

12-2018

Lavender Linguistics & HIV Discourse: How Do Gay AIDS Generation and Millennial Men Talk About HIV?

David Anderson

Follow this and additional works at: https://repository.stcloudstate.edu/engl_etds

Recommended Citation

Anderson, David, "Lavender Linguistics & HIV Discourse: How Do Gay AIDS Generation and Millennial Men Talk About HIV?" (2018). *Culminating Projects in English*. 149.
https://repository.stcloudstate.edu/engl_etds/149

This Thesis is brought to you for free and open access by theRepository at St. Cloud State. It has been accepted for inclusion in Culminating Projects in English by an authorized administrator of theRepository at St. Cloud State. For more information, please contact rswexelbaum@stcloudstate.edu.

**Lavender Linguistics & HIV Discourse: How Do Gay AIDS Generation and
Millennial Men Talk About HIV?**

by

David Anderson

A Thesis

Submitted to the Graduate Faculty of

St. Cloud State University

In Partial Fulfillment of the Requirements

For the Degree

Master of Arts in

English: Teaching English as a Second Language

December, 2018

Thesis Committee:

Michael Schwartz, Chairperson

James Robinson

Judy Dorn

Abstract

William Leap coined the term *lavender linguistics* in the early 1990's. The expression refers to linguistic features unique to the LGBT (Lesbian, Gay, Bisexual, Transgender) community. Lavender linguistics (Leap, 1995) in HIV discourse is no exception. Although few studies exist in lavender linguistics and HIV discourse, a broad spectrum on this topic has been gained from these studies. Topics in the language marked specifically by LGBT speakers in HIV discourse include racial/ ethnic backgrounds, blood, art and entertainment, activism, camp humor, sex, drugs, online language, HIV treatment, and HIV prevention. Applying lavender linguistics in general, Communities of Practice (Wenger, 1998), AIDSpeak, and HIV history provide a glimpse of how lavender linguistics and HIV discourse has developed to how it is shaped today. Additionally, using interview and focus group data as a lens provided an idea of how the AIDS Generation and Millennial gay men differ in their HIV discourse.

This qualitative study used interviews and focus groups to collect data. Participants were placed in two groups: AIDS Generation (participants were born between 1952-1973) and Millennials (participants were born between 1989-1996). There were 12 AIDS Generation and 11 Millennial participants involved who were found in a metropolitan area in the Upper Midwest. This study examined common choice in words, idioms/ figures of speech, multiple word expressions, and phrases and how they reflect on their HIV-related experiences and beliefs. The data collection was placed in four themes: HIV, Stigma, Sex, and Drugs. The analysis process found numerous similarities and differences in how the two generations discuss HIV. These similarities and differences imply how their experiences related to HIV shapes their language features.

Acknowledgement

My experiences in the TESL Masters program have been rewarding and interesting. These last two years, I learned more, and I expanded my physical and mental capabilities broader more than I ever thought I could. I have the TESL Department to thank for accepting me to your program in 2016.

First, I would like to thank my thesis committee for dedicating their time to help me through this research study. Dr. Schwartz, thank you for agreeing to be my first reader. The hours spent in the office discussing how to move forward with my study were life learning, and I have you to thank for that. I learned more about language discourse than I originally anticipated. Dr. Robinson, thank you for agreeing to be my second reader. Your background on language and culture proved valuable to this study, and I am grateful for that. Dr. Dorn, thank you for agreeing to be my third reader. You also assisted with my senior thesis during my undergraduate studies, and it was an honor to have worked with you again on this research study.

I would like to acknowledge Dr. Kim for meeting with me unannounced to discuss ideas for a thesis topic. Before I approached you about this, I was contemplating either lavender linguistics or HIV discourse as my thesis topic. Both are fascinating topics to me, and I did not think that I could do both. Thank you for making me realize that I can study lavender linguistics and HIV discourse at the same time. Also, I would like to acknowledge Dr. Madden for the input during your ENG 607: Empirical Research class. Thank you for passing you research knowledge to the class. Your class made me more comfortable starting a research project. Also, I would like to thank Dr. Koffi for making ENGL 666: Sociolinguistics more interesting than I anticipated.

Your class was part of what inspired me to pursue my thesis topic. A sociolinguistic point of view proved valuable during the research process.

I would like to acknowledge the two non-profit organizations that supported my research study. This applies to the staff and my friends from there. This study would never have been possible without your support, and I am forever grateful.

Thank you to the staff and my friends at The Saloon for providing a venue for me to take my mind off the stress and pressure from school. You have always been good to me.

