Citizenship, memory and biosocial community: negotiating biomedical risk in sexual practice

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My research has sought to explore the ways in which gay and bisexual men in the North East of England have identified and responded to risk in sexual health. Drawing on interviews with men aged 18 – 63, I will argue how the men who took part in this study understood and negotiated sexual risks within a framework of biological and sexual citizenship. The men I spoke to described the ways in which they had actively taken on board biomedical information around sexual health and integrated it into their sexual practice. They drew not only on sexual health messages about safer sex, but national and international HIV rates and ideas around how bodies experience and demonstrate illness. While this active incorporation of information into their everyday sexual practice reflects a form of biological citizenship (Rose 2007), the way they imagined risk was also framed by imagined collective histories of community. That is, men of all ages/generations spoke about how the powerful community and collective memories of the AIDS crisis of the 1980’s and 1990’s have shaped their notions of what is a priority in sexual health. I argue that the men in this study described themselves as part of a particular biosocial community (Rabinow 1996): a community of gay and bisexual men affected by HIV and at risk of HIV. These men imagined risk - and their obligations to respond to this risk – by drawing on contemporary discourses of biological and sexual citizenship. The ways in which men spoke about their own sexual practice and that of others was tied to their understandings of the obligations they felt they had to others in this particular biosocial community. Moreover, the priorities of this biosocial community focused on the prevention of HIV and the reduction of harm to others.