personal sexual history, through trial and error, that many gay men developed an understanding of what it means to be gay. This trial and error process led to an acquisition of an important dimension of the gay identity standard.

Most participants shared that they have never had a gay mentor, meaning they were horizontally socialized into their gay identity, experienced as a trial and error process. Rather than operating without any sort of framework, some participants shared that they model(ed) the behavior of their partners from past, successful sexual interactions. As Haunted Bussy recounts

<sup>17</sup> With the advent of internet pornography, adolescents and young adults have access to sex in ways older generations did not. While I assumed that internet pornography would be instructional, however younger participants generally framed porn as useful to learn the names of groups and sex acts (often via the categorization systems which porn websites use), but not helpful to learn the behavior. Across most interviews, regardless of age, participants discussed sex as something one learns as one does it, typically via trial-and-error.



below, his first and second sexual encounters (first as a bottom, then as a top) were dramatically different in terms of success, but both were key to learning more about himself as a gay man.

Because I really, really liked him. Yeah. But I didn't realize cause like I guess what I experienced with like the first time I was just like, I guess like **he kind of knew what he was doing already** cause he was like, I guess like using a lot of spit I guess. But the second time, yeah. It was like hotel lotion and **it doesn't work.** (MV: Oof) So, yeah, I learned about sex through, I guess, yeah, like a **very rocky trial and error.** (Haunted Bussy, 36, Filipino)

Figuring out the intricacies of anal sex was a common “rocky trial and error” for participants but were not without any signposts. In the first interaction, Haunted Bussy is recounting a positive sexual experience, in which both partners' gay identity was verified. Haunted Bussy discusses trying to model his partner's behavior, using a lubricant for anal sex, but only realizes through his failure that the type and quantity matter a great deal for anal sex. He went on to clarify that most of his sexual knowledge has come from experiences like these: “I guess that, I guess I also learned from porn, but that wasn't really a good teacher. Learning experience is, it's like a very different compared to real life, hmm. Um, yeah, just trial and error and also talking with other people. **I never really had like a crash course or just like someone sit me down. So it was mostly a rigorous trial and error.**”

Most participants shared Haunted Bussy's perspective, that internet porn is very accessible but cannot replace lived experience. Participants often discussed learning concrete information, such as gay slang or sexual terminology, from the internet, whereas trial and error taught them more about how their identities operated within interactions. Andrew echoes Haunted Bussy's sentiment, explaining how porn and the internet served as tools to augment his trial as error, while still maintaining that doing the behavior was key. As Andrew explains:

I mean if you, I would say there was no really like learning-learning [about sex]. Um, but I would say porn was the first kind of like the visual of what it would be like. Um, and that was probably when I was like 10. That was the first time I had ever seen any. Um, so in that instance that was probably just like the very basic like seeing what the, what it

would look like in a very broad sense. Um, **but learning would be more in the sense of trial and error.** (MV: Okay.) But like the first time I tried to bottom when I was a freshman, it did, I was — didn't go in, I was completely way too tight. So, then I think I searched up, um, what I could do to fix that on like reddit or something like that. (Andrew, 21, Black)

When asked where he learned this, Andrew continues:

(MV: ... I guess I'm trying to wonder, like where did this knowledge come from? Was it all porn?) No, not at all. **Definitely not, mostly not from porn. I think a lot of it's from experience** of what, what it feels like to have good, decent sex and what it feels like to have really bad sex. Um, and you only have to have one experience with both to understand what you're missing and the other person or what you're not doing yourself. So, I mean, I'm not someone who's had a lot of sex with a lot of different partners, but it's definitely, it only takes a couple of times to, I think for my experience, **figure out.** Um, and also just like being introspective and thinking about what would you like to see, um, in general and how, how, what do you notice that you do that people enjoy or they at least they seem to enjoy?

In this way, the internet served as a source of concrete information, whereas learning about one's identity required actual sexual experience. Frank Reynolds (27, white) shared a similar sentiment, explaining that he learned sexual terminology from porn, but, when asked about where he learned about the expected qualities for different sexual positions, he replied, “oh, that’s just personal experience.” He went on to explain that “Just like cause, you know, there have been times where like I've been I've been the bottom and it's like the top finished too quickly and it's like ‘oh well we're done guess we're done here!’” Others’ failed performances can provide valuable lived experience, which informs the individual’s future identity performances.

In order for identities to be verified, however, the individual must compare feedback they have received on their performance with said identity standard. Given that having sex is one piece of the identity standard for gay men, I interrogate further the identity verification process for gay men by looking at the kinds of feedback they receive.

*Identity Feedback: Explicit Feedback and Reflected Appraisal*

Given how ambiguous the gay identity standard is, participants often agreed that one's skills or talent were irrelevant to identity verification. Having sex with a man, or desire to have sex with a man, were identity-relevant. Participants discussed generally giving and receiving explicit feedback within and after sexual interaction, telling one another what felt good and what did. This feedback was discussed in relation to improving the experience for all partners, but participants were not disverified for performing poorly in sexual interactions. Jasper related the following in terms of feedback he's received:

Um — I think the foundation of sex, like top, bottom, oral, um — even like using a condom I think, um — was um, more trial and error. (MV: Mm.) Um, and just figuring that out myself and then through porn. **But I think the intricacies of it, um, came from — from people telling me** like, even through like the experience — and not in a like way like you're — 'Dude, you're doing it wrong.' More of a like, '**Hey, try this**' or 'This is what really gets me going' type deal. (Jasper, 23, Biracial – Black/white)

In this scenario, Jasper points out that he, more often than not, receive explicit feedback from his sexual partners during sex. This is an example of horizontal socialization, as peers are co-creating the meaning of gay identity standard. In the moment, this improves the sex for all participants and, moving forward, gives the individual a better sense of different kinds of successful sexual interactions without invalidating any sexual partner's gay identity. This also manages the ambiguity of the gay identity standard through explicit feedback.

Similarly, in terms of both sex and dating, Zelda discussed the ways in which their chosen family in the New York Ballroom scene guided their identity development through explicit feedback:

Um, so ballroom for me starts and finishes with chosen family, right? Um, I met amazing people that were for me what I didn't realize I really needed until it was offered to me, which was, um, role models and leaders leadership, right? But also folks who wanted to invest in me and saw in me my potential. Um, and **it also gave me a safe place to explore my identity** and not only in a way where I can figure out who I am, and who I love and how I love, right? **But also gave me a safe place to navigate it, regarding my sexuality, regarding my own sexual health and I guess my relationships, right?** Because dating was something that happens way too often, way too fast. And the more I

exposed myself to dating in the community, the more I learned from these like **trial and error relationships** and these, um, like moments because they were more often public than they were private in a way. ... If there's things I don't like, I have to work differently and I have parents' chosen parents role models in the community that teach me things, right? **Like, Oh, this is how you date while gay, this is how you have sex while gay, this is what you love while gay.** Right. So there was so much to learn and such little time to like really embrace it and ballroom was a safe place for me to navigate a lot of that. (Zelda, 29, Black/Puerto Rican)

Zelda and Jasper both discuss receiving direct feedback on their identity performance. For Jasper, this involved being told clearly how sexual acts felt and given suggestions for improvement. For Zelda, this meant receiving feedback from peers who were outside of the direct interaction (e.g., peers and chosen family, rather than the sexual/romantic partner). In both cases, they are learning, as Zelda put it, “how you have sex while gay,” and, ultimately, how to be gay. This feedback may be imagined in some ways, but in many the feedback is direct and unambiguous. This feedback is also provided in a safe and protective way.

Gay men who I interviewed invoked the reflected appraisal often when discussing how they evaluate safety outside of defined queer spaces. Sexual interactions were already defined as queer, making them generally safe spaces to enact one’s gay identity, whereas social interactions with heterosexual individuals were often experienced as a potential safety concern. As [P16] shared, recently coming out to his friends has made him acutely aware of monitoring *how gay* he acts:

(MV: Do people treat you differently after you come out to them?) I haven't noticed it. I mean, [pause] I haven't really noticed anything. I mean, I personally feel different around these people as, ummm, after I come out to them. But I haven't notice how they treat me differently. (MV: Mmmm? How do you feel differently?) **I feel like after I watch the way I act, almost? I can't do anything that is, quote-unquote too gay.** (MV: Ok.) Ummm, cuz for the most part, it's been mostly my guy friends that I've been come out to. Ummmm, so yeah. **I feel, I just have to curb that side of me, or just, you know, not do anything too risque I guess.** (MV: Mmmhm. What would happen if you did do something too gay, or too risque.) Well, I wouldn't want to make anyone feel uncomfortable. (MV: Okay. Ummm.) And not that they would. But it just, it my feeling that it might make them uncomfortable. (K.V.S., 58, white)

K.V.S. finds that, when imagining how others see him, they find his gay performance uncomfortable. This creates a double bind: identity verification is theorized as a positive experience, but when one's identity is stigmatized, having one's identity verified can become simultaneously harmful. Similarly, Kevin shares a long, beautiful story of a Christmas encounter that epitomizes this double bind:

I was on the platform waiting on the train and I was watching the Cosby show on this multi-media device they don't even make anymore, and this guy walks by. I see his shoes, he's wearing like Timbs, and baggy jeans, which wasn't my style, because remember I was a hipster coming out of a rock band. I don't really care about baggy jeans and Timbs. So, I went back to my thing, and then he walked back by again, and I looked and was like, "**Oh my God he's so hot.**" The train came. I sat down on the train. He sat down directly across from me, but I'm like, well what do I do? Am I supposed to talk to him because I'm new to the city, **I don't know how this works.** Never really approached a guy before. I hadn't had a boyfriend, yet. So, I'm like what am I supposed to do? I just kept making eyes at him, and then we got to Delancey and he left the train station. And then I was like "Oh, I missed my chance." ... and then he comes back onto the platform. I found out later he had gone outside to smoke a cigarette. So, he came back on the platform. I'm walking by him, still looking, and then the train comes and I was like, "Okay, I'm going to say something on the train," and then he didn't sit across from me. He sat all the way on the other end of the train car and I was like, "Dang. I guess he doesn't want to talk to me." Mind you, this was also after a hate crime had just happened in [neighborhood] where I was living. **These two men had gotten killed because their assailant thought they were a gay couple.** They were actually brothers, but (MV: Wow.) Yeah. They had just gotten killed on my stop, so **I'm thinking that everybody in New York who looks angry wants to kill me because I'm physically gay.** So, when I locked eyes with him from down the train car he was staring at me. He had gray eyes, and he looked angry. I was like, "**Oh my God, he wants to kill me. He's not actually gay. He's going to kill me.**" So, I'm like, "Okay, I'm going to stay on the train until after he gets off so he can't follow me off my stop. Even if I pass my stop. I'm going to wait until after he gets off then I'll come back." We're crossing the Williamsburg Bridge, and I start thinking, what are the odds of that? It's probably not what's happening here. He's just looking around and that's his resting face. You're being ridiculous. Quit it. So then, the train is emptying, I look at him. I thought he motioned to the seat next to him, so I got up and I'm walking towards him and then he stops looking at me and I'm like, "Oh, maybe he wasn't - " So then I stopped and I was standing next to him and he looked and was like, "Well aren't you going to sit down?" I was like, "Okay." We found out we lived on the same train stop so ... I followed him home on Christmas Eve. Then the next morning he woke up and made breakfast and we watched cartoons. (Kevin, 38, Black)

Kevin is describing the very real fear of performing one's gay identity in public spaces being verified and met with violence. Identity processes seem to operate very differently in queer and heterosexual spaces, given that identity verification may result in physical harm in the process.

Both K.V.S. and Kevin underscore the utility of reflected appraisals as an *source of identity-related feedback in potentially unsafe interactions*. Given that gay identity, and queerness more broadly, are still heavily stigmatized and defined in terms of their connection to public health and psychiatry, identity verification entails others potentially seeing the individual as abnormal, ill, or, as is the case with HIV/AIDS discourse, a plaguebringer. Direct feedback becomes unavailable for many when there was a chance said feedback could be in the form of physical violence or social rejection.

## CONCLUSION

In the above chapter, I demonstrate some of the ways that gay men experience identity verification, discussing gay identity standard, identity performance, and performance-related feedback. I find that gay men practice uncertainty management by relying on discourse within gay collective memory, particularly given the ambiguity of the gay identity standard due in part to the horizontal socialization gay men receive. I find that gay men most commonly discuss enacting their gay identity within sexual interactions, and report a high degree of explicit and direct feedback on these performances. Conversely, gay men tended to only rely on the reflected appraisal when outside of queer spaces, primarily as a safety measure, given the high prevalence of anti-queer violence even in liberal cities such as New York.

My findings extend identity theory in two ways. First, I demonstrate some of the ways in which collective memory can influence the identity standard, using gay men as a case. I find that gay men use collective memory to manage the ambiguity of the gay identity standard, relying primarily on the plaguebearer frame and medical collective memory to guide their understanding of what it means to be gay. For some, the use of collective memory was a positive thing, used to construct the meaning of an identity even though it invoked a stigmatized condition (see:

Thomas). For others, collective memory could be used to construct an identity by emphasizing the negative outcomes, specifically the perceived certainty of death (see: Matty) or permanent abnormality (see: Brooklyn). Second, I demonstrate that individuals may receive feedback on their identity performances in different ways based on the social context. For gay men, receiving explicit feedback improves sexual interactions and relying on reflected appraisals allows for gay men to assess the safety of performing their identity in heterosexual spaces. Identity verification may be a negative experience in the case of verification of a pathologized identity (being gay), resulting in physical or psychological harm.

This chapter contributes to the broader questions of this manuscript by outlining a clear connection between identity and memory. Through this empirical analysis, I provide an account of how discourse and memory can influence individuals and groups: via identity processes such as identity verification. Collective memories serve to influence the meaning of an identity, via the identity standard, and come to bear on identity performance.

I further investigate collective memory and identity verification in the following two chapters. In Chapter 4, I examine generational differences in the specific collective memories gay men draw upon when defining what it means to be gay. In Chapter 5, I examine racial differences in gay identity verification.

## Chapter 4: Three Gay Generations: The Impact of Lived Experience and Collective Memory on What It Means to be Gay

While I find that medical trauma influences the definition of what it means to be gay, does this relationship remain constant over time? In this chapter, I examine the ways in which lived experience impacts the relationship between collective memory and what it means to be gay. Through my analysis of interview data, I outline how three birth cohorts of gay men have actually come to be distinct *generations*, each with their own definition of what it means to be gay. I find that gay men's lived experiences may lead them to draw upon different constellations of gay collective memories when defining what it means to be gay, thus dividing the population into distinct, narrative-based generations. I conceptualize a generation as a group of individuals who occupy a similar social location (Mannheim 1970) and share experiences which they take to define themselves (Schumann and Scott 1989). The experiences that define a generation in this conceptualization are often traumatic, as has been seen in the United States with Pearl Harbor and 9/11.

For gay men, I find that different kinds of medical trauma serve as the generation-defining experience. While generations are often discussed in terms of entire countries (e.g., Baby Boomers, Millennials, Gen X, Gen Y, Gen Z in the United States), I build upon the work of Arlene Stein (1999) and examine distinct generations within a *specific sexual identity*. While I find that gay men generally draw on medical trauma to define what it means to be gay, gay men experience generational imprinting, coined by Schumann and Scott (1989) and take specific traumatic experiences from their adolescence and young adulthood to define their group. The



pace of the HIV/AIDS epidemic, particularly the high mortality rate from 1980-1997<sup>18</sup>, means that life as a gay adolescents in 1977 (pre-HIV), 1987 (height of the mortality rate), and 1997 (post-HAART) was different enough to actually shift how these gay young adults understood the meaning of being gay. Surprisingly, I find that these generational divides persist across different races of gay men despite differences in racial disparities in HIV infection rates and access to care, prompting further investigation into the intersection of race and sexuality in Chapter 5.

To provide a theoretical context for my findings, I will first provide a brief review of the sociological literature on generations. In the following three sections, I walk through the unique constellation of lived experience and collective memory salient for each of the three generation I have identified. To do so, I conduct the same analysis three times: a content analysis of the key shared lived experiences each generation uses to define their gay identity, specifically reading for the ways in which these lived experiences are framed around gay historical narratives (collective memories). In this way, I extend my work conducted in Chapter 3 by further testing the influence of lived experience on the collective memory-identity standard relationship.

#### WHAT IS A GAY GENERATION?

A generation is a group of people united by a shared collective representation of themselves and their social context (Mannheim 1970), often due to a shared experience in their adolescence or early adulthood (Schuman and Scott 1989). Generational differences are often a source of conversation; younger generations are framed as naïve and failing to follow social norms whereas older generations are perceived as out of touch and stuck in the past. While generations are often studied at the national level (Schuman and Scott 1989), comparatively little work has been done to investigate how distinct generations form within identity groups, such as

<sup>18</sup> AIDS-related mortality peaked in 1995, with about 50,000 AIDS-related deaths that year alone. Diagnoses peaked at about 80,000 new AIDS diagnoses in 1992 (CDC 2016).

one's sexuality. Arlene Stein's (1997) work stands as a rare exception, interrogating the differences across generations of lesbians in the wake of evolving feminist activism in the United States. I build on the work of Schuman and Scott (1989) and Stein (1997) in two ways. First, I put forth collective memory and hauntology as a theoretical framework to understand how historical events continue to impact people in the present. Second, I present empirical findings which triangulate which events served as a generational imprint for individuals, demonstrating how gay men define being gay differently based on said imprint.