Thank you to Dan Savage for taking time to listen to some details about my research topic before I started the data collection. The discussion was brief, but your input was valuable. You made me realize exactly how broad lavender linguistics and HIV discourse is.

Finally, thank you to my life partner for your patience, support, and understanding. You were understanding when I could not spend as much time with you as I wanted because of my school work load. Love forever!

Table of Contents

	Page
List of Tables	7
Chapter	
1. Introduction/Problem Statement	8
HIV 101	9
2. Literature Review	10
Beginning of AIDS	10
AIDS Generation Related	11
Millennial Related	14
Communities of Practice	17
Lavender Linguistics	23
Lavender Linguistics and HIV	28
AIDSpeak	41
3. Research Questions	51
4. Methodology	52
Participants	52
Description of Instruments	52
Procedures	53
5. Results	55
Theme 1: HIV	55
Theme 2: Stigma	71

	6
Chapter	Page
Theme 3: Sex	78
Theme 4: Drugs	87
6. Discussion	95
Research Questions	95
Limitations	101
Recommended Further Study	102
References	103
Appendices	
A. Interview Questions	110
B. Focus Groups Articles	112
C. IRB Approval	113

List of Tables

Table		Page
1.	Unique Words to Lavender Linguistics and How They are Commonly Used: HIV	38
2.	Unique Words to Lavender Linguistics and How They are Commonly Used: Sec without a Condom/Barrier	39
3.	Unique Words to Lavender Linguistics and How They are Commonly Used: Sexual Activity	39
4.	Unique Words to Lavender Linguistics and How They are Commonly Used: Describing Sexual Activity	39
5.	AIDSpeak Words and Expressions	45
6.	AIDSpeak 2000	47
7.	Updates made on AIDSpeak	48
8.	AIDSpeak Comparison of 1983 and 2018	50

Chapter 1: Introduction/Problem Statement

I became active in the HIV community in 2005 as a member of OPAA (Organization for the Prevention of AIDS in Africa). During this time, I was a college undergraduate student. As my activism deepened, I realized how precisely important the issue of HIV is. This is important because many individuals still do not know how it is contracted, who can contract it, or what it is. Another aspect of importance in this issue is how people talk about HIV. As a researcher performs a discourse analysis about how diverse cultures talk about HIV, he or she can analyze through their language their beliefs and experiences related to this topic (Halkitis, 2014; Leap, 1996). Observing how gay men discuss HIV is no exception.

The gay male population was the most heavily affected population during the AIDS crisis (1981-1996) (Halkitis, 2014). How this disease evolved from a death sentence to what it is today, a chronic illness, influences words, multiple word expressions, figures of speech, and phrases used in language. Examining this aspect of how the LGBT (Lesbian, Gay, Bisexual, Transgender) population use language, an approach known as lavender linguistics, gives a researcher a deeper glimpse of their beliefs and experiences related to HIV.

Since the AIDS Generation and the Millennials have different first-hand experiences that relate to HIV, it may be possible to capture how their language in an HIV educational setting will differ from one another. Studying the differences in language between the two generations may offer a view of how different their HIV experiences are and may help future generations by enhancing HIV related communication.

HIV 101

Before one studies HIV discourse, one should be familiar with what HIV and AIDS are. This familiarity shall vastly improve one's understanding of how and why parts of HIV-related language connect.

HIV stands for Human Immunodeficiency Virus, and AIDS stands for Acquired Immune Deficiency Syndrome. Despite popular belief that they are the same, they are different. HIV is the virus itself. It destroys white blood cells (also called T-cells). Hence, it weakens the immune system. AIDS is the disorder that is caused by HIV. By this point, the immune system has been severely damaged to where it struggles to fight any diseases the body faces (CDC, 2018).

HIV is transmitted by five bodily fluids: blood, semen, vaginal fluid, rectal fluid, and breast milk. The three most common ways HIV is transmitted is by sex without a condom/ barrier, sharing needles, and mother-to-child during birth (CDC, 2018). Ways to prevent HIV transmission include condom/ barrier use, not sharing needles, PrEP (Pre-Exposure Prophylaxis), and abstinence. Ways to prevent mothers from transmitting HIV to their offspring are to begin HIV treatment while they are pregnant and to avoid breast feeding (CDC, 2018).