Generations are a signal of difference in shared meaning within a group, but not such a drastic difference as to signal being *different groups*. Using Catholicism as an example, older generations of Catholics generally think about social life and religion differently than younger generations of Catholics. These differences make cohesion difficult and can impact interactions, but do not lead individuals to perceive older or younger Catholics as *not Catholic*.

Generational differences in identity-relevant meaning can be attributed in part to the importance of context in meaning-making. Social objects, such as identities, are given meaning by social actors within a specific context. Karl Mannheim explains the connection between meaning and social object as follows:

A thing exists in space, and is tied in its existence to a **specific period of time**. It does not change in its being in-and-for-itself in the same way as do, for instance, the collective representations which refer to it. As mountain, the mountain remains a mountain; in conjunctive experience, by contrast, the mountain may be a 'magic garden' for several generations and then become a landscape, or signify something different for the experiential community. **The mountain exists, the collective representation refers to it.** The collective representation may transform itself in content, but its mode of being will nevertheless remain one of referring itself to existing things (Mannheim 1952:208, emphasis added).

If Mannheim is correct, each generation of a group should adopt a meaning which makes sense within their "specific period of time" (1952:208). I test this claim by examining how the specific period in time, solidified by generational imprinting, influences the meaning of an

identity. The formation of a generation has previously been attributed to generational imprinting (Schuman and Scott 1989), a process by which the shared experiences of a cohort of individuals comes to simultaneously demarcate and define a generation. As Schuman and Scott explain, "In simplest terms, the generational character created by the events a cohort experiences during its youth is assumed to exert an important, even decisive, influence on the later attitudes and actions of its members" (1989:359-360). They find that individuals often coalesce around a shared experience, with adolescence and young adulthood being the critical period for experiences to influence the meaning of a generation. They go on to argue that group affiliation, naming race and gender, influences which events are most salient or defining for an individual. In this chapter, I apply generational imprinting to gay men as a group, examining how lived experience influences how gay men understand what it means to be gay.

My interviews show that generational imprinting has created three distinct generations of gay men, each being formed around their shared experiences of the HIV/AIDS epidemic. The oldest generation is comprised of a group of gay men who were adolescents or young adults prior to the early 1980s, imprinting before the start of the HIV/AIDS epidemic. The middle generation is comprised of gay men who were adolescents or young adults around the late 1980s or early 1990s. These men grew up and learned what it means to be gay during the height of the epidemic's mortality rate. The youngest generation is the still-crystalizing generation of gay men who imprinted after the epidemic became medically managed, so mid- to late 1990s. During my analysis, I find no racial differences within any generation. I refer to these three generations as the "oldest," "middle," and "youngest" generations, despite the relatively young age of all participants. These three generations do not encompass all gay men alive today but, rather, refer to three key generations created by the trauma of the HIV/AIDS epidemic. My purposive sample

ranges in age from 21-65, due to theoretical considerations (gay older adults could be affiliated with a generation outside of my analysis) and sampling constraints (many gay men who would be in older age brackets died during the first decade of the epidemic).

These three generations of gay men all draw upon gay collective memory, but each invokes different historical narratives from within the broader gay collective memory which are congruent with their shared lived experience (or their generational imprint). The experiences of gay men in their adolescence and young adulthood shape how they see the world, leading them to perceive certain historical accounts more or less important to the meaning of being gay. Given the individuals are consistency seeking (Burke 1991) and that queerness is socialized horizontally (Solomon 2012), generational imprinting is likely to have a strong influence on the kinds of narratives gay men mobilize when explaining the meaning of gay identity.

In presenting these generational differences, I aim to further investigate how collective memory and lived experience both influence what it means to be gay, and how these two social forces influence one another. I find that gay men draw upon their own lived experiences when defining what it means to be gay. I also find that gay men invoke specific narratives within the gay collective memory to contextualize and explain their definition of gay identity. Each generation mobilized gay collective memory differently when contextualizing their lived experiences. The narratives used were congruous with the generation's shared lived experience. For a description of the lived experiences used to define a generation and the collective memory invoked, see Table 2.

Table 2. *Generational Differences*

	Lived Experience	Collective Memory Invoked
<i>Oldest Generation</i>	Emerging queer visibility	Homosexuality as a Personality Disorder (Medical Trauma - Psychiatry)
	Epidemic as Interruption	
<i>Middle Generation</i>	Gay Death / No Gay Elders	Homosexuality as a Deadly Disorder (Medical Trauma – Public Health)
	Epidemic as Normal	
<i>Youngest Generation</i>	Gay history as a tragic history	Resisting Collective Memory as Trauma (Still imprinting, but defined in opposition to trauma)
	Epidemic as History	

#### OLDEST GENERATION: EMERGING GAY VISIBILITY

Gay men from the oldest generation highlighted the importance of the *emerging visibility* of gay men when defining what it means to be gay. Participants consistently discussed how revelatory it was that, in their adolescence, norms began to shift and gay men became more able to live openly and be seen by others as gay, at least in a major urban hub like New York City. This possibility of visible gay identity performance was framed as awe-inspiring and a call to come out and live openly. While this meaning, being gay as being out and visible, has been adopted as a meaning for all three generations (see: Chapter 3), the oldest generation discuss the experience of gay men becoming visible to the broader American society in the face of pathologization as a defining feature of their generation, both for white gay men and gay men of color.

Andrew discussed visibility as core component of his early life as a gay man. When asked about what being gay means to him, Andrew replied:

Well it's totally different from what it was back then, like I wanted to make a statement. (MV: Okay.) You know, my fashion was, I'm going to, learn it, **learn it, you know, from what I've got on.** Like, you know, okay. But it's not like that for me anymore. Um, I've

gotten older and I've lived, I've done a few things. You know, and I'm no different from a straight person except with my sexual, um, preference is to be with the man, you know? But I, I couldn't see that back then. **I had to stand out.** I had to, like, **I have to say something** and I have to do, you know, because I'm so, not only because I'm supposed to but because I'm a rebel and I want, fuck society, fuck you and fuck your mother, and fuck, you know, that's how I felt. You know, you're going to, **you're going to see me whether you like it or not and I'm going to slam it in your face and shove it down your throat.** (MV: Yeah.) Like cause you're shoving stuff down at me and I'm going to shove it back at you. Yeah. But now, no, I ain't gotta shove nothing (Andrew, 61, Black).

Andrew explains his need to rebel against heteronormative standards and visibly display his gay identity as a means of being understood as a gay man by others. His decision to strive for a more visible gay identity was in direct response to the overwhelming heterosexuality of all spaces and, in many ways, to push back against a society which didn't allow gay men to be visible. Visibility is one route to identity verification in that those the individual is interacting with has to understand what identities they are performing; if a gay man is not known to be gay nor does he indicate his queerness during interactions, the audience cannot provide any feedback to verify his gay identity.

Lance discusses a similar experience, directly linking his lived experience of emerging visibility to the gay collective memory of homosexuality as a psychological diagnosis.

Um than so you know it's hard to explain but in the mid 70s like it was kind of wasteland. No one knew. Um and and it was you know it was it was not too long after they had just changed the clinical diagnoses and then the APA, so it was it was traumatic and and the only people who you saw who might be gay were pretty flamboyant. Other than that you wouldn't know. (Lance, 56, Oldest Generation, white)

While reflecting on differences in coming out stories between the 1970s and 2010s, Lance underscores Andrew's point by framing the mid 70s as a "wasteland" in terms of gay representation, making gay visibility so crucial. Lance, similar to Andrew, acknowledges that gay men who were exceptionally flamboyant or, as Andrew describes it, "shoving it down your throat," were read as gay.

While gay visibility had power and was perceived as key to changing society, it also opened up gay men to pathologization. APA diagnostic criteria had just begun to shift in 1973, changing homosexuality from a disorder to a risk group for mental health disorders while still holding no stance on conversion therapy (APA 1973). This pathologization was discussed by participants in the oldest generation, for whom visibility was framed as something new, important, and *dangerous*. Lance discussed the APA as a source of violence and a powerful reputational entrepreneur, defining being gay as a psychological disorder. The APA did not take a formal written stance on conversion therapy until 1998 (APA 1998), reiterated only once in 2018 (APA 2018). Bryan L. (65, Oldest Generation, white) shared an extensive anecdote on the dangers of conversion therapy, recounting the experiences his former lover had been forced to take psychoactive drugs by his family in an attempt to change his sexuality, which ultimately failed to work, leading the family to resort to economic violence.

Many participants in the oldest generation recounted experiences of being labeled as queer growing up simply for being different than the other boys. Dimitri, for example, vividly remembered an exquisite outfit he loved in his youth which was deemed inappropriate because it was too highly tailored and trendy at the time (1970s) and place (small town). Discussing people's reactions to his outfit, Dimitri shared that "I have no idea. Well, well, then I don't. I could, I was, it was because, okay, you're a guy, what are you doing? **You're trying to be different. That's that's queer.** That's weird. It's weird. I don't know if that's what they were saying." (Dimitri, 52, Oldest Generation, white). These clothes signaled to others that Dimitri was queer not because he was performing a gay identity, but because he was signaling that he was different in some way and, a boy being different is immediately stigmatized and paired with

queerness, thus making him appear to deserve punishment. Dimitri recounted being thrown in a lake because of this outfit, and the mud from this lake ruining the outfit.

The continued importance of these experiences when discussing the meaning of being gay signals that participants took these experiences as a part of their *generational imprint*, meaning the APA's pathologizing actions in many ways defined their generation of gay men. This is an example of collective memory and lived experience influencing gay identity. The historical narrative of being gay as a sickness, which started in 1952 (APA 1952), came to define, in part, what it means to be gay. Living as a visible gay man, then, meant that one could be verified and also would be pathologized by others. Before HIV, for many, these negative sanctions were worth the risk, as being gay was to rebel, to loudly proclaim "fuck the system" (Andrew, 61, Oldest Generation, Black).

Gay men from the oldest generation discussed the onset of the HIV/AIDS epidemic as an interruption, shifting expectations and common behaviors associated with being gay without wholly defining them. When discussing how he learned *how to be gay*, Lance spoke at length about the importance of gay bookstores, pausing to note that "So there was you know there sort of was a, a gay literature that was had developed, um, both pre HIV and after." Gay cultural artifacts exist on either side of this dividing line for participants from the oldest generation.

The onset of the HIV/AIDS epidemic was a traumatic experience and signaled a change in the ways in which sex, and being gay, operated. This process of segmenting timelines into "before" and "after" the cut is referred to as *mnemonic cutting* (Zerubavel 2003). A mnemonic cut is a social construction, creating a distinction between two times, signaling that "before" and "after" are distinct epoch. Put simply, *how to be gay* changed when the epidemic began. Bruce



discusses the physical differences in how his generation has and continues to experience the epidemic:

But, uh, but I also think that that, you know, a lot of the people my age or older are also survivors of, of, of HIV and AIDS and, and, and how it was killing so many people that we knew, you know, so, so I, I think there's like a disconnect there between an older generation and a younger generation. I think for younger generations, the, like if you go to a bar and you look at older men, sometimes you see signs of, of HIV, um, the **effects of, of, of AIDS and HIV on a body over the time of, of the time that you lived in**, in, in, in, you know, in age. Um, and, **and you don't see it in younger generations**. That, you know, so, so, and, and that's due to, you know, even if somebody who young, it's actually positive, the, the, the medicine is doing pretty good things. Um. **It's not devastating their bodies, uh, in the ways that it would, um, the treatments are not as, as poisonous as they used to be**. Um, so I don't feel that there's, that, **that's specter of, of like this disease over the whole community** that used to be with older generations. I, you know, it's no longer there in terms of younger generations and, and, uh, and I don't know. I mean that, that's an interesting dynamic. I think. Um, I've never felt that in the gay community there's been, I think we still have stereotypes, like keep interactions between older generations and younger generations sorta, um, distant because of all the stereotypes of, we're all sort of like preying on younger generations and all that stuff. Um, you know, and I, I think that's one of the things that hopefully will change in the future [laughs]. (Bruce, 51, Oldest Generation, Latino-Columbian/white)

As Bruce describes it, the physical effects of the HIV/AIDS epidemic, both disease and treatment, mark the oldest generation as different and having been changed. Gay men of different generations are *physically marked by the differences in their experience with sex*. The history of HIV/AIDS haunts the oldest generation in a particular way, a different way than younger generations. This image highlights the felt impact of the HIV/AIDS epidemic on identity processes, given the importance of sex for identity verification, which are felt differently for different generations.

Blaise recounts the progress of the epidemic and the ways in which access to medication both changed the meaning of the epidemic, and the perceived fate of gay men.

When the protease inhibitors came out, all of a sudden, it went, it shifted from, "Oh, my God, you're gonna die," to, "You might not die tomorrow. But you're going to live awhile," to then shifting to, "Oh, well, this is a manageable disease," so that changed people's perceptions in terms of um initially it was, "Oh my God, if I touch a glass that you touched, am I going to get HIV?" And it shifted to, "If we make out, if we have sex, am I going to get HIV?", to, "Yeah, but it's it's just a manageable disease." So, you know I think the shift, the mindset has shifted to, oh, it's no different than somebody who has

diabetes, and needs to take like, injections for that, so. (MV: Was there a lag between the medications coming out and people's minds changing?) Um yeah, a couple of years. (MV: Okay, so that's not that long though.) **Um yeah, I guess, you know, in hindsight, it was pretty rapid, but when you're going through it, it doesn't seem that it's changing that fast.** (Blaise, 51, Oldest Generation, white)

In this configuration, Blaise describes post-HIV as a complicated time in which death felt incredibly certain, meaning that the stakes of performing one's gay identity (sexual behavior) and the ways gay men were pathologized (public health, epidemiology) changed. For the oldest generation, the HIV/AIDS epidemic was experienced as *an interruption*, impacting both identity processes and their ability to live visibly as gay men.

Blaise also comments that the advent of highly effective medications, like protease inhibitors, shifted the perceived certainty of death for gay men and he experienced this change as both happening quickly in retrospect and taking far too long in the moment. This short period of time with a highly felt impact (almost 20 years) was the period of time in which the middle generation of gay men grew up and imprinted. Adolescents growing up during those 20 years without treatment were socialized into gay identity horizontally, learning what it means to be gay from other gay men. But, for this middle generation, respondents grew up in a time when death from AIDS-related causes were becoming common and there was no sign of a cure or effective treatment in sight. Given the horizontal socialization of gay men, and the high mortality rate of the epidemic, the middle generation both learned how to be gay during a time of anger and death and had little access to elders or queer narratives to incorporate stories from "before HIV." As such, those gay men who were adolescents and young adults during the peak of the HIV/AIDS mortality rate coalesced around a different set of lived experiences and formed their own unique generation.

## MIDDLE GENERATION: GAY DEATH

Much of the middle generation was formed as a product of the HIV/AIDS epidemic, with gay men from this generation discussing the epidemic as being their “normal” and the reduction in AIDS-related death as a change. The middle generation’s experience of the epidemic in many ways is opposite that of the oldest generation. While the oldest generation discussed HIV/AIDS as interrupting their identity processes, changing the rules of what it means to be gay, the middle generation discussed the HIV/AIDS epidemic as *creating* the rules for them. In this way, the oldest generation generally experience the current reduced mortality rate as a return to a set of expectations closer to what they grew up with, whereas for the middle generation, the reduced mortality rate is a new set of experiences, different from what they grew up with.

The concept of gay death, particularly the death of someone you might know or even your own, was a facet of the HIV/AIDS epidemic that defines the middle generation of gay men. But, at the same time, the middle generation was not old enough to confront the daily reality of HIV/AIDS as the oldest generation was. Rather, they were the adolescents and young adults who were learning *what it means to be gay* amidst the chaos of the early days of HIV/AIDS.

The middle generation, moreso than the oldest and youngest, discussed being gay as being *defined by its history of struggle*. When asked about gay history, gay men of all races from the middle generation tended to speak at lengths about various challenges queer people have faced over time and the ongoing impact of these challenges. This imagined shared history is an example of what Zerubavel (2003) refers to as a *mnemonic bridge*. A mnemonic bridge is an imagined connection between two points in time, creating the perception of continuity and sameness despite the passage of time.

It is not that gay men have struggled in the past that defines being gay for this generation, but rather that *gay men have and continue to struggle*; struggle serves as a constant lived experience which unites gay men for the middle generation. This struggle has changed over time, often discussed as a progress narrative in which things were harder in the past, for the oldest generation, and easier now for the youngest generation, but the struggle continues. Zach Monroe discussed gay history as follows:

[Pause] Gay history? Um [pause] I mean I instantly think of um the **struggles of the community that came before me**. They had, that they had to experience um – I mean I mean I grew up in the 80s, I was born in the 80s, very early 80s I'm a kid of the 90s but I mean even in the 90s um while we had advanced so much as a community we were still far from um [pause] obviously the civil liberty but even like from a, from a, from a societal kind of viewpoint we've come so far so **I mean I think what I what I had to go through in certain ways that today's young gays don't have to and then in turn what the community what the generations before me went through that I didn't have to go through. You know what I mean?** (Zach Monroe, 35, Middle Generation, white/Israeli)

Zach Monroe, and many other gay men interviewed described what it means to be gay by using language of struggling over time. I intentionally use this word, struggle, to encompass a range of experiences and return to the “struggle stuff” that Thomas refers to in Chapter 3. The middle generation’s discussion of struggling is unique, as they refer to gay life as being defined, in large part, by ongoing trauma, something that continues to happen, a verb. While most gay men interviewed referenced some form of trauma as identity-relevant, the middle generation seemed to frame *struggling*, rather than a specific event, as important to the experience of being gay.