Chapter 2: Literature Review

Beginning of AIDS

AIDS (Acquired Immune Deficiency Syndrome) was discovered on June 5, 1981 in San Francisco, Los Angeles, and New York City. This discovery was made when it was realized that 41 gay men had recently died of illnesses that are typically rare for humans (Halkitis, Wolitski, & Millett, 2013). This discovery led to numerous misconceptions of how people catch this disease and how it is transmitted. One of the first misconceptions was that only gay men could catch it. Furthermore, nobody, not even doctors nor researchers, knew how it was transmitted. Common myths about transmission were that it was transmitted by toilets, touch, and standing near their proximity. These misconceptions, along with no known cure, led to fear and hatred of the gay population and those living with AIDS. Hence, there was an elevated level of panic spreading in society (Halkitis et al., 2013; Murray, 2008; Rand, 2012).

One famous example of stigma against those living with HIV comes from the Ryan White story. In 1984, at the age of 13, he was given an AIDS diagnosis (Safianow, 2016). White had gotten HIV from a blood transfusion. Later, his middle school discovered his diagnosis and expelled him. The school board feared that White would transmit AIDS to the faculty and his classmates (Safianow, 2016). The school board asked that White be home schooled, so he would avoid contact with anybody in the school. Those who expelled White were not knowledgeable of how this disease is transmitted, even though research had already proven how. This ordeal made international news (Safianow, 2016). He and his family fought numerous court battles to allow him to attend public schools no differently than anybody without this disease. Eventually, he won the court case. In 1990, at the age of 18, he died because of AIDS-related complications.

Safianow (2016) considers Ryan White's story as one that "remains a sensitive issue...with many still bitter or at least disturbed" (p. 34).

Due to the misconception that only gay men could catch it, the disease was given unofficial names such as *gay plague*, *gay cancer*, *gay disease*, and *gay pneumonia* (Haimson, Brubaker, & Hayes, 2014; Murray, 2008). No official name was given to the disease until about one year after its initial discovery. The gay men misconception still existed. Therefore, the official name researchers and medical experts gave it was GRID (Gay Related Immune Deficiency) in mid-1982 (Murray, 2008). Soon after, it was realized that gay men are not the only people who can contract the virus. Everybody can. Meanwhile, an increasing number of people in society feared the gay community more than before. These individuals feared being around them because they were afraid to catch the disease. Researchers and medical experts agreed that GRID needed to be renamed. Later that year, GRID was renamed to AIDS (Acquired Immune Deficiency Syndrome) (Murray, 2008).

The numerous historical events that would occur between the discovery of AIDS and today would impact the generations differently. One can compare the impact between the AIDS Generation and the Millennials and notice several differences in how HIV-related history would affect their language. The AIDS Generation was more directly impacted during the early HIV history, whereas the Millennials were affected by the latter HIV history (Robinson & Geldens, 2014).

AIDS Generation Related

Halkitis (2014) defines The AIDS Generation as a generation that was highly impacted by the AIDS crisis (1981-1996, the time span that HAART [Highly Active Anti-Retroviral

Therapy] was unavailable for medical use). Being a member of this generation does not require one to be living with HIV. Participants in this discourse analysis on members of The AIDS Generation were born between 1954-1974. Various researchers have given this generation various names such as Baby Boomers and early Generation X (Newman et al, 2010). The earliest specific year that research has given the Baby Boomer generation is 1945 (Page et al., 2017).

Ronald Reagan mentioned AIDS for the first time in 1987 (Murray, 2008). Before then, anybody affected by this disease grew frustrated. Wardhaugh (2010) confirmed that those with a powerful title have a strong influence on how language evolves. Their studies (Murray, 2008; Wardhaugh, 2010) would imply that the development of the connection between lavender linguistics and HIV discourse was hindered because of Reagan's silence on this issue. Those with power include the US president, royalty, and anybody else with a related leadership or political position. Wardhaugh (2010) adds that such individuals who live in the same nation or region will likely follow their example of how they speak, as part of the accommodation theory. Examples of such language development include words, collocations, and discourse. This notion gives national or regional citizens a sense of solidarity, which is defined as a "sense of equality that people have with one another" (Wardhaugh, 2010, p. 28). Because of Reagan staying silent about the issue for so long, the sense of solidarity was missing in HIV discourse. Therefore, sociolinguistics (Rand, 2012; Wardhaugh, 2010) implied that Ronald Reagan hesitating to discuss HIV with the public likely hindered the development of HIV related discourse in the English language. Instead, the nation relied mostly on HIV activists and other active leaders as examples of how to discuss HIV (Baker, 2013; Kulick, 2000).

The first HIV treatment, AZT (azidothymidine) was released to the public in 1987 (Murray, 2008). At first, it appeared to be the first sign of treatment. AZT was promised to slow down the HIV process. Instead, those who took AZT suffered from excruciating side effects that included severe headaches, severe stomach aches, and muscle aches. Many of these individuals eventually quit taking AZT because they would rather live the shorter life without its side effects than live the longer life with the side effects (Murray, 2008). Therefore, they waited until medical technology developed to where the side effects grew mild enough to tolerate.

In 1996, HAART (Highly Active Anti-Retroviral Therapy) was released to the public (Robinson & Geldens, 2014). Many experts and researchers believe that the release of HAART meant the end of the AIDS Crisis. During its initial release, a common nickname given to it was “the cocktail” because it combines multiple HIV regimens in one single treatment (Machado, 2012). Ironically, like AZT, HAART continued to be prescribed in a pill form, not a liquid form. HAART promised treatment with more tolerable side effects. This meant that those who chose to start the HAART regimen could stay prescribed to it for the long-term (Robinson & Geldens, 2014). Those with HIV who lived to witness this occurrence felt an elevated level of hope. The release of HAART has since resulted in fewer AIDS related deaths. Unfortunately, not all medical insurance companies covered HAART, and without insurance coverage, treatment would cost in the thousands of dollars per month. Therefore, not everybody had easy access to treatment (Robinson & Geldens, 2014). This issue with health insurance and HIV treatment continues to be a major issue with thousands of people living with HIV. Hence, AIDS related deaths still occur, and there is still no cure to HIV.

Unfortunately, there were millions of individuals who died of AIDS related illnesses before HAART was released to the public. A list of famous figures who have died of AIDS-related complications include Liberace, Freddie Mercury, Gia Carangi (model), Rock Hudson, Easy E (member of NWA), Amanda Blake, and Arthur Ashe.

Millennial Related

In the early 2000s, federal funding for comprehensive sex education dropped dramatically (Dorn, personal interview, March 27, 2018; Hoefler & Hoefler, 2017). This started during the Bush Administration. Before 2001, comprehensive sex education was so highly funded that pregnancy rates, STI diagnoses, and new HIV diagnoses dropped dramatically throughout the 1990s (Hoefler & Hoefler, 2017). In 2000, the number of schools providing comprehensive sex education began dropping significantly (Hoefler & Hoefler, 2017). The reduction of sex education funds caused numerous politicians to start promoting mostly abstinence-only education. These politicians have been successful in their efforts (Hoefler & Hoefler, 2017). However, their efforts caused new HIV diagnoses to start rising again. In addition, gay men became the highest percentage of the HIV community again. Hoefler and Hoefler (2017) argue that abstinence-only education underrepresents the LGBT community because it assumes that every student identifies as straight/ heterosexual. Therefore, those who identify as LGBT are receiving information about sex that does not relate as well to them as those who identify as straight/ ally. Hence, the gay male Millennial generation (also known as YMSM [young men who have sex with men]) are not learning as much about safer sex and HIV prevention as their AIDS Generation counterparts. This is largely to blame for the significant rise

in new HIV cases in gay men (Boydell, Buston, & McDaid, 2017; Dorn, personal interview, March 27, 2018).

In 2007, Timothy Brown (aka The Berlin Patient) was cured of HIV (Yukl et al, 2013). This occurred in Berlin, Germany. Brown was diagnosed with HIV in the 1980's, and he was eventually given an AIDS diagnosis (Yukl et al., 2013). He remains the only individual to ever live with HIV to be cured of it. Little news coverage surrounded this historical event. The lack of news coverage explains why HIV discourse did not see any of this event adopted into language (Wardhaugh, 2010). This event indicated that a cure exists. This cure happened by accident during a bone marrow transplant. Brown had been living with leukemia and needed the transplant to survive (Yukl et al., 2013). The stem cell donation contained blood cells that could fight off HIV. Therefore, he was accidentally cured of HIV. However, because of ethical reasons, this cure has not been released to the public. A bone marrow transplant has a 2/3 ratio of fatality; therefore, making this available to the public would be unethical (Yukl et al., 2013). Therefore, there remains no available cure that has been released to the public. Brown continues to maintain HIV testing, and he remains cured today (Yukl et al., 2013).

In 2012, the FDA (Food and Drug Administration) approved PrEP (Pre-Exposure Prophylaxis) as a form of HIV prevention. Though PrEP had existed for almost a decade before its FDA approval, research had reached the point to where they could recommend it for public use (Mutchler et al., 2015). PrEP is taken in a pill-form called Truvada (Barrett, 2017). The pill is taken once a day. During the duration that the individual is prescribed PrEP, they will be unable to catch HIV (Mutchler et al., 2015). The FDA approval of PrEP has dramatically

changed the outlook of the gay male community by preventing new HIV infections from occurring.