While the struggles have changed over time, gay men from the middle generation consistently discussed a lack of connection with gay history and older generations, described as intense feelings of loneliness, isolation, and loss. For many, this was because there appeared to be virtually no gay elders. While older generations often become less visible over time as they

exit social scenes which cater to youth culture, I want to center that much of this low visibility is due in part to the mortality rate. Many people who would be gay elders didn't survive the epidemic.

Not only did those would now be gay elders die *en masse* during the epidemic, but their passing created what Kevin refers to as a “culture gap,” the loss of tradition, history, and meaning associated with being gay:

**HIV wiped out an entire generation of gay men.** There were men who are alive now who survived it, they were going to three or four funerals a week. I can't even imagine that. You look at the stats against Vietnam, and the percentage of people in San Francisco and New York, that are just not here anymore. I wish I had a picture. There was a picture of the Gay Men's Chorus from 1985 or something. (MV: Oh God.) And how many people from it were still alive and it was like two. Right. (MV: Wow.) Maybe that's another reason why a lot of gay men don't know their history is because **there was a lot of people gone who won't be able to teach them.** (MV: Yeah.) It was kind of like how World War II decimated a generation of people, and **so you have that culture gap between the people before it and the people after it,** because there is no bridge in between them. So it's maybe like that in a way. (Kevin, 38, Middle Generation, Black)

The “culture gap” created by the high mortality rate early in the HIV/AIDS epidemic is one example of how the middle generation was left to socialize itself into a gay identity in the midst of the epidemic. Across the middle generation, few participants knew any gay older adults or elders, let alone had discussions about the past, listened to stories, or were given advice by them. Kevin goes on to discuss the ways in which media has only now begun to fill that gap:

So I think that art goes a long way to teaching people things because we are in a time where you can have important shows like *Pose* to tell us the history of stuff. ... It's just important to recognize that there is a gap, that **people do not know their neighborhood, elder homosexual because maybe he doesn't even exist.** So, to fill in that gap for them. (MV: So it sounds like art is a way to do that.) Yes. Because I can't imagine not having an older group of black people to talk to about Jim Crow. (MV: Okay.) **Like I got those lessons all the time growing up, but that's what's missing from gay men, because you don't have someone talking about Stonewall to you. You don't have someone talking to you about marching for your rights and stuff.** (MV: This might be kind of an imagination question, but what would you want to see, like if we could have that kind of thing, what would you want?) *Pose*. If I had to ask what I wanted to see, I would have said I wanted to see *Pose*. The fact that it exists is like, oh my God that is exactly what I wanted to see, because it starts in like '87, or 1987, and it's a trans women of color cast basically. And some of them are HIV-Positive like right in the height of the epidemic

where their friends are dying, and its like **how do you navigate having a death sentence put on you? What are you going to leave as your legacy? What are you going to do?** How are you going to stay healthy? Then you see these women sitting in white gay bars trying to get a drink and they can't. They get thrown out, getting police called on them by gay white men because they don't want anything to do with them. **So, you're getting all these stories from the people, from that time period of people who are dead.** (Kevin, 38, Middle Generation, Black)

In his reflection on the gay culture gap, Kevin discusses the importance of knowing the history of your group's struggles and the danger of not having gay elders in one's neighborhood. The middle generation grew up aware of the death and dying of the HIV/AIDS epidemic, an epidemic which continues to disproportionately impact queer people of color, particularly Black folx.

Kevin asks the rhetorical question of "how do you navigate having a death sentence put on you," but his broader answer puts forth another question: *how do you learn how to live when your identity was defined by dying?* This concept immediately brought me to the common trope of being "gay dead" when one turns 30 years old. Being "gay dead" refers to shifting one's social location within, or exiting, the bar and nightlife scene, to being perceived as less sexually desirable, and generally losing the clout of youth on the gay social scene. Writing this chapter on my own 30<sup>th</sup> birthday, I want to share that, in my own life, by the age of 22, I had my 30<sup>th</sup> birthday planned and shared on no less than four friends' iCalendars, as that was to be my big send-off, my last birthday. After that, I'd be gay dead.

Thirty as "gay dead" was a trope many of the middle generation directly commented on, underscoring the perceived certainty of death as a core aspect of gay identity. One participant, Big Foot Barn Swallow, shared that his friends threw him a funeral for his 30<sup>th</sup> birthday party, complete with eulogies and a séance, so he could speak to his friends from beyond the metaphorical grave. This tradition, this common experience, connotes two meanings: 1) the importance of being active on the gay scene to gay identity verification and 2) the pairing of gay

identity with death at an early age. Not only is death inevitable, as it is for everyone, but death will come early and all of your friends know it. This is an example of how collective memory haunts gay life. Being “gay dead” at thirty is a manifestation of the collective memory of GRID, of an epidemic in which few gay men lived into older adulthood.

Big Foot Barn Swallow discussed his “gay death” as an opportunity to transition his role, becoming a mentor for younger gay men. In his dual role as a party promoter and someone over thirty, Big Foot Barn Swallow discussed his interactions with the youngest generation as follows:

... I think it's really just as we get a little older the — what we want changes a little bit and I'm sort of glad to see them coming with me. At the same time, it's neat because then we get to gather around and gossip about the, the baby gays who do, who also come out to the events. **Um, but also kind of, sometimes they'll, you know, it's really cute and empowering to be able to talk frankly to someone and help them decide whether or not they want to go to the sex party this weekend.** Like [P laughs]. **It's kind of weird, but suddenly I'm like a, a authority of being gay just because I've been around a little bit longer than these younger kids.** (MV: And did they, did they come to you for advice?) Uh, yes. Although again, I think part of it is being, is throwing the events too certainly makes you a figure head. But absolutely, people come to me for advice, um, on sometimes like nerdy stuff, but then a lot of it sometimes just like, hey, what do you, what'd you do about this? What'd you do about that? Um, I was very, very flattered. A friend the other day asked me if his parents were racist for supporting Trump. And we had a very frank conversation about it. (MV: Good.) About like where he and I am — I felt very empowered and grateful for the opportunity. Uh, and my answer was, well, yes, but you have to decide if it's the, an amount that, that you can accept in them, because there is some, like there will always be some amount of racism. We have to accept that. **But, um, it was just really nice to see this kid who is not ridiculously younger than me, but you know, closer to 10 years than five, I would think.** (Big Foot Barn Swallow, 34, Middle Generation, white)

In this recounting, he describes the “baby gays,” who are less than ten years younger than him, seeking out his advice as an “authority on being gay.” Put another way, these men from the youngest generation are seeking him out as a gay elder and as someone who can provide guidance as they learn what it means to be gay. Kevin discusses the lack of older gay men as a great loss, one which prevents the transmission of stories and history down the generations. Big Foot Barn Swallow discusses how, in the absence of gay men from the oldest generation being alive and present on the scene, some members of the middle generation may *become the gay*

*elders*. These middle generation elders, few as they are, provide guidance to the next generation as they are horizontally socialized into their gay identity. However, while some members of the middle generation discussed taking on this role of gay elder, very few members of the youngest generation interviewed discussed having any older gay friends or role models.

#### YOUNGEST GENERATION: ALL OUR STORIES ARE SAD STORIES

The youngest generation of gay men in this study uniformly resisted collective memories of medical trauma as defining what it means to be gay. While youngest generation is still creating their generational imprint, meaning they are collectively processing what is *currently happening in their lives* to better understand who they are, there was an overwhelming agreement that the sad stories of previous generations did not fit with their lived experiences. The youngest generation is imprinting in a time when social invisibility and the certainty of death are no longer realities for *all* gay men, creating a disjuncture between commonly invoked gay collective memories and the youngest generation's present lived experience. Young gay respondents were aware that gay history was one rife with struggles, but none of these stories of gay men's struggle lined up with their lived experiences in a post-HAART, post-marriage equality America. For this generation, my analysis required both interpreting what participants said and *reading for silences*, trying to understand the pieces of gay identity which the youngest generation is currently grappling with and may not yet have words for.<sup>19</sup>

The youngest generation often lamented that queer narratives, and particularly gay men's stories, are quite tragic. Typically, young gay respondents discussed having little to no access to gay history outside of social media and entertainment. I expected YouTube to be a key piece in

<sup>19</sup> My goal here is not to speak on behalf of the generation, but rather to synthesize and interpret the stories young gay men shared. It is for this reason that I will offer predictions, but not explicitly define the youngest gay generation.



this generation, given the strong and growing contingent of queer YouTubers sharing personal stories, massive initiatives like the “It Gets Better” campaign, and the context of this generation growing up in an era when the internet was always available. Instead, I found that gay men of different races tended to emphasize other kinds of social media, like Facebook, and movies/television.

While gay collective memory tended to operate similarly within generations, gay men of different races discussed interfacing with technology differently while resisting gay collective memories of trauma. Gay Asian gay participants from the youngest generation tended to discuss Facebook groups as a space to learn about what it means to be a gay Asian man, whereas Black and white gay men discussed the influence of entertainment media and representation. In presenting these racial differences, I want to underscore both that gay men from the youngest generation are resisting defining being gay in terms of historical trauma and also that there is a diversity of experience in *how* gay men resist this trauma. Participants heavily drew upon their race and racialized lived experiences to figure out what it means to be gay, no longer relying primarily on their groups’ traumatic past.

Social media is one platform for young Asian gay men to figure out what it means to be gay without relying on narratives of medical trauma, particularly with the rise of platforms like *Subtle Asian Traits*. Started on September 16, 2018, *Subtle Asian Traits* is a Facebook group created to “share jokes about the traits, subtle or otherwise, that characterized the Asian-Australian experience” (Kwai 2018) which has become an international sensation with 1.7 million members as of February 2020. From *Subtle Asian Traits*, subsequent groups have been created about particular experiences for Asian folk, such as *Subtle Queer Asian Traits* and *Subtle Queer Asian Dating*. These Facebook groups are typically private and target exclusively a pan-

Asian audience, including recent immigrants and individuals whose families have been living outside of Asia for generations.

Digital groups that center Asian experiences, like *Subtle Asian Traits* and *Subtle Queer Asian Dating*, create community in a space where Asianness is the default, a departure from the overwhelming whiteness of most spaces, queer or otherwise. When asked about his connection to gay and queer communities, Kris shared that he was not connected to in-person queer communities:

Not yet, if that makes sense. Like, um, recently I think I like started dabbling my toes in it just because like, I dunno if you like know about like *Subtle Asian Traits* and what. Yeah so like that there's like a queer, there's like *Subtle Queer Asian*, like *Dating* and like, *Intersections* slash *Traits* and like that's been like **pretty helpful in like making a more established community for me**. Um, I guess like to that extent, yeah. But like physically, not really. Also though I'm like in that limbo of like, I'm still living with my parents, I'm like kind of far from like all communities (Kris, 23, Youngest Generation, Asian/Chinese-American)

These queer, Asian-focused groups were a common point of discussion for Asian participants from the youngest generation, often centering it as a place to meet others and build the feeling of community. *Subtle Asian Traits* caters to Asian people broadly, and its queer subsidiaries specifically to queer Asian folx, by rendering pan-Asian experiences as the default, rather than a racialized other in comparison to whiteness. Within this context, “being gay” and a “gay community” could be reconceptualized to fit better within the lived experiences of gay Asian men, particularly when resisting gay collective memories of medical trauma.

Asian-centric social media like *Subtle Queer Asian Traits*, through providing entrée into a gay community with an Asian-focused definition of being gay, facilitates identity verifying interactions. As Mint Julip, a 21-year old Filipino-American, discusses, *Subtle Queer Asian Dating* as a space to find similar others to interact with, both virtually and in person.

Yeah. So it, - **the networking has really like blown up so recently for the gay Asian community**. And I definitely do see the competition in that sense there as far as people's

social media posts, because um on *Subtle Queer Asian Dating*, the majority of posts are friends, auctioning off friends as one way to put it. And so like a friend, if I were to auction off my friend Matt, I would post like five pictures of him and like do like a bio and like pros, cons to him. And then like people would like it and like follow him on Instagram and tell like the like the uh, the modelesque Asian men or like the stereotypical standard of beauty, the men that look like that would get like thousands or hundreds of likes and comments. And then like my other friend that got auctioned off really only got like 10 likes at most. ... (MV: Is it just for clout?) It's, it definitely seems like it's for clout. Cause there was a time when it seemed like everyone that wanted to get auctioned off got auctioned off, so there weren't many auction posts and it turned into a string of memes and then eventually it just turned into like, let's start an Instagram thread or oh let's start another Instagram thread but this one's for all people that live in New York or in LA. So, it definitely is clout. Yeah. Definitely not like the healthiest thing to be a part of if like you're not the most stable in your own self-esteem and knowing your own self-worth. But if you are secure in who you are as a person, then it won't be the worst thing to be in. Yeah. Cause I do see like outside of all the superficial posts that people have like found, genuine friends or a group or a support system. (MV: Have you ever made any friends through like these Facebook groups?) I have, yeah. From like people just trying to shoot their shot or me trying to shoot their shot, but then we just eventually became like online friends and that's fine. (MV: Have you ever made any friends that became in-person friends or are they all online? Uh, I would say the one, the one of two of them too. **I made two that I met in person and they're friends now. Well like friends, friends cause kind of still like hookup.** (Mint Julip, 21, Youngest Generation, Asian/Filipino-American)

Platforms like *Subtle Queer Asian Dating* both create a space in which Asian-ness is taken as a default, potentially re-configuring the role of whiteness in gay identity, but also allow opportunities for young gay Asian men to interact and try out these meanings in both sexual and platonic interactions. Doing so could allow these young gay men to horizontally socialize themselves into a set of meanings particular to Asian gay men, rather than white gay men, by providing positive feedback for adhering to a different set of standards for gay identity performance.

These findings, the ways in which race influences identity performance largely when collective memory was not as strong of an influence, came as a surprise and have prompted further study. From the interview data, it appears that race may function as a primary frame for gay identity performance when traumatic gay collective memories are unavailable or viewed as inappropriate. I further examine these processes in Chapter 5, where I zoom in on identity

performance within racialized spaces and in relation to raced cultural objects to better understand this relationship.

In addition to digital spaces, many gay men from the youngest generation discussed the importance of entertainment media when discussing the meaning of gay identity. Major television shows and movies from the late 1990s and early 2000s which prominently featured gay men tended to center the tragic stories of white gay men. White gay men from the youngest generation tended to frame these shows<sup>20</sup> as compulsory and dated, no longer relevant to the experiences of young gay men today, whereas gay men of color had a more widely varied relationship to these media. As Zachary, a white screenwriter from the youngest generation, discussed, much of the gay media available is tragic and send the message that of queer love and happy endings are not possible. Describing an exception to define the trope,

“... *God's Own Country* is this fantastic movie, and it's rare because it's one of the few movies that actually has a positive - Well, wait, have you seen it? (MV: I have not, but you can spoil it.) Basically it's one of these - **It's so rare to find a movie that has the romantic leads are gay and that they're given or allowed a happy ending.** (MV: Huh. Okay, we're going to talk more about that in a second.) Because that is - Oh my god. **The amount of movies that even though they're painted as a romance that don't end with the main characters together is stunning. I could only name two.** There's that, there's *My Beautiful Laundrette*, and then there's, oh, *Big Eden*. *Big Eden*. *Big Eden*, I have so many problems with that movie, but it's one of these few movies that are trying to paint this idealistic picture of where like no one questions the main character being gay. This is set in Montana, in, like, Bumblefuck, Montana, but everyone's trying to set him up with the closest stud, and it's - (MV: Oh God.) - it's so cheesy. It's not well done. Who's in it? Arye Gross, who was I think a friend of Ellen's in Ellen's sitcom *Ellen*. He was a name in the '90s and early 2000's, but like I haven't seen him in anything since. It had a little bit of a budget, but it's just so **this Norman Rockwell vision of what gay life could be like that it is a weird, warm little comfort blanket, even though I know it's terrible,** that I'll watch sometimes and be like, "Oh," **because it's one of these few movies where the gay characters actually romantically have a happy ending.** I cannot think of any more that do that. Even *Weekend*, which is a pretty notable one, it's the same director who did *Looking*. It's his movie, and it's this sweet, realistic portrayal of a relationship. Then it's like, "Oop, they can't be together." (Zachary, 32, Youngest Generation, white)

<sup>20</sup> Common examples included: *Queer as Folk*, *Will and Grace*, and *Brokeback Mountain*. *Six Feet Under* was also commonly referenced, which notably included a Black gay man in an interracial relationship with one of the white protagonists.

Zachary explains that gay stories in contemporary media are often depicted as tragic, with gay men having or experiencing some trauma which prevents them from living the “Normal Rockwell vision” that heterosexual people are regularly afforded in media. Instead, the gay character is disallowed from having a relationship beyond the scope of the film or show, the gay character experiences some trauma or violence, or the focus shifts away from the gay character to prevent the audience from seeing more. Zachary goes on to explain why this trope matters from his standpoint:

I think that's important because **I think that definitely articulates the gay experience in a lot of ways, where we are not permitted a happy ending in a lot of ways.** I think that's reflected in a lot of gay cinema. But it sucks, because then **we can't see ourselves have a happy ending. We can't see ourselves have these positive experiences.** I think what's doing it really well right now is TV is doing that so well, because you have shows like Glee where there are gay relationships and they do have a happy ending, and Ugly Betty, there's a character that comes out and everybody supports that character. That's actually doing all right right now in terms of TV I think, because that's becoming much more of a staple in a lot of especially young adult stuff where it's like, "Well, we want to normalize everyone," and that's a key thing that a lot of studios are doing right now too, acceptance and diversity, and let's put people of color on the forefront of this show, et cetera. (Zachary, 32, Youngest Generation, white)

The media trope that all gay stories are tragic stories is reminiscent of both public health and psychological discourse around homosexuality; gay men were framed in both media and memory as having short lives, unsuccessful and unhealthy relationships, and being the constant other. Through psychological discourse, gay men are unchangingly ill, just as in mass media depictions of gay men as being forever unable to resolve the problem of the story and achieve a happy ending. Psychiatrists held that there could be no “happy ending,” or a cure, to homosexuality, a personality disorder, for roughly 20 years. Similarly, the CDC framed HIV/AIDS as being a gay issue which was transmitted sexually, positioning gay men’s sexual relationships as fraught with danger. These discourse both becomes a gay collective memory and influences how media narratives about gay men are produced and received.