An additional HIV breakthrough came in 2017 when the CDC (Center for Disease Control and Prevention) confirmed that if a person living with HIV has an undetectable viral load, that person cannot transmit HIV to another person (Dorn, personal interview, March 27, 2018). *Undetectable* means a person's viral load (number of HIV in their blood per mL) is so low that it cannot be seen through a microscope (CDC, 2018). Though doctors and researchers had previously known about the untransmittable aspect, the CDC was hesitant to release this information to the public for many years (Dorn, personal interview, March 27, 2018). The reasoning of the CDC is that proving a scientific zero risk of transmission takes many years and countless participants and sex acts (Dorn, personal interview, March 27, 2018). This was frustrating because of the elevated level of stigma still occurring in society and the law. Regarding the law, the CDC (2018) reports that 33 states still have HIV transmission laws that date back to when little was known about the virus. Therefore, these laws are out of date. For example, 11 states enforce HIV criminalization if somebody living with HIV bites or spits on somebody (Lehman et al., 2014). This mode of transmission has an insignificant risk of HIV transmission. Such laws have led to several individuals living with HIV to be arrested for transmissions that did not occur because of an undetectable viral load or actions that cannot result in HIV transmissions (e.g., saliva). The term *decriminalization* is often used in reference to be wanting to overturn these laws (Dorn, personal interview, March 27, 2018). HIV Outreach Coordinator Dorn (2018) quoted, "Unfortunately, stigma relating to HIV still exists within the LGBT community and society at large. Some Millennials living with HIV report isolation and

discrimination from their peers due to lack of education about what it means to live with HIV today.”

The progress in HIV prevention and treatment makes HIV a chronic illness and no longer a death sentence. This means as long as people living with HIV remain adherent to their treatment, their condition will never progress to AIDS, nor will they die of related complications. A list of famous figures living with HIV include Magic Johnson, Charlie Sheen, Chuck Panozzo (bassist of Styx), Andy Bell (member of Erasure), and Greg Louganis (former Olympic diver).

Communities of Practice

The term *Community of Practice* was coined by Etienne Wenger in the early 1990's (Wenger, 1998). Wenger (1998) defines *community of practice* as “collective learning [that] results in practices that reflect both the pursuit of our enterprises and the attendant social relations ... thus the property of a kind of community [is] created over time by the sustained pursuit of a shared enterprise” (p. 45). *Communities of practice* form wherever there is interaction between people. A person is necessary member of myriad communities of practice. Some obvious, easily identifiable communities of practice include race, religion, and sexual orientation. However, there are others that often do not show up on national census or other standard instruments for gathering data. A community of practice can be as small and concrete as between two people, i.e. faculty and student or as large and abstract as an American, Democrat, or Teacher. Items that unify a community of practice may include finances, survival, language, and specific vocabulary. These practices are seen in various other common identities.

In the case of *communities of practice*, the communities to which one belongs often applies according to a common identity. Often, individuals with a common identity rely on one

another to evolve as humans. In this case, evolving means relying on one's own observations of one's own community for life enhancement (Wenger, 1998). This means in order to evolve, one must imitate. This is done by observing what others in their own *community of practice* do, say, and believe. There are no lawful instructions on how a *community of practice* must behave or believe (Wenger, 1998). Therefore, one must rely on their observations and participation to express one's membership within a community. People do this by the way they live, believe, and how they speak. Wenger (1998) believes that *communities of practice* have six structures: *meaning, community, learning, boundaries, locality, and practice* (pp. 49-50).

According to Wenger (1998), the *meaning* portion of the structure is defined as knowing how to identify as a member of a community. Meaning is more than just behaving like other members of the community and taking part of popular activities in the community. One may also define meaning as unwritten rules and regulations that govern how to live as a member of the community (Wenger, 1998). Unwritten rules and regulations are rules that are not governed by anybody, but they are held under high regards to a community of practice. Those who follow these unwritten rules are more respected and fit in better than those who do not (Wenger, 1998). Such parts of a community of practice with unwritten rules include physical mannerisms, ways to view the world, and language (Wenger, 1998). For example, Jones (2018) found a generational shift in the meaning part of the community of practice structure. Jones (2018) found that LGBT youth have been rejecting the word "pride" when connected to their community. The term is commonly used to represent not having shame in their sexual identity, despite contradictive societal views on it. LGBT youth has found that rejecting the word is an attempt at forcing society to view them as human instead of their sexual orientation (Jones, 2018).