Other participants in the younger generation discussed their frustration with all queer stories being sad stories, particularly given that this sadness does not reflect the experiences of young gay men today. When asked about how he understands gay history, Stephen shared his view that gay history and gay rights are far more secure, making life less fraught now than it was for previous generations growing up. Stephen discussed his undergraduate thesis, in which he interviewed LGBT folx about their love stories, sparked by the feeling that LGBT love stories were not represented appropriately in mass media. When asked about any generational differences during his interviews, Stephen shared:

Absolutely. There was a lot more discrimination uh, I interviewed one man in his fifties who was mar– he-he is married now, and he talked a little about his story with the partner he has today. **But, he kept going back into, you know, his time with his old partner who died of AIDS.** Um [Pause] and I kept, of course, the journalist that I am, kept, you know digging into that story. But yeah, um [Pause] so those were those types of stories and then there were like the, uh 19- and 20-year-olds that, you know, I'm lucky today that I get to be with someone. And the stories, the stories their actually kind of, um, aligned with kind of the straight cis-gender stories you hear today, but yeah. (MV: How do they align?) **“Met at the movies,” um, “met on Tinder,” stuff like that. As opposed to “we met underground at a gay bar when it wasn't okay to be gay,” stuff like that, yeah.** (Stephen, 27, Youngest Generation, Latinx)

Stephen recounts the differences he saw in LGBT love stories, both that older generations discussed more hardship than younger generations and that younger generations framed their love stories using heteronormative romantic expectations. Whereas his oldest interviewees discussed HIV/AIDS and the reality of death and dying on their love lives, his younger interviewees' stories “aligned with kind of the straight cis-gender stories you hear today.” In the absence of trauma, Stephen shares, LGBT love looks a lot like heterosexual love.

The notion that all gay stories are sad stories is predicated on an imagined canon of gay media and, based on my analysis, the canonical materials discussed were overwhelmingly white-focused. A notable silence in discussions of gay media, particularly among young white gay men, was *Pose*. *Pose* is a contemporary, Golden Globe-nominated television drama which

follows the lives of a cast of Black and Latinx queer people on the ballroom scene in New York City. This show is the first in recent memory to prominently feature aspects of queer life. Given that *Pose* is set in the 1980s and 1990s, the storylines tend to be both empowering and devastating, addressing a number of systemic issues and traumatic experiences which queer people of color in New York City faced during the time period, most notably for this discussion, the HIV/AIDS epidemic.

When discussing queer media, many participants of color listed *Pose* among canonical queer television shows. Jae (30, Youngest Generation, Mixed-Black) uses lists *Pose* among classic queer TV shows like *Queer as Folk* and *The L Word*, signaling its centrality to being gay. Other participants push this connection further, discussing the ways in which having a Black/Latinx-focused queer television show is an opportunity to learn about and discuss gay histories that emphasize the experiences of people of color. Giles relayed the following when asked if he has had many conversations about queer history:

Sometimes. Not really though. (MV: Okay. What are some of the times that they might?) I think like, um, TV shows and movies? Like, right? Like some people have been talking about this really because, because of the *Pose* like the TV show, do you know what I mean? (MV: Yes, okay.) Like some people, and that's great, I'm happy. It's sad that we think TV is the same thing as history. Um, that's a larger problem. But like that's great. A little bit. Maybe like not enough but um, a little bit, but I don't, and like maybe some things might come up. I don't think so. **I think like the bigger thing to talk about now, like amongst, well I think like the bigger way that people talk about history now is like, like race.** Like very big. Like that's like a big conversation that people like want to have and like be really sensitive to or not. Um, I think it's like more. (MV: What do you mean?) I just mean **like if we're talking about like what are like the sort of more political dimensions of like gay like socializing.** I think like now like, um, at least that's where I actually interpreted your talk when you're talking about history like politically. I just think like now like that would be like a more [chuckles] like what people that'd be the only like sort of like bigger social dimensions to see like discussed (Giles, 27, Youngest Generation, Black).

When reflecting on gay history, Giles struggles to think of spaces in which people tell historical stories, but is immediately able to think of *Pose* as a source of discussion about NYC queer history. Giles expresses some concern about the emphasis of fictional accounts over

history, but states that *Pose* has introduced a new vein of discussion in his younger social scene: the “political dimensions of [] gay [] socializing.” Giles shares that he finds that gay history is framed as political and has a racial component to it, which is due in part to *Pose*.

*Pose* acts as another source of gay meaning, just as *Queer as Folk* does, but *Pose* pushes back against the whiteness of gay identity by providing stories of queer life that center Black and Latinx people and histories. While *Pose* in many ways also participates in the centrality of stories of struggle in defining what it means to be gay, *Pose* also resists the theme by shifting focus away from the whiteness of gay identity. In this way, Giles, Jae, and others who are invested in *Pose* as a source of meaning are ascribing to a definition of being gay that resists gay collective memory, pushing back on the whiteness of the medical trauma.

Key to this discussion is that, across races, younger generations of gay men often find that their experiences don’t fit into the gay collective memories of trauma they have inherited. In contrast to the other two generations in my study, for the youngest generation, sexuality was something amorphous, without a clear shared lived experience *or* set of stories; they are still creating a generational imprint. For some, that meant creating digital and physical spaces which were not dictated by white gay men. For others, that meant seeking out entertainment that didn’t focus on white men struggling.

The youngest generation has inherited a set of collective memories, forged during traumatic periods, which do not match with their lived experiences and require them to make sense of it all. From the data I have collected, I cannot make any claim about the gay identity standard for the youngest generation, as they have not yet developed a shared standard. I expect the youngest generation to continue to use race as a frame to understand the meaning of being gay, unless a wide-reaching, medically-focused traumatic experience happens in the first few



years of the 2020s. In the event that no traumatic experience happens, I expect white gay men to continue moving towards the “Norman Rockwell” (heteronormative) representations of being gay, seeking out happy endings in response to the gay canon’s historical focus on white gay men’s trauma. I expect gay men of color to continue to examine and evaluate the ways in which their race helps them understand their sexuality, shifting focus away from the white-focused collective memories gay men from the middle and oldest generation invoke.

## CONCLUSION

In this chapter, I have discussed the joint influence of collective memory and lived experience on how gay men think about their gay identity, dividing the population into discrete generations. The oldest generation, growing up prior to the HIV/AIDS epidemic, drew heavily on collective memories of psychology’s pathologization of gay identity and discussed the epidemic as an interruption in their lives. For the middle generation, who grew up during the highest mortality rate of the epidemic, discussed the feeling of loss as defining being gay and their role as “gay elders” at such a young age. And the youngest generation, who are in their early adulthood now, is still figuring things out. This generation is currently grappling with gay collective memory as largely filled with stories of hardship and trauma, but are living in a world where death is not an immediate threat. This youngest generation discussed immense diversity in how they live their lives as gay men, having not yet developed a shared generational imprint.

This analysis contributes to the cultural sociology literature by empirically demonstrating that sub-groups draw upon different narratives within collective memory based on their unique, shared lived experiences within a broader historical context. While stories do communicate meaning, I advance the field of collective memory by demonstrating that collective memories are interpreted through the lens of one’s lived experiences, which cluster into generations. The

HIV/AIDS epidemic was a unique and high-impact event which subdivided gay men into multiple generations. The stories that defined gay men prior to the epidemic were interpreted differently during a time of death and dying. And the stories that defined being gay during the peak of the epidemic, again, meant something different for the gay men who are growing up now that mortality rate has dropped. Collective memory does work to define a group by providing an imagined history, but individuals understand and use this imagined history differently based on their own lived experiences. Stories matter more if they relate to one's own experiences, meaning some narratives within the collective memory will be more/less salient for each generation.

Similarly, my findings contribute to the study of identity processes by providing an empirical account of how an identity standard can vary across generations within a given group. Different generations of gay men defined what it means to be gay in dramatically different ways on two axes: 1) drawing heavily on their own lived experiences and 2) specific narratives within the collective memory. Given that generations cohere around a shared lived experience, gay men within a generation tended to define what it means to be gay similarly, whereas gay men from different generations tended to define gay identity standard differently. The identity standard by which gay men perform their gay identity, then, is influenced by both the individual's lived experiences and also the collective memories of their group. Findings from the youngest generation suggest that collective memory and lived experience must be perceived by the individual congruent to impact identity performance.

My work also contributes to sexualities studies by providing the interplay of collective memory and lived experience as a mechanism for generational differences within gay men. Building on Stein's (1997) work on generational differences in queer populations, I demonstrate

that each generation of gay men understands their shared lived experiences using a different constellation of narratives from within the gay collective memory. I also provide an account of how historical maltreatment, stored and transmitted as a collective memory, can manifest and impact different generations differently. Each generation draws upon collective memories of historical maltreatment (HIV/AIDS and Psychiatry for gay men) based on their own experiences, making historical narratives which relate to lived experience salient. This interpretive process accounts for some of the reasons that different generations understand their sexuality and oppression differently, despite a shared imagined history.

While the present chapter clarifies the relationship between collective memory and lived experience for gay identity, it poses more questions about how the whiteness of gay identity influences identity processes for gay men of color. I find that race becomes a salient frame through which to understand one's identity when a generation's lived experiences do not align with dominant collective memories (e.g., medical trauma). This misalignment resulted in the youngest generation defining itself in opposition to gay collective memories of trauma, but led gay men to draw upon racial meanings to understand their sexuality. To further investigate the impact of this rejection of gay collective memories of trauma, I examine how identity processes operate at the intersection of sexuality and race for gay men.

## Chapter 5: “It Was Just White Men Listening to Spanish Music”: An Analysis of the Influence of Whiteness on Gay Identity Verification Processes

Given the importance of lived experience in identity verification, how does race influence gay men’s experience of identity verification? In the previous chapters, I have demonstrated that identity verification processes can be influenced by individuals’ lived experiences and can vary in how they draw upon the group’s collective memory. As Halbwachs (1992) illustrated, there is a limit to the influence of collective memory; the past influences the present, but does not define the present. In the present chapter, I investigate the ways in which the plaguebearer frame continues to haunt gay men of different races as they perform gay identity.

In this chapter, I investigate the identity processes at play in the findings from Chapter 4, in which I found racial differences in how members of the youngest generation of gay men articulate what it means to be gay. Findings from Chapter 4 suggested that the youngest generation of gay men resist traumatic collective memories when defining what it means to be gay. So, then, how do gay men define what it means to be gay in the absence of traumatic collective memories? In the absence of a clear, shared, high-impact lived experience (e.g., HIV/AIDS mortality rate), I find that gay men draw upon the meanings and behavioral expectations of their racial identity to inform gay identity processes.

However, gay identity continues to be haunted by the plaguebearer frame, particularly in terms of the whiteness of gay identity. In the present chapter, I examine how gay men of different races discuss three key arenas of social life in relation to performing their gay identity: physical spaces, gay cultural objects, and sexual interactions, and how race influences identity verification for gay men within each arena. Drawing on archival and interview data, as well as

theories of structural racism (Collins 2000; Glenn 2015), I find that the cultural objects regularly coded as gay tend to nearly almost exclusively emphasize white gay men's experiences. Given that gay men may draw upon their racial identity as a frame to understand gay identity in the absence of clear collective memories (Chapter 4), gay objects being coded as white both reinforces the naturalization of whiteness as a default experience and negatively impact identity verification processes for gay men of color. I find that the whiteness of gay cultural objects positions gay men of color to enact additional identity work (see: Snow and Anderson 1987), navigating ill-fitting cultural referents and sexual racism, whereas white gay men generally benefit from a matching of racial expectations and their own lived experiences (gay as white-coded and their own racial identity being white).

These findings contribute to the study of identity processes and meaning making by providing an empirical account of how race as a social structure influences identity performance and verification by positioning whiteness as a default criterion for all identities. Whiteness' default status facilitates identity verification for white gay men by aligning expectations for racial and sexuality performance; meanings for both white and gay identity standards overlap, allowing both to be verified within the same interactions. Gay men of color are faced with a misalignment, with the nature and degree of misalignment varying widely across the heterogeneous group of "gay men of color." This misalignment may appear as gay men of color (GMOC) perceiving that they have to choose between spaces that cater to their race or sexuality, grappling with GMOC-focused spaces still being defined for a white audience (i.e., Latinx-themed parties created by/for white gay men), or the expectations that proper gay identity performance requires knowledge of white cultural artifacts regardless of one's race.

## STRUCTURAL RACISM AND GAY IDENTITY

In order to more fully investigate the ways in which gay identity is coded white, and how this influences identity processes, I begin with a review of theories of race and power. I conceptualize race as a socially constructed system of power which differentiates people (Omi and Winant 1994), often based on (real or imagined) phenotypic differences which are taken to represent value. By conceptualizing race as a socially constructed system, I mean that racial identities<sup>21</sup> are embedded in systems of power which influence all levels of social life, including the individual (e.g., holding a specific identity), interactional (e.g., having sex), the group (e.g., a shared definition of what it means to be gay), and the logic of institutions like the economy and government (see: Feagin 2014). As Collins (2000) argued, white supremacy even pervades the ways people understand the world, forming a dominant, white epistemology. Put another way, race is a society-wide system which influences social life for all individuals, with that influence varying based on one's racial position but privileging white people above all others by perpetuating white supremacy (see: Glenn 2015).

While extensive sociological scholarship has been conducted to better understand how multiple systems of power come together, (Ferguson 2004; Collins 2000), the precise relationship between race and sexuality remains unclear. Previous scholars have demonstrated that appropriate sexual conduct is raced and gendered (Wilkins 2004), such that one's sexuality may be a dimension of their racial or ethnic identity standard. While I do not seek to define the relationship between the two in this chapter, I theorize race as operating as a superordinate identity over sexuality, with gay men's racial identity serving as a frame to guide identity performance given the ambiguity of the gay identity standard.

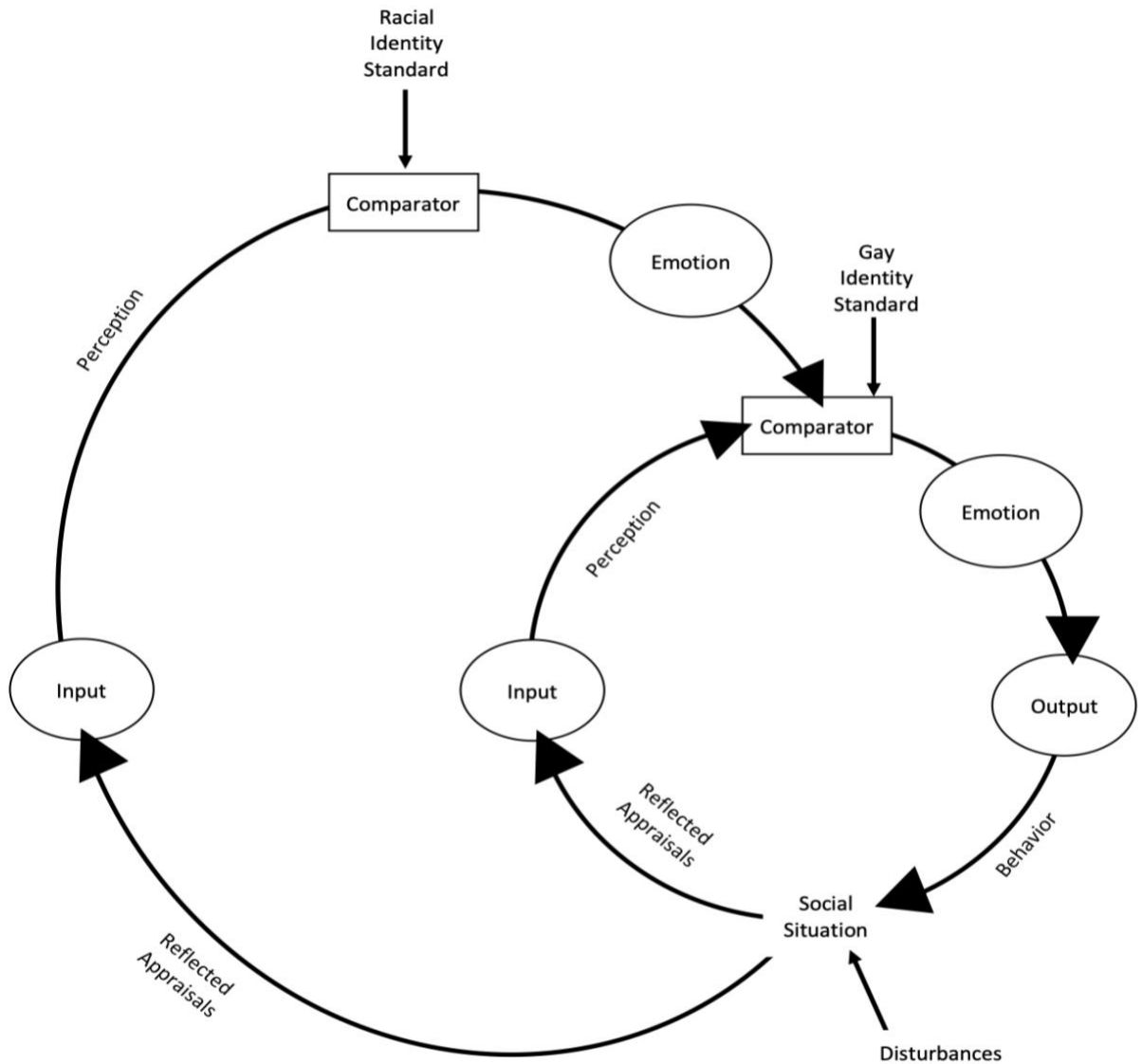
<sup>21</sup> I include race and ethnicity in this definition. While race and ethnicity are distinct identities, both are influenced by white supremacy.