The *community* part of the community of practice is defined as ways that a group or identity distinguishes oneself from everybody else (Wenger, 1998). Despite popular belief, a community does not mean having acquired the same interests, activities, or language. It means promoting diversity in one's own community of practice (Wenger, 1998). Therefore, a common community of practice believes that diversity enhances their identity. This means having a common set of interests, activities, and language but acknowledging that members come from various backgrounds. In the gay male community, Holt (2011) found generational differences between how *community* is defined. The AIDS Generation found that in the 1980's, the AIDS crisis was their common interest. There was a mutual interest within the members of that generation to comfort in one another. Members of this community felt it was their responsibility to confide to one another during this crisis (Holt, 2011). In contrast, the gay male Millennial generation does not feel as strong of a sense of community with fellow gay men. The differences in HIV-related medical technology largely connects to the differences in community (Holt, 2011). Also, several sub-communities (ex. leather, bear, drag queen) exist within the gay male community (Barrett, 2017). The quantity of sub-communities continues to grow. Holt (2011) found that these sub-communities made finding a sense of community within other gay men more difficult because all are separate (but related) communities of practice.

Learning is how an individual adapts into the community of practice. For an individual to thrive within a community of practice, one must learn how to interact and be a member (Wenger, 1998). Continually learning this process is how a community of practice continues to evolve and thrive. Also, continually learning is acknowledging that a community of practice is never static. Rather, it is constantly evolving. The evolution is done according to changes in environment

such as politics, ethics, and language (Wenger, 1998). An example of learning in a gay male community of practice is the major changes between the Stonewall Riots and today have occurred in the gay community of practice. This represents an example of how the community learned from the community of practice how to express themselves more freely in public. Before the Stonewall Riots, identifying as gay was more commonly hidden than openly expressed. This meant their community of practice was isolated. After the riots, their community of practice slowly became more public. Therefore, language between the past and the modern generations saw numerous changes (Barrett, 2017). The earliest practice that reflects the most on their increase in public expression is the handkerchief color code (Barrett, 2017). During the Sexual Revolution/Gay Liberation, men often expressed their identity indirectly. Private community clubs, bars, organizations, and private gatherings were their only means of expressing themselves directly because there were others who were like them. Otherwise, a common indirect communication method was wearing a handkerchief that symbolized their sexual interest/s (Barrett, 2017). Their interest/s would be indicated by the color of the handkerchief (ex., green = sex in exchange for money, purple = piercings) (Barrett, 2017). The handkerchief would hang out from their back pants pocket. This practice is commonly known as *hanky code* (Barrett, 2017). *Hanky code* made their sexual orientation and interests known only to other LGBT people without the straight community knowing. As societal acceptance grew, sexual identity also become expressed more directly (Barrett, 2017). Hence, the hanky practice dissolved. The community of practice in the gay male community increased in directness in the public due to their newfound emphasis in learning.

For a community of practice to continue thriving, members must have *boundaries*. Additionally, these boundaries must be crossed into other communities to continually thrive. This means a community of practice must rely not only on their own community to continually learn but to other communities (Wenger, 1998). Wenger (1998) emphasizes that relying solely on one's community of practice is a form of isolation. A community-only view will not lead a member to grow and prosper. Growing and prospering also requires a worldwide view. The most prosperous community members of practice feel most welcome when they feel welcome in other communities not just their own. Code switching is customary practice when individuals are crossing boundaries to gain acceptance from various communities. Although code switching refers mostly to language, it can also refer to behavior (Wardhaugh, 2010; Wenger, 1998). Since every community has their unique sets of standards and behaviors, people commonly mimic them to gain their respect. Though code switching is most commonly performed with language, it may also apply to physical mannerisms and ways of thinking (Wardhaugh, 2010; Wenger, 1998).

Locality is how history and traditions have made the community of practice what it is today (Wenger, 1998). Locality may also be described as the result of change over time. All communities evolve. Much of this evolution is a result of activism or any other activities that seek change in a community (Wenger, 1998). Successful activism requires significant changes in beliefs in how society views the world or a community of practice (Holt, 2011). Social activism must be performed because of discrimination that occurs against one's community of practice. In many cases, discrimination also occurs within the same community of practice. Improvement in such discrimination is when locality evolves (Holt, 2011). One way of how the gay male

community has seen their locality evolving is the Millennials relying on the older generation for knowledge. Jones (2010) quoted, “Gay men learn about [HIV and] AIDS from other gay men” (p. 171). Jones (2010) implies that the older generation have more experience in their community of practice. Hence, many gay male Millennials believe that relying on the older generation makes learning easier. Therefore, developing their locality in their community of practice becomes easier.

The *practice* part of the community of practice structure is how one’s identity can be applied to one’s practice (Wenger, 1998). According to Wenger (1998), practice requires “negotiation in meaning, community, [and] shared history of learning” (p. 150). The practice aspect in a community of practice requires applying individual experiences to their community. This means attempting to encourage others to believe that their community approach is the correct way to operate in the community practice. Then community members find which approaches apply to other members (Holt, 2011; Wenger, 1998). In the gay male community, the practice structure is unique between the AIDS Generation and the Millennials. Differences in practice structures have caused tensions between the two generations. The most notable difference between the two generations is how they view HIV (Newman et al., 2010; Newman, de Wit, Reynolds, Canavan, & Kidd, 2016). Though many gay male Millennials rely on the older generation for emotional and social development, there are still many other Millennials and AIDS Generation members who hesitate to discuss HIV to each other (Holt, 2011). Much of this is because the AIDS Generation lived through an era when adequate HIV treatment did not exist, and people were dying as a result. In contrast, the general gay male Millennial has not lived with the same level of anxiety about anybody dying of HIV because of more advanced medical

technology (Holt, 2011; Newman et al. 2010; Newman et al., 2016). This rift has made development in HIV discourse more difficult for Millennials. This rift has made empathy toward the AIDS Generation more difficult for some individuals. This is due to lack of education and never having lived through the AIDS Crisis (Newman et al., 2010).

Lavender Linguistics

The term *lavender linguistics* was coined by William Leap in the early 1990's. Leap defines *lavender linguistics* as the use of language that is unique with LGBT (Lesbian, Gay, Bisexual, and Transgender) individuals (Barrett, 2003, Kulick, 2000; Leap, 1996). Before the term was coined, this area of linguistics was given numerous other names: gayspeak, queerspeak, gay language, gay speech, gay English, and LGBT talk. Sometimes, these terms are still used in place of *lavender linguistics* (Kulick, 2000). Connections between gay men and the way they discuss HIV have been found by numerous researchers and sociolinguistics (Barrett, 2003; Halkitis, 2014; Kulick, 2000; Leap 1996). Connections have been found to include those that are related to topics such as death, camp humor, generational differences, beliefs about HIV, activism, political correctness, and medical technology. Such connections have contributed to how lavender linguistics in HIV discussions has evolved since the discovery of AIDS in 1981. The connection between *lavender linguistics* and HIV discussion is what my research study will explore.

The earliest known use of *camp humor* in lavender linguistics dates to the 1960s (Kulick, 2000). *Camp humor* is defined as using derogatory terms in humoristic style and/ or displaying exaggerated common stereotypes that exist in society. This is different from locker room talk because locker room talk uses vulgar language about those outside of one's identity group

(Dictionary, 2018). *Camp humor* is used towards oneself and one's own community (Kulick, 2000). The word "camp" is believed to have derived from the French word "se camper", which translates to "to show off" (Kulick 2000, p. 254). *Camp humor* has most often been done to better cope with the homophobia that members of the LGBT community have faced. Locker room talk does not have any coping mechanisms (Dictionary, 2018). The earliest known uses of *camp humor* were used by drag queens in New York City (Kulick, 2000; Truscott, 1969). This part of language has caused controversy within the LGBT community. There are some individuals who believe that *camp humor* is an effective coping mechanism. Meanwhile, there are other individuals who believe that *camp* indirectly teaches those who do not identify as LGBT how to treat them (Jones, 2018; Kulick, 2000; Livia & Hall, 1997). The most common way that *camp* has been used is during drag queen performances. Kulick (2000) considers drag queen performances as the most ideal opportunity to utilize *camp*. Drag queens are known for being over-the-top and theatrical during their performances. This applies to their costumes, choreography, physical mannerisms, and language (Kulick, 2000). Therefore, one may imply that drag queen performances are the epitome of *camp humor*.