I theorize race as framing the meaning of sexuality because of the centrality of race to one's lived experience. One key difference between race and sexuality is that individuals are raced immediately based on a select few phenotypic markers (e.g., skin color, hair texture, facial features, etc.), resulting in differential treatment according to the racial system that persists over the individual's life (Winant 2000). Sexuality, however, is not framed as a perceptible characteristic in the way race is; individuals are typically assumed to be heterosexual unless some evidence points to the contrary. According to Connell and Messerschmidt's (2005) notion of hegemonic masculinity, gender and sexuality are a paired system of power in which masculine, heterosexual men are the hegemon. But not only is heterosexuality the most status-advantaged sexuality, it is also often perceived as the default experience for all people, known as compulsory heterosexuality (Connell 1995; see also: Butler 1990 for a discussion of the heterosexual matrix). Individuals are almost uniformly socialized into heterosexuality during their youth and must seek out and acquire their queer identity, generally from their peers (see: Solomon 2012).

White supremacy and compulsory heterosexuality dovetail in what Cecilia Ridgeway refers to as the *off-diagonal*. According to Ridgeway and colleagues (Ridgeway and Erickson 2000; Ridgeway and Kricheli-Katz 2013), individuals who hold a known disadvantaged identity (e.g., a person of color's race, queerness, etc.) are generally assumed to also hold an advantaged identity (e.g., heterosexuality, whiteness, etc.). This is one example of the ways in which the assumptions about whiteness and straightness being default operate. If an individual is known to be gay and their race is unknown, they will likely be assumed to be white. Similarly, if a person is known to be Black but their sexuality is unknown, they will likely be assumed to be straight. Individuals who hold two marginalized identities (e.g., a Black gay man) sits at the off-diagonal.

Given the influence of both white supremacy and compulsory heterosexuality as systems of power, and that race tends to precede one's queer sexual identity, I expect race to serve as a frame for gay men to understand what it means to be gay. Building on my findings from Chapter 3, I specifically expect race to operate similar to collective memory, influencing the identity standard, identity-related behavior, and feedback from interactions during identity verification. I adapt Stet's (2018) model to illustrate this complicated process (See Figure 2)

Figure 2. Model for a hierarchy of identities, adapted from Stets (2018).





In the following sections, I discuss how gay men of different races experienced the gay scene and sexual interactions as they relate to gay identity verification. It is not my intention to clearly map how gay men from each race think about the intersection of their racial and sexual identities. Rather, I analyze some of the ways in which whiteness pervades the meaning of gay identity. Given that gay collective memory has proven a useful but limited tool to study the whiteness of gay identity, I shift focus to three identity-related aspects of social life: access to physical spaces, in which cultural objects are acknowledged as gay-related, and sexual racism during sexual interactions.

## THE GAY SCENE

Uniformly, participants discussed that the gay scene in New York City is integral to understanding what it means to be gay. Social life clearly matters *a lot* and the vast majority of queer spaces in the city are bars and nightlife. But, unsurprisingly, people from different positionalities experience the scene differently. As I show in Chapter 4, gay men at around the age of 30 become “gay dead” and often experience a transition in their relationship to the scene. The scene typically caters to younger gay men, serving as a space for horizontal socialization to occur.

While the New York scene is a space for young gay men, it is also a space defined in large part by a whiteness. While researching Black gay men’s experiences at the Schomburg Center, I came across a series of oral histories conducted in 2000-2001 with a group of Black gay men, all in their mid-to-late 50s, who were early members the Gay Men of African Descent (GMAD). GMAD is a New York City-based Black queer activist group which was founded around the start of the HIV/AIDS epidemic. While I expected these oral histories to focus primarily on the men’s experiences with HIV/AIDS and their organizations, I was surprised to

find that they instead centered on the whiteness of gay spaces and the gay liberation movement. Within these oral histories, key gay Black activists describe the scene as it was, which I use both as evidence to my claims about the whiteness of gay identity and also to frame participants' contemporary experiences at the intersection of race and sexuality.

These oral histories were all focused on the narrators'<sup>22</sup> experiences with as a Black gay man and their relationship to GMAD, but most found it necessary to discuss the whiteness of gay scenes and the need for Black-queer spaces. Councilman Philip Reed, when discussing his Black and gay identities, said that "... I don't think that anybody should look at our oral history and not understand. You know, our struggle is so tied up. I mean, so many black gay men are almost schizophrenic about our own identities" (Khuti 2001a:11). While this particular quote caught my eye because he uses a psychiatric diagnosis to explain being Black and gay, medicine seemed to be less important than conveying the challenge of enacting both a Black and a gay identity in these oral histories. Schizophrenic, while a diagnosis and very real condition, also connotes discordance and dissonance, that things are not fitting together well and changing rapidly.

This dissonance was often resolved, at least in part, by finding some Black queer space to exist within and build connections. George Bellinger Jr.'s describes finding such a space as follows: "And for a lot of us, we realized that coming to GMAD once a week was for – was sort of the only place they got to be publicly gay, outside of a club or in a sexual situation. So it was really important to be a safe space for people that could be whatever kind of gay man, faggot, sissy ... (inaudible) ... wanted to be in that room. It's important to have that" (Khuti 2001c:11). GMAD served as a space where Black gay men could come and be "publicly gay," or perform their gay identity. Derwin Vega, another GMAD member interviewed, spoke at length about the

<sup>22</sup> In oral history, the individual being interviewed is referred to as the "narrator."

limited spaces in which Black gay men could be together, underscoring the importance of these spaces.

I came to the meeting, and I was, at first, a little recalcitrant, and, you know, surprised. And then the meeting was getting under way, like, more and more brothers were comin'. I said, "Wow. This is really good. The brothers are comin' out." And the meeting was, like, maybe a third of the way through, and then it was like the living room was, like, packed full of black gay men. And it was marvelous. It was great. It was something that I hadn't really participated in with brothers trying to connect with other brothers and gathering our strength together and ... (inaudible). And it was – I was just – you know, **it's like a high. It's, like, very euphoric.** And it's something that you – like, you're in the middle of the desert and you find an oasis and water. **You know, it's something you long for that maybe you don't know that you long for. And then when you run into it, you realize that you were longing for it all of your life** (Khunti 2001b:15, emphasis added).

Derwin uses the metaphor of a high and again of finding water when one is dying of dehydration. He discusses finding Black gay men to share space and connect with as something that is perspective shifting and life changing.

These oral history accounts demonstrate both the importance and scarcity of Black queer spaces. To further investigate the importance of these spaces, and how they may influence identity processes, I return to my interview findings. I begin my analysis with accounts of how gay clubs and venues are racialized. In this analysis, I aim to unpack how whiteness operates to defines spaces which are explicitly meant for a "gay" audience and what some potential outcomes might be for Black gay men and gay men of color generally.<sup>23</sup>

### *Race, Sexuality, and Music*

Participants generally discussed clubs and venues as places of interest, common places to meet other gay men, socialize, and potentially engage in sexual activity. Andrew, a 61 year-old Black gay man, recounted some of his experiences on the gay scene as both an artist and a

<sup>23</sup> Given the limits of qualitative data, I am unable to make claims about how all men of a given race experience racism or the NYC gay scene. Rather, I aim to identify themes of how whiteness operates in these spaces, using GMOC's experiences as evocative examples.

regular on the scene. He found that clubs have historically been and continue to be coded based on the music they played.

Well, you know, they had that thing where disco was dead, like they burnt all the disco, disco records. (MV: Oh!) And some, they, stated, **disco was gay. It was just for the gay people.** And it wasn't, it was fun, happy dance music, you know. (MV: Yeah.) Um, but there was a shift in the music and there was a shift in the radio, even a shift in the gay community, because I play at a club ... in the Bronx and that was one of the first places of a big club that we had a hip hop room, and we had a house room. So you had to separate, **you had to separate the two groups** and they would, you know, either, you know, some of them would run back and forth to different room and some of them would stay in that room and not bother with the house room or, or vice versa. (MV: Wow.) Yeah, they wouldn't even know because they don't want to hear nothing. **That's too gay.** (Andrew, 61, Black)

The kind of music played at clubs can signal if the space is meant for gay people and, according to Andrew, gay and not-gay audiences often had to be separated in order to please the majority of a given crowd. Mint Julip, a 21 year-old Filipino-American gay man, discussed experiencing a similar division in gay clubs, noting how these clubs often divide into rooms with a musical theme and these themes are heavily raced. Discussing an example from one of the major gay clubs in Philadelphia, Woody's, he shared:

Woody's has a room, like the big main room is, uh, like EDM and to pop today's hits and then you go into the other room for rap and hip hop, R&B and you do see the color divide. So, and that's also the same at Voyeur too. They have **different rooms with different music playing.** Um, and **you do see the color divide.** ... Um, but usually like it's bad how, um, **the white spaces are also like the larger rooms too.** Um, it's, - you would see the occasional like person, like a white person go into the, the rooms that are for like, not for colored people, but like the music of like **rap and hip hop** ... but the few white people that do venture in there like you could tell like the look of discomfort and then they eventually just walk out. The same can be said too about like the people of color that immediately walk through the room of like, uh, the main room straight to the Hip Hop slash R&B room (Mint Julip, 21, Filipino-American).

In this example, Mint Julip discusses how the space in which gay men meet, often with the intention of some sexual or future romantic interaction, are divided and raced. Given the importance of the scene as a space where young gay men can perform their gay identity, racial definitions of who can exist in which space, would likely have identity-related outcomes. When

asked about the outcome of an individual going into a space marked for a different racial category, Mint Julip said that, “I wouldn't say they look at him as if he's out of place. I would say he just wouldn't get as much attention.” As Mint Julip shares, gay men who spend time in rooms flagged with a race other than their own often don't “get as much attention,” meaning they both are less able to enter into sexual/social interactions with other gay men and, within these interactions, may be less successful in achieving their desired ends. Given the importance of sexual behavior to gay identity (Weeks 2009), racial coding and segregation of gay venues, common spaces to find sexual partners, bears further investigation.

In both Andrew's and Mint Julip's experiences, music in a venue is more than a cultural object; music serves as a flag for the kind of audience the venue is welcoming. Spaces playing disco or house music are signaling that gay audiences are welcome, whereas other kinds of music do not convey that same flag. Similarly, spaces that play hip hop or R&B were signaling that they were welcoming Black audiences. This does not mean that hip hop clubs are homophobic or that house music venues are anti-Black, but rather, according to many participants, they are centering a specific audience via musical choices<sup>24</sup>. By centering one audience clearly and not actively welcoming other groups, heteronormativity and the default status of whiteness fill in the silence, flagging hip hop venues as for Black straight audiences and house music clubs as for white gay people. Whiteness and heterosexuality were taken as the default, particularly in these cases where race (in the case of house music) and sexuality (in the case of hip hop music) were unspecified.

Discussions of the gay scene tended to emphasize the control white men had over music and the theme of the spaces. As Ewan, a 28-year-old Hispanic gay man described it, events

<sup>24</sup> For more on the social influence of music, see: Bourdieu (1984), Becker (1982), Donze (2011), Urquina (2004)

meant to include gay men of color often end up reinforcing the whiteness of the space. “And [gay sports bars] have things like Latin Night, if you will. But like, it’s very fetishized.” The inclusion of a racialized other in gay bars, particularly gay sports bars in Ewan’s experience, often play out as a space for white men to have sexual interactions with gay men of a specific race/ethnicity. Ken, a 21-year-old Puerto Rican gay man, shared similar views about the whiteness of Latin Nights at gay bars.

But, for example, there’s – I like this bar [...] in Chelsea and they have a Latin night, but **it’s a Latin night very much for white men.** Um, so I – I went there one night and there weren’t Latin people there. **It was just white men listening to Spanish music.** Um and (MV: That makes me feel a way.) That makes me feel a way too. (MV: Okay.) Um, so I went with a few friends and we did see, like, two more other Hispanic people. But they were very much not, **not engaged by, by the people who frequent the bar.** You know what I’m saying? There’s no rudeness. There is a certain distance to it, so. (Ken, 21, Puerto Rican).

For Ken, gay bars are often predominated by white men, and efforts to open up the space to GMOC are done by and for white gay men, resulting in “white men listening to Spanish music.” These spaces were still catering to white men. Or, put another way, whiteness remained the default frame through which Latinx cultural objects were interpreted. Rather than making Latinx people central, Latinx cultural objects like music become tools for white men to socialize with one another.

Across these men’s experiences, a common theme emerges: gay spaces are regularly used to facilitate gay men’s socialization and sexual interactions, but tend to be created only with white gay men’s interests in mind. As Ken put it when describing the sub-divided nature of the NYC gay scene, “Because sex is such a big part of our socialization, I think we tend to only socialize in circles which include those we are attracted to.” The academic literature tends to also find that sex is crucial to gay identity (See: Weeks 2009, Dowsett 1996). I find that gay venues can perpetuate white supremacy in many ways, such as by coding gay spaces as “white” when

they have no explicit racial tag, by coding predominately POC spaces as “heterosexual,” or by marketing a QPOC space to an exclusively white audience.

To better understand how white-coded cultural objects can impact those individuals on the off-diagonal, like queer men of color, I expand my frame from just the gay scene to examine gay media more broadly. Given that media can communicate meaning to an audience (see: Griswold 2013), what meanings can gay media communicate to gay men? And, how does whiteness influence these meanings?

### *Gay Cultural Objects as White Cultural Objects*

To further investigate the ways in which white supremacy shapes gay identity, I examine the ways in which whiteness informs key gay media touchstones. Similar to the construction of spaces in gay venues, I find that gay media operated similarly to house music, with popular “gay” shows having their whiteness naturalized and shows emphasizing queer people of color being classified as something different. Participants discussed a variety of queer-coded television shows, such as *The Golden Girls* (1985-1992), *Will and Grace* (1998-2006), *Noah’s Ark* (2005-2006), and *Pose* (2018-Present).

When participants were asked about gay culture, they would often invoke some form of media to concretize their discussion, using the show or movie as an example of a fairly widespread aspect of gay culture. For example, when discussing whether and how there is a gay community in New York City, Bruce W. (32 year old white gay man) recounted some of the “tenets of gay culture that kind of connote a community,” which prompted him to realize he’d failed to discuss *The Golden Girls*: “Like [pause] like the use of term ‘yaaas’ or um [pause] or you know an affinity for *The Golden Girls* or this – Oh my god! **Totally didn’t talk about Bea Arthur when we talked about the, um, gay icon[s] before coming out.** But I-I digress” (Bruce

W., 32, white). He went on to discuss that the New York City gay community was subdivided by physical appearance, centering body type, aesthetic, and interests (e.g., physicality, intellectualism, etc.), explaining that much of the gay scene is predicated on exclusion if one fails to meet a subcommunity's criteria:

When I use the term exclusionary it's not necessarily "oh you can't sit with us," its more just, like, the expectation is such that like [pause] well **maybe it is "you can't sit with us,"** [P laughs] but um it's like uh [pause] to fit in to be a part of the community **you do have to present a certain way** or [pause] know, **behave a certain way**. Um **have an interest within a certain [pause] framework that uh [pause] that would be shared with everybody else there** (Bruce W., 32, white).

Bruce W. relies on both *The Golden Girls* and an implied *Mean Girls* reference ("You can't sit with us") to discuss gay life. While Bea Arthur's character Dorothy is one of his personal gay icons, Bruce W. also finds that having "an affinity for *The Golden Girls*" is often a central feature in what it "gay culture" is in his New York circles. He later goes on to use Stanley Zbornak, Dorothy's ex-husband on *The Golden Girls*, as an example of the kinds of older men who don't get attention at gay bars.

In this way, media helps frame the world and can provide a shared referent to understand our social lives; when Bruce W. references Stanley from *Golden Girls*, I immediately had both a mental image of an awkward, balding, poor-postured, broke older adult who was desperate for love and attention. Using Stanley as a touchstone requires both individuals to have a working knowledge of the show for the reference to make sense.

Relying on media knowledge to frame social life creates an implicit gatekeeping structure, however, in which individuals can only participate in gay life if they know about the shows which have been adopted into the queer canon. As Christian put it, "But like we get into white spaces and it's like I've never really watched the *Golden Girls* and it's never been a thing for me. And people are like, **gatekeep you because you don't religiously watch *Drag Race*** and



you don't watch *Golden Girls* and all these other archetypes of like gay culture” (Christian, 34, multiracial, emphasis added). Without consuming this media, one becomes an outsider. Kevin, a 38-year-old Black gay participant, shared that he felt like, both growing up and today, he doesn't like white comedies and, from this disinterest, is pretty unaware of “what's gay out there right now” in terms of new media.

It is important to note that the vast majority of participants invoked television shows with all-white casts when discussing central gay media. Gaymer Guy reflected on the importance of gay media from a historical perspective, sharing that he watched *Will and Grace* as it came out “... largely, I want to say, because of the novelty of it. There just wasn't any, **there were no gay characters on TV**” (Gaymer Guy, 47, white, emphasis added). He went on to discuss how *Will and Grace* conformed to the “tradition of sort of buffoonery” common to sit-coms in the 1990s, but with at least two of their white man actors playing openly gay characters.

But what about POC-focused gay media? While queer media was scarce in the 1990s, often cordoned off as “very special episodes,” the shows did which feature gay men as recurring roles generally had them played by white actors<sup>25</sup>. Participants generally were aware of *Paris is Burning*, the 1990 documentary about the New York City ballroom scene in the 1980s, but participants tended to name white media as their gay *entertainment*.

This portion of the analysis became incredibly challenging: if gay media focused on the experiences of white gay men and gay media is often used as a frame to understand gay life, what does that mean for gay men of color? Christian, quoted above, actually was the individual who started me down this analytic route and gave me great insight into the ways that whiteness pervades gay media. During our interview, he paused to comment on a shirt I was wearing – a

<sup>25</sup> Notable exceptions include *My So-Called Life* (1994-1995) and *The Real World* (1994)

gray t-shirt with “QUEENS” written in rainbow font, prominently featuring the four white women from *The Golden Girls*. He used my shirt as an example of how gay cultural objects are often *white gay* cultural objects, pointing to the naturalization of the whiteness of queer icons even within our interview:

I've become more and more uh, like pro “queer” [as an identity label], I guess is a way of saying it. Um, especially when I think more about the structures in place that like reinforced like white supremacy in gay circles of how like **gay and LGBT can be symbols of white European supremacy** in different, uh, communities. (MV: Can you say a little bit more about that? Like how do you see white supremacy and like gay being connected?) So, um, [P laughs] have you seen those memes of like the White Gay™? Like that. **There's a lot of gatekeeping from the white gays and that a lot of our social, our larger social constructs of what it means to be gay tends towards that white affluent subset of the population.** Cause really they are the minority [P laughs] in this population, but **they get the most attention and have the most prestige and power and reinforce what is acceptable for the rest of us queer folk.**

Christian is both naming the whiteness of gay identity and describing his way forward, by shifting his identity label to avoid disverification. The reliance almost exclusively on white media to define gay life reinforces white supremacy through what Collins (2000) would call a dominant epistemology. White gay men control access to the idea of being gay, making them status- and power-advantaged in comparison to gay men of color. This is a reproduction of a broader system of power, white supremacy.

In keeping with Collins' work, the positioning of white media as the image of what it means to be gay maintains the status- and power-disadvantage of gay men of color by rendering any non-white epistemology of image of gay life as *other* and *inferior*. As Collins illustrates in *Black Feminist Thought*, white male epistemology pervades society and has defines standards for expertise, in terms of who can be an expert and the criteria by which an individual's expertise is evaluated. In defining who can be an expert, Collins argues, white male epistemology maintains a system in which people who think and act like white men succeed above all others, requiring

all others to either conform to gain some status (though not as much as white men) or refuse to conform and not be viewed as an expert.

Gay men structure gay community in a similar way, with the experiences and knowledge common among white men being taken as central and all other ways of knowing being made periphery. I demonstrated this in Chapters 2 and 4 when discussing the whiteness of gay history. Again, I find this to be central to the ways in which gay cultural objects are evaluated and ascribed a canonical role. As Christian shared, Cultural objects which are “archetypes of [] gay culture” are often white-centered, and yet the whiteness of these cultural objects is often erased. From this perspective, media catering to or featuring gay men of color tend to not make their way into the gay canon, or become an aspect of how gay men understand what it means to be gay.

But some POC-centered gay media exists. Participants, generally Black gay men, discussed two key points of resistance: *Noah's Ark* and *Pose*. Black participants discussed Black gay representation in the same way that Derwin Vega did in his oral history about GMAD – “like, you’re in the middle of the desert and you find an oasis and water. **You know, it’s something you long for that maybe you don’t know that you long for. And then when you run into it, you realize that you were longing for it all of your life** (Khunti 2001b:15, emphasis added). Black gay representation was sparse, but consistently framed as life-changing. Jae, a 30-year-old gender fluid, multiracial-Black respondent, described meeting one of the stars of *Noah's Ark* as follows:

But I saw him at Pride and I, I stopped him politely. I said, “Excuse me, I’m sorry, but are you Rodney Chester from *Noah's Ark*?” And he says, “Yes, I am.” And, girl. I wanted to cry! [Both laugh] I held his hand and said, “You don’t realize how much the representation that you’ve given throughout your years on the show and in the business. **What that did for the 16/17 year old me.**” And, again, seeing someone that’s like, wow, **he’s just like me** (Jae, 30, Multiracial-Black).

*Noah's Ark*, in many ways, provided evidence of ways of knowing beyond whiteness, that subordinated epistemologies rooted in the experiences of Black individuals could exist and be both public and normalized. *Noah's Ark* and other queer shows with POC representation denaturalizes white epistemology, underscoring what Collins (2000) refers to as the social construction of thought.

Today, the show *Pose* does similar work, creating space for Black and Latinx queer media. Similar to *Paris is Burning*, many participants cite *Pose* as being the first time they have learned about some of New York's Black and Latinx queer history. While discussing HIV/AIDS, Kevin brought up *Pose* unprompted, using it first as a marker to help explain some of the ACT UP protests, specifically the die-in in St. Patrick's Cathedral in New York City in 1989, and second to share that *Pose* was many young people's entrée into Black queer history.

I think its important like - do you watch Pose? (MV: I haven't started it yet. I don't have cable.) It is very important what they're doing right now. They did the first episode of the second season, they had an ACT UP protest, where they posted it in church and there were gay men on the internet asking if that happened. Right. Yeah, there were gay men on the internet, and they were like, "Oh, did that really happen?" (MV: So instead of Googling it first they like-) Oh but that's common though, because you're live streaming something, like you're watching as it goes on, you're hashtagging. Where people say, "Oh my God did that actually happen? Did they lay down in churches and pretend to be dead?" And that kind of stuff. It's shocking that people don't know that that did happen. **So, I think that art goes a long way to teaching people things because we are in a time where you can have important shows like *Pose* to tell us the history of stuff** (Kevin, 38, Black, emphasis added).

Black gay elders, like Andrew, also remarked about *Pose* specifically, commenting on how it accurately represented what life was like for Black gay men in the 1980s in New York.

Like the show pose is so good for – (MV: [Interrupting] Yeah?) Yeah, yeah, I'm impressed, I did not expect them to be as good. I didn't expect the show to be that good. I expected them to be kind of fluffy. And like, you know, all olds watch kid's vogue and all that, but **they get it**, they get down to the real nitty gritty, they've, **they really kind of touch on that whole time period** and what was going on, not just in a ballroom scene, but what's happening in the gay community in general. Yeah. (MV: Yeah. Does it feel accurate?) **Yeah. Yeah. It felt really, it feels really good.** Yeah. There's a couple of things, I'm like oh, really girl [MV laughing]. You know? Like, come on, you can do a little better. But you know, overall I think that, they, you know, I mean the first scene for

the new, um, the new season he, they went to a potter's field where they would bury, you know, and that's how it was like the, the caskets back then were just pine boxes boxes with names, with not even names like **unknown black male** would be written on the box. So, you couldn't go to somebody grave site because you didn't know, they would have four and five different or eight different uh boxes, pine boxes stacked on top of each other. That's how they buried people back then, on, Yeah. And so there was no markings so you couldn't go and pay respect to your friend who passed away because you didn't know where they were. (Andrew, 61, Black, emphasis added)

While Andrew is commenting on HIV/AIDS, a common gay touchstone, he uses *Pose* as a cultural object to relay a story that is Black- and queer-focused, one that was true to his experience and represented accurately in media. This is a *stark* departure from my findings in Chapters 3 and 4, where discussions of collective memory as it relates to HIV/AIDS were framed as universal across all races. By centering race in my analysis, rather than gay identity, I find that whiteness operates to define gay experience, with this impact made evident in largely exclusive focus on white media in defining gay life.

If gay spaces and gay media are influenced by white supremacy as a dominant epistemology, thereby influencing both the places where gay men socialize and also the dominant frames for what gay life is, how does this influence identity performance? In the following section, I focus on how gay men of color interviewed experienced gay sex, reading for the influence of whiteness in how gay sexual interactions happen.

### *Sexual Racism*

Sex has long been framed as vital to understanding sexuality (Weeks 2009), and in particular gay men's sexuality (Dowsett 1996). Sexual behavior is also raced, with rules and expectations for sexual performance being based on stereotypes (Wilkins 2004). Given the centrality of whiteness to gay history (Chapter 2) and the dominance of whiteness in gay cultural objects, it would follow that whiteness would also influence identity-verifying interactions, like sexual behavior. Participants of color often discussed that how racist stereotypes serving as a

foundation for how others expected them to enact their gay identity. These racist stereotypes often manifest as sexual racism, which influenced others' expectations of gay men of color's sexual behavior.

The problem of sexual racism for gay men is deeply related to identity processes, given the importance of sexual behavior to identity verification. Given that the logic of white supremacy pervades gay spaces, sexual racism is often a regular problem for gay men of color.

Ben, articulated the complexity of dealing with sexual racism as follows:

Like those times where, um, you might just be **really in the mood to make something happen** and, as turned off as you are about the idea that the only thing that's out there for you in that moment is **some guy who is just totally interested in having this racially fetishized experience**, as little as you want to engage in that situation, **it's kind of overridden by the fact that you're in the mood that you're in and this is uh just a [pause] um [pause] expedient way to get there** (Ben, 36, Black).

Sexual racism is a difficult matter for many reasons. Racial slurs, maltreatment, and fetishization are harmful, first and foremost. But, as Ben articulates, it can be challenging to categorically reject a potentially racist sexual partner when the sexual market favors white men (as Mint Julip articulated, quoted earlier) and having sex is something many people want to have. So having sex is something then that feels good and also could hurt.

An added layer to this is the superordinate position of race over sexuality. Given that performing one's identity is embedded within one's racial performance, sexual racism *means* something to both one's sexual and racial identity, and could impact how the individual feels about or understands their self in complicated ways. For example, if having sex is identity verifying for gay men (Chapter 3), then having sex with a racist person could help verify one's gay identity. But experiencing racial fetishization could be a kind of feedback that evokes a negative feeling in terms of both racial and sexual identity verification.

Similar to gay media, gay sexual spaces tend to be defined by whiteness. Kris, a 23-year-old Chinese American, shared that he has created and maintains an all-Asian group of about 700 people that exists both online and in person to step back from racist sexual encounters. This group, focused on sexual health and pleasure, was created to de-center whiteness from their sex lives. As Kris explains

I do uh co-host uh, um, uh, **Subtle Queer Asian Censored**, which is more about like sex positivity. (MV: Wow wait please tell me everything.) Okay. Um, **so this is more about like finding a space where like, you know, um, that is more catered to like our sexuality.** Um, we have like, we, I mean we had meetings and we talk about like, you know, condom usage and like hooking up experiences but like safe ways to like hook up or like even just like our messy-ass experiences. Like trying to like hook up. We talk about like douching, we talk about like shaving, um, like horror stories, like hooking up with guys, like, like pooping on people like by accident and all that, like all your messes or like your success stories as well. And there are sometimes events that we host like for, um, like **play parties** and all that. So – yeah so. (MV: Wait that’s so fucking cool!) Right. Really? I’m glad you like you like that because it’s like there’s still like **that stigma of like being able to be like fully expressive of your sexuality and like, there’s still like part of the queer community that’s like that and like who are judgmental and all that or like don’t like fully embrace it** (Kris, 23, Chinese-American, emphasis added).

Kris found that one way of managing sexual racism and the exhaustion associated with whiteness as a dominant ideology was to create a new space. In doing so, Kris and his co-hosts are creating an epistemology of queer sex using Asianness as the dominant logic. This space de-centers whiteness and, through their intentional planning, shift the meanings of their queer identities to be more aligned with their Asian identities.

In this way, participants discussed whiteness as pervading sexual relationships and thereby influencing gay identity verification. While some participants discussed bargaining and weighing the pros and cons of potentially racist sexual interactions, others discussed exiting white-dominated spaces and primarily engaging in sexual interactions elsewhere. In both cases, gay men of color are discussing how they grapple with sitting at the off-diagonal. The dominance

of a white ideology, as Collins (2000) would argue, creates a social situation in which gay men perpetuate racism and both stereotype and fetishize.

Gay men of color discuss stereotyping and fetishization as an identity threat which they must regularly. Navigating this threat means doing additional identity work. For some participants identity work meant reframing sexual racism within the moment to engage in sex and have one's gay identity verified. And for others, it meant finding or creating spaces with a different kind of logic, allowing for a better alignment of one's race and sexuality.

## CONCLUSIONS

Drawing on Collin's (2000) concept of dominant ideologies, I find that the logic of whiteness pervades gay identity, including the spaces in which gay men interact, the cultural objects coded as gay, and, in many cases, even identity-verifying interactions. Much like gay collective memory, gay music and movies are also coded white. This white coding serves as a kind of gatekeeping, maintaining the white supremacist order and positioning QPOC epistemologies as subordinate and less accurate than white gay men's accounts of gay life.

In keeping with Ridgeway and colleagues' notion of the off-diagonal (Ridgeway and Erickson 2000; Ridgeway and Kricheli-Katz 2013), gay identity was often discussed without racial terms, but coded as white through cultural objects. Gay men of color discussed this mis-fit, of their position at the off-diagonal, and how it related to their social interactions. Specifically, sitting at the off-diagonal seemed to impact sexual interactions, which are crucial to gay identity (see: Dowsett 1996). Gay men of color often discussed sexual racism within sexual interactions, a product of GMOC not fitting into the white-focused frame for gay identity. Sexual racism serves to reproduce white supremacist ideology within the meaning of being gay.



The coding of gay identity as white, and particularly sexual racism, could interfere with identity verification for gay men of color, given that race appears to act as a superordinate identity and influence gay identity verification. As Collins explains, using Black women as an example, even when a subordinated group internalizes and embodies the dominant, white epistemology, they are still not regarded as status equal to white men. Extending that frame to the case of gay identity, individuals who accept and internalize white cultural objects and meanings will likely continue to be regarded as other and, as Mint Julip said, still “won’t get as much attention,” potentially disverifying their identity performance.

While no participant discussed this explicitly, a nested identity model (Stets 2018) would suggest that accepting and internalizing white cultural objects as a gay man of color could influence one’s racial identity performance. This is an empirical question to be tested: Would buying into and performing one’s gay identity along White Gay™ standards impact racial identity verification? Additional research should be conducted to better answer this question and unpack the multi-layered relationship between race and sexuality for gay men.

## Conclusion: What *Does* it Mean to be Gay?

I return to the question that motivated this dissertation: what does it mean to be gay? “Being gay” is a confluence of culture and psychology, influenced by medical trauma and white supremacy. Based on my empirical work, I find that gay identity is influenced by the interaction of an individual’s lived experience and the group’s collective memory. Specifically, collective memories of medical trauma from the HIV/AIDS epidemic and from the history of “homosexuality” as a psychiatric diagnosis have come to create an interpretive frame (*the plaguebearer frame*) that defines gay men in terms of their perceived association with illness.

In this dissertation, I demonstrate the impact historical narratives have on identity processes, specifically the ways in which collective memory can act as a dimension of an identity standard. Collective memories allow people to do interpretive work, providing individuals with a shared set of expectations from which they can understand their group identity and social interactions (i.e., what it means to be gay and how to perform one’s gay identity). For gay men, this interpretive frame is rooted in medical trauma. Stories of medical trauma come to define, in part, what it means to be gay and this definition-by-trauma serves as a frame for gay-related behavior. Put briefly, collective memories of medical trauma influence the ways in which gay men understand what it means to be gay.

This interpretive frame is not deterministic, however, but instead provides a shared set of meanings with which gay men interpret their own lived experience. As I demonstrate in Chapter 4, gay men draw upon medical trauma experienced during their adolescence and young adulthood when mobilizing the plaguebearer frame, which subdivides the gay population into three cohorts. I refer to these three cohorts as “generations” because, in keeping with generational scholars’ work (see: Mannheim 1970), gay men come to define what it means to be

gay based on their shared lived experiences, imprinting on the specific experiences of their youth (see: Schuman and Scott 1989).

Rather than conceptualizing gay men as one cohesive category, I advance the study of sexuality by introducing a generational model for sexual identity. I find that the HIV/AIDS epidemic has shifted the ways in which gay men experience their gay identity, creating three distinct generations from 1980-2019. These generations each rely on their lived experience to draw upon, or resist, gay collective memories of medical trauma. While all are united by the shared “struggle stuff” of being gay, each generation invokes a different medical trauma (related to psychiatry, public health, or a resistance to trauma-based definitions): The oldest generation grapples with the collective memory of homosexuality of psychiatric diagnosis, the middle generation with the peak mortality rate of the HIV/AIDS epidemic, and the youngest generation resists all medical trauma as defining of what it means to be gay.

I also find that gay identity, gay history, and gay cultural objects tend to be coded as white, thereby reproducing white supremacy and harming gay men of color. I identify three arenas of social life, key to identity verification for gay men, which privilege white gay men and require gay men of color to enact additional identity work. These three arenas include: gay venues, gay cultural objects, and sexual interactions. In this way, I find that white supremacy defines, in part, gay identity through the places where gay men interact, the cultural touchstones used to define gay community, and the interactions typically framed as vital to gay identity performance.

This dissertation contributes to the fields of sociology and public health in four ways. First, I illustrate the utility of symbolic interaction and Goffman’s referential afterlife as a framework for studying the long-term impact of historical events. Second, I extend identity

theory by providing collective memory as one dimension of the identity standard. Third, I demonstrate the capacity for diversity in collective memory, reconceptualizing it as an archive of group-relevant stories which actors draw from based on their lived experience. And, fourth, my work also has clear clinical implications, particularly for individuals working with highly traumatized populations.

## SYMBOLIC INTERACTION

In my analysis of the interplay of collective memory and lived experience, I demonstrate that traumatic experiences have the capacity to carry an *exceptionally long referential afterlife*, with traumatic experiences from the 1950s, and even those from the 1860s continuing to have a ripple effect into the present. Building on Goffman's work on framing (1975) and using his concept of the referential afterlife of interactions (1981), I demonstrate that medical trauma can define a generation influencing self-perception and identity-related behaviors long after the traumatic experience ends. The "afterlife" of these traumatic experiences is the current social impact it has on gay men, specifically generating the plaguebearer frame. My work demonstrates that trauma can influence the way individuals perceive the world decades after the trauma has occurred.

## IDENTITY THEORY

Sociologically, the afterlife of trauma signals a major shift in identity processes. I find that the referential afterlife of medical trauma has come to influence the gay identity standard for gay men. The meanings associated with medical trauma are so widely shared that they often serve as a useful referent when gay men are reflecting on what it means to being gay. Gay identity is inherently ambiguous, and the referential afterlife of medical trauma, forming a plaguebearer frame, disambiguates gay identity.

In Chapter 3 I illustrate three key points in Stets' (2018) feedback model where collective memory and lived experience influence identity verification: identity-relevant behavior, reflected appraisals, and the identity standard. I also illustrate how this process may occur when multiple identities bear on a given interaction, as is the case of race and sexuality during sexual interactions. An individual's biography and the salient narratives within the gay collective memory both come to bear on the gay identity standard, influencing how the individual understands what it means to be gay.

Similarities in lived experience and relevant historical narratives within a given generation foster a similar gay identity standard by facilitating identity verification. Differences across generations may further isolate distinct generations of gay men, as they will be less likely to verify one another during interactions, given differences in how they understand the gay identity standard. I continue to extend identity theory in Chapter 5 by empirically demonstrating some of the ways in which racial and sexual identities are related for gay men. I find that white supremacy influences how gay venues are constructed, which cultural artifacts are adopted as gay, and behavioral expectations during sex for differently raced gay men.

## COLLECTIVE MEMORY

I advance collective memory scholarship by theorizing collective memory as operating within the individual as well as at the group level. In conceptualizing collective memory, I build upon Olick's (1999) concept of the *collected* collective *memory* (which he contrasts with the *collective* collective *memory*). In this conceptualization, commonly occurring, high-intensity personal experiences also operate like a collective memory, allowing them to be perceived as shared despite them happening in isolation. Gay men attending funerals of friends dying from

AIDS-related causes, being diagnosed as a homosexual, being told you are sick because of your sexuality, or being told “sad stories” about gay men from the past are all highly individual experiences, which often happen in discrete interactions or small groups. However, the fact that these experiences are highly common and often happen similarly creates a *collected collective memory* – the individual experiences pool together and are collectively “remembered” as one historical narrative.

I further advance the field by theorizing collective memory as a key aspect of a group’s identity standard. By positioning collective memory as explicitly identity-related, I demonstrate some of the interpersonal implications of trauma-based collective memory for gay men. These implications include influencing the gay identity standard and the determining identity-appropriate behavior. In this way, individuals’ shared experiences directly impact how they understand themselves and their future behavior, most notably sexual behavior and identity performance in situations perceived as either safe or unsafe.

Similarly, my work demonstrates that collective memory has a context-dependent effect on identity processes, based on the individual’s biography. For the oldest generation of gay men, APA diagnostic criteria tended to stand above all other narratives. For the middle generation, the mortality rate and the CDC’s HIV policy and practices tended to be most influential. The youngest generation struggled, and continues to struggle, to find gay stories that relate to their experiences of positive social change and medical advances. This generation may be at the limits of collective memory and pose a fascinating future area of study; what happens when a group is faced with a reality that has very little connection to its history?

## CLINICAL IMPLICATIONS

While my work heavily critiques the medical institution, both on the clinical and public health sides of aisle, I offer suggestions to improve health outcome and minimize potential harm. My primary contribution is that *sexual health has multiple, overlapping contexts*, including the individual's sexuality, race, age, and location. The histories of these categories matter because they inform, in complicated ways, how the individual thinks about how they are.

By remembering that the past haunts the present, individual and population responses which appear strange or irrational often begin to make sense. At-risk populations avoiding HIV testing or avoiding seeking treatment may be experiencing a fear response secondary to the long history of maltreatment from the medical institution. Or, similarly, individuals I interviewed *knew* what a condom was and how to use it, but were seeking a host of things – sensation, intimacy, conquest, a sense of autonomy, power, powerlessness, submission, being out of control – from sex and a condom defeated the purpose. Taking a medical risk may be self-harm, but it may also be accomplishing another goal.

Similarly, by learning from the APA's maltreatment, contextualizing individuals and populations can help us all re-examine that which is *weird* and has been pathologized, re-framing it instead as *normal variation*. Confronting ghosts and acknowledging the history and memory of a group can allow clinicians and public health to examine its own biases, thereby improving health outcomes.

A common pushback I have received when discussing the importance of context is the seemingly-infinite information required to *understand* one context, let alone the intersection of multiple contexts. While in conversation with nurses training at Yale University, we held space for the task of learning to do this work. My advice to them, and my understanding from

conducting this study, was to do one's best. Any moment when patients are acting seemingly weird, violating your clinical expectations or acting in an unhealthy way, is a sign that there is more happening behind the scenes. Some of this may be explained by the individual's lived experiences. Some of this may be explained by their groups' collective memories. Turning to history, be it biographical or collective, may help clinicians understand those frustrating moments.

## FUTURE RESEARCH

Based on the findings of this dissertation, I identify two areas of future research: socialization into a gay identity and the influence of race on sexual identity verification. In terms of socialization, queer sexual identities are acquired secondarily, such that all queer people are first socialized into heterosexuality and then must discover and learn about their queer identity (Connell 1995). How does this process occur successfully so often? Bridging the works of Stein (1999) and Solomon (2012), I argue that generations of gay men co-create the meaning of their gay identity, enacting horizontal socialization based on a set of shared lived experiences. Preliminary findings suggest that the interplay of lived experience, collective memory, and horizontal socialization ensures that each generation coheres and shares a general sense of what it means to be gay, but also opens up the possibility that each generation of gay men will understand what it means to be gay a bit differently. Future work should explicitly investigate how individuals *acquire* their gay identity.

Second, my preliminary findings suggest that whiteness influences the meaning of gay identity. I draw upon Collins' (2000) epistemological work and Ridgeway's concept of the off-diagonal (Ridgeway and Erickson 2000; Ridgeway and Kricheli-Katz 2013) to theorize the ways in which gay identity and history are both coded white and reproduce white supremacy. In



Chapter 5, I identify three arenas of social life which are heavily influenced by whiteness – gay venues, gay cultural objects, and sexual interactions. Due to data limitations, I was not able to investigate how gay men of specific racial and/or ethnic groups experience the dominant white logic of gay identity, cultural objects, and history. Further research should investigate the specific identity-related impact of whiteness as an aspect of the meaning of being gay, particularly in terms of Stets' (2018) hierarchical model of identities and my own contribution, which theorizes race as superordinate to sexuality within Stets' hierarchy.

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## Appendix – Research Methodology

To conduct this dissertation, I drew upon two key research methods: archival research and in-depth interviewing. I also collected data on a photo sorting task, which will be used in later work outside of the dissertation. In the following section, I will describe first my archival and then my interview methodologies. For both, I discuss the data collection, theory, and analytic strategy.

### ARCHIVAL RESEARCH

During a dissertation committee meeting about aligning my archival and interview methods, likely in the winter of 2018, Dr. Irene Browne commented that “your archives are really interviews with the dead.” This comment hit me hard and helped me rethink the bracket<sup>26</sup> I had placed around my archival work. An issue I faced, one common in both historical sociology and public health, is that there is an inherent sampling bias when one studies a population faced with a high mortality rate; the data drawn from living people only tells the stories of the survivors, leaving open the possibility of those who died having had different experiences. I use archival research methods to address this gap.

By conducting “interviews with the dead,” I am able to analyze some of the existing personal documents of those who lived during, and died during, the height of the HIV/AIDS epidemic. I specifically sought out primarily personal documents and individual accounts of gay life during the 1980s and 1990s, such as diary entries, candid photographs, DIY Gay Pride posters, oral histories, and newsletters for small gay organizations. I also sought out first-hand accounts of gay life at the time, such as internal memos from and newspaper articles about AIDS

<sup>26</sup> See: Chapter 1 for more on bracketing and queer phenomenology

Care organizations, CDC reports, and clinical diagnostic criteria as it related to homosexuality at the time.

These documents both serve as a proxy for interviews with gay men who passed and also provide an account of which stories and discourse were influential at the time. The common recurrence of specific stories and kinds of discourse suggest that these kinds of events were important, perhaps even defining, for gay identity at the time. This historical data serves as the foundation for my argument about the landscape of gay collective memory.

### *Data*

I spent about a full year intermittently conducting interviews with the dead, (May 2018 - May 2019) spanning three archives. The three archives were the Stuart A. Rose Manuscript and Rare Book Library (Emory University; Atlanta, GA), the Yale University Archives (New Haven, CT), and the Schomburg Center for Research in Black Culture (New York Public Library; NYC). The Rose Library was chosen because of its proximity to the CDC and its wealth of holdings related to HIV/AIDS. The Yale University Archives provided insight into LGBT activism in New York City. The Schomburg Center was consulted because of the overwhelming whiteness of gay archives. Gay archives tend to center the stories and lives of white gay men. The Schomburg Center served as a space where I could gather information about the stories and lives of Black gay men. Travel to and from the Yale University Archives and the Schomburg Center was funded in part by the National Science Foundation.

Prior to travelling to each archive, I searched their finding aids using a set of theoretically related keywords, such as “gay” “sexualit\*,” “HIV,” “AIDS,” and “homosex\*.” I conducted this search with the help of one undergraduate research assistant. I also consulted with librarians and archivists at each of the three archives, explaining the kinds of documents I was interested in and

sharing the list of collections I had already identified. By asking the archive staff, I often found additional collections to analyze. For example, at the Rose Library, I was examining the AID Atlanta collection and the reading room staff member suggested I also look at the papers of Kenneth South, who was the former executive director of AID Atlanta and whose papers were donated to the Rose Library. The Kenneth South collection ultimately became a key source of data for Chapter 2. I provide a table of all collections analyzed in Chapter 2 as well.

The Rose Library has extensive collections regarding the HIV/AIDS epidemic, given its proximity to the Centers for Disease Control and Prevention, and a range of personal and administrative records from national consciousness raising groups focusing on gay men's issues. With the help of one undergraduate research assistant, Marissa Zampino, I examined thousands of documents from May to August 2018. Key collections related to this dissertation project included the AID Atlanta (MSS 1264) collection, the papers from the National Association of Black and White Men Together (MSS 1071), Bruce Garner's papers (MSS 1302), Kenneth South's papers (MSS 1378), and Dr. Jesse Peel's papers (MSS 1231).

I consulted the Yale University Archives and the Schomburg Center to collect data on specific dimensions of gay life, supplementing the historical foundation of this project. The Yale University Archives houses numerous collections about LGBT life and HIV activism in the Northeast, most relevant to my study the AIDS Collection (MS 1834) and the Gay And Lesbian Liberation Collection (MS 1846). The Schomburg Center specializes in research on Black Culture, particularly Black and African American cultures and histories situated in New York City and the surrounding areas. My primary focus was the Gay Men of African Descent collection (MG 688).

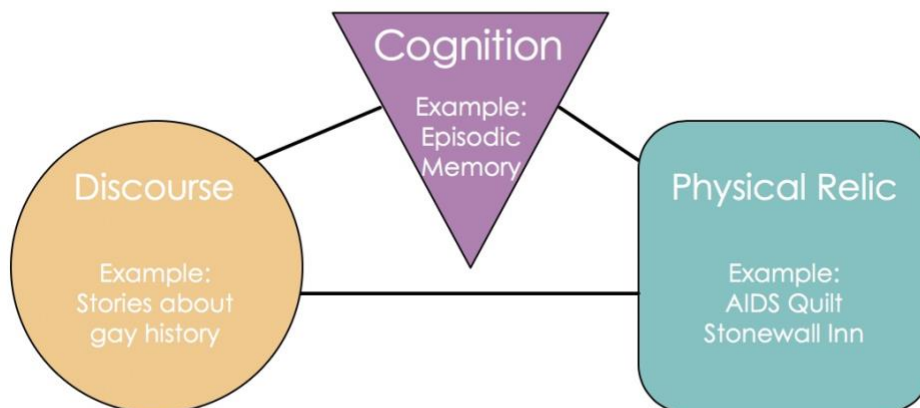
## *Theory*

Olick (1999) cautions memory scholars about empirical slippage regarding the “objects of reference” when conducting collective memory research. Building on Xu’s (2017) three-dimensional semiotic theory of collective memory, in which he argues that collective memory has material, social, and cognitive dimensions, I present a model for the transmission of collective memory (see Figure 3). A collective memory is a historical narrative that is shared among group members. In order for a story to be shared, there must be some mode of transmitted; stories require storytellers and must be told via some medium (spoken, written, sung, painted, etc.). The object of reference is the story that is being invoked by scholars, including the medium by which it is told.

During data collection, I found and analyzed collective memories existing in three related forms: as physical relics, as social cognitions, and as societal discourse. Physical relics are objects that take up physical space and tell a story, such as a newspaper, the NYC AIDS Monument, or the AIDS Quilt. While the AIDS Quilt is a physical object, it also communicates ideas which individuals take away from it. The idea of the AIDS epidemic, or the social cognition of it, is what individuals carry with them after they walk away from the AIDS Quilt. These are analytically distinct forms of a collective memory which require different kinds of analyses. Physical relics were found primarily in the archives, whereas social cognitions could be found recorded in one’s diary in an archive or communicated verbally during an interview. Societal discourse, the third form of collective memory I identified, tended to permeate both social cognition and physical relics, influencing the way stories were told. One example of this societal discourse is the pairing of gay men and illness, what I call the plaguebearer frame.

I illustrate these three forms of collective memory to underscore the importance of triangulating one's data to study an issue across levels of analysis. Had I relied exclusively on physical relics as data, I would be unable to identify the ways in which systems of power (medicine) influence the meaning of being gay (via plaguebearer frame). Similarly, had I relied exclusively on discourse, I would be unable to make claims about the impact of queer pathologizing on gay men's lives and gay identity. By drawing on data from all three related forms of collective memory, I am able to analyze across multiple levels of analysis. Social cognition provides me insight into the collective memories' influence on individual actions. The physical relics provide data on the group as a whole and the stories which the group take the represent themselves. And the discourse analysis allows me to understand how collective memories operate within and through society-wide institutions (medicine) and systems of power (racism, homophobia).

Figure 3. Model for forms of collective memory



## *Analysis*

To analyze my archival data, I conducted a content analysis, reading for stories about gay experiences and gay life at the time. I memoed throughout the archival research process and conducted a thematic analysis of these memos. The thematic and content analyses were largely inductive; my analytical goal with the archival data was to identify recurring themes related to gay life. These findings were used throughout the dissertation, first to create a foundation for the landscape of gay collective memory (Chapter 2) and then to provide a context for common themes on gay collective memory to better understand identity verification (Chapter 3), generational differences (Chapter 4) and the whiteness of gay identity (Chapter 5).

Analyzing this data, I expected common themes to include discussions of gay liberation, stigma, the Stonewall Riots, HIV/AIDS and coming out. I was surprised to see that gay life was largely described in terms of medical trauma in some form, of the hardship people experienced, and told through the lens of white gay men. Stories about gay men of color often emphasized the racial aspect of the story or the race of the people central to the story. In this way, gay archives became *white gay archives* and any collection centering gay men of color deemphasized sexuality to make race focal.

## IN-DEPTH INTERVIEWING

In addition to archival work, I conducted 61 in-depth interviews with self-identified gay men living in New York City. I chose interviews because I wanted to learn more about how gay men experience *being gay*. In particular, I wanted to examine how gay men understand what it means to be gay and if there are generational and/or racial differences. I conducted these interviews under the “Gay Men’s Sex Lives Study,” which was funded in part by the National

Science Foundation. Interviews were semi-structured and ranged in length, averaging 1 hour and 42 minutes in length. The longest interview was 3 hours and 4 minutes, while the shortest was only 32 minutes and 8 seconds. I created a semi-structured interview guide (see: Data Collection Tools, below) to facilitate the interview conversation. Key interview topics included gay identity, local community, gay history, sexual behavior, and sexual health.

### *Recruitment*

Recruitment was a nightmare in this study. I found it incredibly challenging to identify enough gay men living in the metro-NYC area to speak with, even with a \$50 incentive. This may have been due to my status as an outsider, having no NYC-local institutional affiliation. It may have been due to the fact that this is an overstudied population, likely research exhaustion. It may have been due to the subject matter; the focus on sex may have pushed a subset of the population to distrust me, assuming either malicious sexual intent or feeling uncomfortable discussing their own sex lives. The final sample size was 61 participants.

Interviews took place August-October 2018, January-February 2019, and again June-July 2019. Between February and June 2019, I intentionally paused recruitment to recover from a broken right hand, which would have prevented me from travelling safely. Participants interviewed during Summer 2019 were different than other participants in only one way: Summer 2019 participants tended to discuss Gay Pride and the Stonewall Riots more often because June 2019 was both World Pride and the 50<sup>th</sup> anniversary of the Stonewall Riots. These interviews tended to be richer than previous interviews because individuals were primed to reflect on their sexuality in a way that other participants were not, but I found no meaningful difference in participant responses between the different recruitment periods.



I used digital and physical recruitment strategies to identify participants, and relied heavily on snowball sampling. Having lived in New York City prior to beginning graduate school, I was able to tap some connections that I had maintained, with those individuals providing entrée into multiple social networks. These connections resulted in 23 interviews. I used a constellation of strategies to recruit the remaining 38 participants. I maintained a Facebook study page, titling the project “The Gay Men’s Sex Lives Study.” This page accrued 293 followers over the course of a year and resulted in 4 interviews. The majority of the page’s followers were queer individuals from outside of the United States. Many of these followers appeared suspect, most often messaging for sexual services (47 messages), despite the study page clearly denoting that no one affiliated with the research project would do so.

I also canvassed gaybourhoods across New York City, hanging fliers in public spaces and, with the permission of store managers, in popular cafes and bars. I also visited a number of social service agencies which specialize in working with queer populations to advertise the study and request participant referrals. Many of my participants approached me based on suggestions from their friends/colleagues who had participated in the study, or were given my study information from a friend who had seen it posted online. Using snowball sampling granted me entrée into different subpopulations which I otherwise might not be able to reach (e.g., gaymers, high status gay men currently on the scene, gay men of color, older gay men, etc.).

### *Sample Design*

I used purposive sampling to ensure I had three birth cohorts of gay represented in my interview sample: those who were an adult prior to the HIV/AIDS epidemic, those who became an adult during the highest mortality rate, and those who became an adult after the advent of highly effective HIV medication. These three birth cohorts each have a unique lived experience

of the HIV/AIDS epidemic, given the time in which they grew up, and I wanted to capture that variation in my interviews. Birth cohort was determined based on the date of birth participants provided on the demographics sheet (see: Date Collection Tools). As I demonstrate in Chapter 4, these three birth cohorts actually reflect three distinct generations of gay men.

Supp Table 1. Birth Cohort and Historical Context

Cohort	Age at Time of Interview	Historical Context of HIV/AIDS epidemic At Age 18
Oldest	47+	18 years old prior to first reported AIDS patient
Middle	33-46	18 years old during the peak of the epidemic
Youngest	21-32	18 years old after the epidemic was medically managed

Supp Table 2. Sample size by birth cohort

Cohort	N
Oldest	10
Middle	14
Youngest	37
Totals	<b>61</b>

As is expected with a population which lived through an epidemic, the sample size is skewed towards the youngest birth cohort. For both middle and oldest birth cohort participants, there are few spaces that cater towards gay men outside of the gay scene, both in New York City specifically and across the country more generally. As such, doing outreach and recruiting older participants, who have aged out of the youth-catering gay scene, becomes challenging.

Identifying and recruiting older (47+) gay men was especially challenging, given that the HIV/AIDS epidemic killed many older gay men, leaving the population thinner than the middle and youngest cohorts.

Given the importance of race in the archives, I sought to interview a range of differently raced gay men. Participants self-reported both race and ethnicity (two separate questions, both fill-in) on the demographic sheet. This information was collected at the end of the interview. Responses were recorded as written and compiled into categories. Participants reporting any

ethnicity not traditionally associated with whiteness or a European heritage were coded as gay men of color. Of the 61 gay men interviewed, 38 self-identified as gay men of color. For a breakdown of race by birth cohort, see Tables 3 and 4.

Supp Table 3. Birth Cohort x Race

	PoC	White, not Hispanic	Totals
Oldest Cohort	4	6	10
Middle Cohort	9	5	14
Youngest Cohort	25	12	37

Supp Table 4. Cohort x Race - Racial Category Breakdown

	Asian / Pacific Islander / MENA	Black / African American	Latinx / Hispanic	Native / Indigenous	White, not Hispanic
Oldest Cohort	0	3	1	0	6
Middle Cohort	4	4	4	1	5
Youngest Cohort	11	7	6	1	12
Totals	15	14	11	2	23

Note: Numbers do not sum to 61 as some participants held multiple racial identities

In keeping with Mario Small’s (2009) work, I designed my sample to maximize variation, rather than to seek a representative sample. The goal of qualitative research is to identify as wide a range of stories as possible, not to create a quantitatively representative sample. Despite some sampling issues, I reached theoretical saturation for each birth cohort. I similarly reached theoretical saturation at the division of PoC/white, and make claims about the pervasiveness of whiteness in gay identity. I did not reach saturation at the level of individual races represented within the broader “PoC” category, hence the reliance on the PoC/white division. This division is common in U.S. American sociology of race and racism (see: Omi and Winant 1994).

### *Data Collection*

Interviews were conducted at a location most convenient to the participant, often their home, in a local coffee shop, or at a neighborhood park. Interview participants selected the location of their interview, with my input if locations were not private enough. Given how massive and busy New York City is, most people enjoy a general sense of anonymity even in public spaces. As such, local coffee shops served as great places to conduct an interview when, in smaller cities, they would serve as a privacy risk. I had very few strangers eavesdrop on interviews, and only three instances in which strangers interrupted interviews with questions or discussions – one of which was an individual attempting to purchase the photo sorting photos, one well-intending, straight-presenting couple complementing the participant and I about *how brave* we were to be an openly interracial gay couple, and one individual inquiring what casting agency the participant and I worked for (mistaking the photo sort photos for model headshots).

Participants generally discussed finding the interviews therapeutic and exciting. I was initially concerned participants would be reticent to discuss sexual stories or their perspectives on gay life, given how deeply personal and also quite ephemeral the topics were. However, participants were quite excited to share, often commenting that they did not have many spaces or people to discuss sex and sexuality with. None of my participants requested psychological support or counseling after the interview, despite a large proportion discussing first-hand experiences of physical, sexual, or emotional trauma. While all were offered this support, many found discussing their sex lives, with the context of their trauma, therapeutic and expressed gratitude for the space and empathy.

## *Analysis*

I conducted a content analysis of these interview transcripts. I developed my codebook based on archival findings and the sociology of sexuality literature. I coded iteratively, reading all of the transcripts, coding using the inductive codes, and then recoding documents with emergent codes. I discussed coding with a team of eight undergraduate research assistants (three in Spring 2018 and five in Fall 2019). All documents were coded using MaxQDA. Key codes were HIV/AIDS, trauma, history, sex, sexuality, the meaning of being gay, and the gay scene.

DATA COLLECTION TOOLS

*Demographics Sheet*

<b>Participant ID#:</b> _____
<b>Demographic Information</b> (Completed prior to interview)
<b>Date of Birth (MM/DD/YY):</b> __/__/__
<b>Gender:</b> _____
<b>Do you identify as trans?</b> <input type="checkbox"/> Yes (What label do you use, if any?) _____ <input type="checkbox"/> No
<b>Race:</b> _____
<b>Ethnicity:</b> _____
<b>Religion:</b> _____
<b>Country of Origin:</b> _____
<b>Current Residence (city):</b> _____
<b>How long have you lived here?</b> _____
<b>In regards to your current sex life, please check all that apply:</b>
<input type="checkbox"/> I am a top (exclusively the penetrative sexual partner)
<input type="checkbox"/> I am a bottom (exclusively the receptive sexual partner)
<input type="checkbox"/> I am vers/versatile (both penetrative and receptive sexual partner)
<input type="checkbox"/> I do not engage in anal sex, but interested in other kinds of sex
<input type="checkbox"/> I have never had sex with a man before
<input type="checkbox"/> I have never had sex with anyone before
<input type="checkbox"/> I am asexual (do not desire to have sex)
<b>Relationship Status (check all that apply):</b>
<input type="checkbox"/> Single
<input type="checkbox"/> Dating
<input type="checkbox"/> Married
<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed
<input type="checkbox"/> <b>Check if you currently have more than one romantic or sexual partner</b>

## *Interview Guide*

Thank you again for agreeing to be interviewed by me. As a reminder, I'm doing this study to learn more about gay men's sex lives and how different men understand what it means to be gay. As a reminder, you are welcome to pause the interview, ask for clarification, refuse to answer a question, and leave the interview at any time. Additionally, you're always welcome to ask me any question you might have; I won't ask you a question I'm not prepared to answer myself.

### *Gay Identity and Meaning-Making*

#### **When did you first begin to think you weren't straight?**

What did you think/feel/realize?

#### **When did you first self-identify as gay?**

*Was that the first identity you took on?*

#### **Do you have a "coming out story"? Could you share it with me?**

Are you out everywhere in your life?

Does being "out" look/feel the same everywhere?

What feels the same/different?

#### **People talk about "being out" differently. What does it mean to "be out" to you?**

What do you want people to know?

Do you want them to treat you a certain way? If so, how?

#### **Is being "out" the same in every context for you?**

Does being "out at work" look the same or mean the same thing as being "out at home"?

If yes, what's that commonality?

If no, what's the difference?

#### **Did you know any gay people while you were growing up?**

#### **How did you learn what it meant to be gay?**

*Examples: school, family, from friends, from media (news, movies/theatre/TV, porn)*

#### **Who were some influential gay figures for you?**

Contemporary?

*Examples: Adam Rippon, Johnny Weir, Todrick Hall, George Takei, Dan Savage, RuPaul*

*Examples, Laverne Cox, Ellen, Rosie O'Donnell, Gaga, Tammy Baldwin (US Senate)*

Historical?

*Examples: Harvey Milk, Oscar Wilde, Gabriel Garcia Lorca, James Baldwin*

*Examples: Judy, Liza, Barbra, Bette, Carol Channing, Marsha P. Johnson, Sylvia Rivera*

#### **In your opinion, what does it mean to be gay?**

What is a gay person like?

What do all gay men have in common?

Historically, has being gay always meant the same thing?  
Can anyone be gay?  
Are you “born this way”?  
Can someone’s sexuality change?

Thank you! Next, I’d love to know a little more about your friends and the places you tend to frequent.

### *Gay Community*

**Do you feel like you see or meet other gay people in your daily life?**

**How do you meet other gay people?**

**Are your friends queer?**

Do you have any friends who are gay men? Who? Age?  
Do y’all ever talk about your experiences being gay? Are they similar/different?  
Do you have any friends who are some other queer identity? Who? Age?  
Similarly, do y’all ever talk about your experiences? Are they similar/different?

**Have you ever been to a gay establishment?**

*Examples: gay bar, bathhouse, cruising spot, gym, coffee shop, concert/show/event/party*

**Specifically, do you go out to the bars?**

Which bars? What is it about [bar/s indicated] that you like?  
Do you have a preference: gay or straight bars?  
What is it about [gay/straight] bars that you prefer?

**Have you ever been to a gay community event?**

**Have you ever gone to a gay protest?**

**Do you watch RuPaul’s Drag Race?**

What do you think about it?  
Do you like it?  
Do you go to viewing parties?  
Do you feel like Ru has influenced gay culture or community?

**Do you feel like you’re a part of a gay or queer community?**

If yes, can you tell me a little bit about your community?  
Do you find this community supportive? Welcoming?  
How did you enter into this community?  
If you had to describe it to an outsider (Me!), what would you say?  
Are there multiple gay communities here?  
If no, what kinds of communities do you feel like you’re a part of, if any?  
Do you find this community supportive? Welcoming?  
If no, why are you not engaged with the gay community/ies here?



**Do you use social media?**

Which?

What kinds of accounts do you follow?

Do you follow any gay/queer accounts?

**Fantastic! Is there anything else you'd like to discuss about gay community?**

Okay. So, one of the areas I've been really excited to chat about with my participants is the importance of history for gay people.

*Gay History*

**Do you feel like you know much about gay history?**

What comes to mind when I say "gay history"?

What does/would it include?

How did you learn about it?

**What would you say are some of the most important moments in gay history?**

**What are some important moments in gay history for [your city?]**

*Examples: ACT UP, GMHC, Keith Haring, Stonewall Riots*

**Do you feel like the history of gay people impacts how you understand yourself?**

**Do you ever think about gay historical events in your daily life?**

**Have any gay stories or myths stuck with you?**

Have you ever read, seen, or heard stories about gay men which really stuck with you?

**Have you ever read, heard, or seen stories about violence against the gay community?**

**Have you ever read, heard, or seen stories about the HIV epidemic?**

How do these stories relate to gay men?

How are these stories told?

What do those stories *mean* to you?

**Do you feel like young people today generally understand gay history?**

If yes, how might they have learned about it?

If no, what are they missing?

**Do you feel like young people today generally *care* about gay history?**

Why do you feel this way?

**Do you feel like gay history matters for young gay men today?**

If yes, why and how?

If no, why not?

**Do you feel like older gay folks are in touch with the gay community today?**

Do you know many gay elders?

**Do you think older and younger gay men think about *being gay* the same way?**

**Have you read, seen, or been told stories about gay men's sex lives?**

*Sexual Behavior and Sexual Health*

[Questions rephrased based on demographics sheet]

**Do you use any gay hookup or dating apps? (e.g., Grindr, Scruff, Jack'd, Daddy Hunt, etc.)**

If yes: How do you describe yourself on (app)?

What [categories, tribes, etc.] do you ascribe to?

What does your profile description say?

Can you show me?

Why did you write it this way?

[If using more than one] Do you describe yourself differently across differently apps?

If no: Have you ever used one?

Why did you stop?

Did you ever consider using one?

**How do people represent themselves on these apps?**

What do they focus on? What, if anything, do they hide?

Is this representation authentic?

Do you feel like you do that? In what way? Why or why not?

**What kinds of sex do you prefer?**

**Do you like anal? And, if so, do you have a preference between topping and bottoming?**

Have you always preferred [position]?

What about it do you like?

Have you ever tried [the other one]?

**On the demographics sheet, you said [relationship status].**

If partnered: Can you tell me a little bit about your partner?

How did you two meet?

What initially attracted you to them?

What's your sex life like together?

Is the relationship closed? Do you have positions or kinds of sex you two prefer?

Does one of you initiate more than the other? Has your sex life changed over the relationship?

What kind of sex do you prefer to have with your partner?

Is there anything they won't do that you like?

If single: Are you currently “talking to,” hooking up with, or seeing any people regularly?  
Are you hooking up or having any casual/anonymous sex?  
What do you look for in a sexual partner?  
Are there some kinds of guys you prefer?  
What kinds of looks do you prefer?

**Do your partners ever assume which role you’ll take?**

What do they assume?  
Why do you think they assume that?

**What makes someone a good top?**

(examples if necessary: body type, experience, penis size, personality)  
Can anyone be a top?  
Are some people more likely to be tops?  
How would you describe the ideal top?  
What kinds of safer sex practices does a top have to think about?

**What makes someone a good bottom?**

(examples if necessary: body type, experience, flexibility, personality)  
Can anyone be a bottom?  
Are some people more likely to be bottom?  
How would you describe the ideal bottom?  
What kinds of safer sex practices does a bottom have to think about?

**Do you feel like your sex life defines you in any way?**

**Do you feel like there are any stereotypes about gay men and sex?**

Is there any truth to these stereotypes?

**Do gay men *have to have sex to be gay*?**

**Have you ever heard the term “safe” or “safer sex” before?**

What does “safer sex” mean for you?

**Have you ever read, heard, or seen any stories about the HIV epidemic?**

What do you know about it?  
Where did you learn about it?

**Do you ever think about HIV?**

Do you ever think about your HIV status? (You do not have to disclose your status)  
Do you know how to get tested?  
Do you and your partners discuss HIV?

**Who do you feel like have historically been impacted by HIV?**

**Did learning about the HIV epidemic impact how you think about being gay?**

**Do you think HIV is a problem for the gay community today?**

For who?

**Have you ever heard of ARVs?**

Where did you learn about it? From whom?

What do you think about it?

**Have you ever heard of PrEP?**

Where did you learn about it? From whom?

What do you think about it?

**Do you know anyone who is HIV+?** (You do not have to disclose who)

Have you ever discussed HIV with them?

**When was the last time you got an STD/STI test?**

Do you have a clinic where you feel comfortable going to get tested if you wanted to?

**Do you think STD/STIs are a problem for the gay community?**

**Is there anything that I didn't ask or we didn't discuss related to gay men, sex, and sexuality that surprised you?**

**If there was one thing you'd want me to learn from this interview for my dissertation, what would it be?**

## *Data Management Plan*

### Data Overview

- Verbal
  - Audio Recordings: .mp4 files (1 per participant, 61 total)
- Visual
  - Photographs: .jpeg files
    - Archival Documents (Numerous, likely 1000+)
- Written
  - Interview Transcripts: .docx files (1 per participant, 61 total)
  - Memos: .docx files
    - Archival Notes
    - Interview and Q Notes

### Data Storage

- Dropbox
  - Password Protected
  - Upload via laptop or mobile
  - 1TB of storage available
    - Dropbox Pro Plan purchased
- Emory Box
  - Backup External Storage 2
  - Password Protected
  - Upload via laptop or mobile
  - 100 GB of storage available

### Field Technology

- MacBook Pro - Personal, password-protected
- iPhone 8 – Personal, password-protected

### Data Security

At the end of each interview, all data files from the field (audio recordings and photographs) were uploaded separately to the three password protected servers described above. Every third day, memo documents were compiled from the previous days in the field, written up in long form, and uploaded separately to the three password protected servers. Three different servers are being used to avoid lost data and file corruption. Interview audio recordings were transcribed by undergraduate research assistants at Emory University. These transcripts were stored on the above-mentioned secure servers as well as my personal, password-protected computer. After each interview was transcribed, I reviewed the transcript for accuracy and deleted the audio recording.