The Stonewall Riots are credited as the beginning of The Gay Rights Movement. The riots occurred from June 28-30, 1969 (Truscott, 1969). The name of the riots is named after the gay bar The Stonewall Inn that was raided. The raiding caused the riots. For years before the riots, police officers often raided LGBT bars and establishments (Barrett, 2003). The raiding occurred because homosexuality was still illegal in most states, and there was an elevated level of homophobia in the police departments. Therefore, homophobia was legal. This meant that most members of the LGBT community feared revealing their sexual orientation due to the

possibility of public scrutiny (Barrett, 2003). By the time The Stonewall Riots began, the LGBT community grew increasingly angry of the police raiding their establishments. The Stonewall Riots are credited for starting The Gay Right Movement (Barrett, 2003).

The chants used during the Stonewall Riots are the earliest known uses of camp humor used as means of activism and/or expressing an irate emotion. The level of national news coverage was low. Therefore, the rioters' chants were slow to be adapted into lavender linguistics. Truscott (1969) believes that the most commonly used chant was, "Gay power!" This chant is largely credited for starting the gay revolution after the riots (Truscott, 1969). Uses of camp humor include, "I'm a faggot, and I'm proud of it," "C'mon in, girls," and "we are open" (Truscott, 1969, pp. 1-2). These chants implied that they refused to allow derogatory terms to stop them from demanding equality. A group of drag queens who regularly performed at the Stonewall Inn sang, "We are the Stonewall girls; We wear our hair in curls; We have no underwear; We show our pubic hairs!" (Truscott, 1969, p. 2). This short song implied that they refused to sacrifice their LGBT space to authorities or any other law figure. Judy Garland, a popular figure in the LGBT community, had died shortly before the Stonewall Riots. Several riots were mourning her death. Hence, several rioters were chanting her name. Chants related to Judy Garland have been adapted into lavender linguistics, such as "friend of Dorothy", which means someone who identifies as gay (Barrett, 2003, p. 553). Dorothy is the name of the character Judy Garland played in The Wizard of Oz. This is Garland's most well-known movie role. "Friend of Dorothy" continues to be used today as means of self-identifying as gay (Barrett, 2003).

The Sexual Revolution began in the 1960s. In gay male culture, the Sexual Revolution was often utilized to express “affection, caring, desire, dominance, submission, boredom, interest, love, hate, power, pleasure, acceptance, rebellion, [and] conformity” (Leap, 1995, p. 177). These expressions continue to show a strong influence in today’s sexual activity in the gay male community (Leap, 1995). Sexual activity often occurred in bathhouses, sex clubs, parks, and various cruising resorts. After the Stonewall Riots, society saw an increasing number of gay men taking part in the Sexual Revolution, even though there were some who did before the riots (Castiglia & Reed, 2012). Therefore, the 1970s played a significant role in sexual culture in gay men. This period is also known as Gay Liberation (Barrett, 2003). Despite popular belief, sexual activities were not only sex itself. They included sensual ones like physical contact and close standing proximity between/among one another. Many gay men used sexuality and sensuality to build and strengthen their community. As a result, these gay men were successful (Castiglia & Reed, 2012). This sense of community weakened after AIDS became known to the public. Afterwards, members of the gay male community were either dying or growing frightened of death. Those who were growing frightened connected death with sex (Castiglia & Reed, 2012). Therefore, after AIDS was discovered, the Sexual Revolution ended. Lavender linguistics saw little development of sexualized language during the Sexual Revolution. However, some experts (Castiglia & Reed, 2012; Leap, 1995) implied that sexualized speech within the gay male community that spawned after the revolution may have been inspired by this era.

Leap (1995) argues that lavender linguistics in gay male culture has a large emphasis on erotica. Although lavender linguistics does not target solely sexual topics, experts (Barrett, 2017; Kulick, 2000; Leap, 1995) found that sex has been found to be a common topic in conversations

among gay men. Furthermore, discourse analyses have found that their discussions about sex are unique, compared to the straight/ allied community (Crimp, 2002; Vincke, Bolton, & Bleys, 2010). Common sex topics do not necessarily relate to HIV, nor do discussions have any connection with the high HIV percentage rate within gay men. Rather, they relate largely to sexual encounters they remember having (Leap, 1995). Leap (1995) states that lavender linguistics in gay male sexual topics often incorporate the five senses (sight, taste, smell, sound, and touch). The depth that is put forth in the five senses is what makes sexual discussions unique in gay male lavender linguistics. Additionally, emotions that were felt in the sexual encounters are expressed more thoroughly than sex discussions between straight men. These felt emotions are expressed so thoroughly that gay men report feeling immersed into the sexual activity of topic (Leap, 1995). Examples that Leap (1995) lists include “he sucked my cock with his hot mouth...” and “after my partner had put his penis in my mouth, I put my penis in his rectum” (p. 174).

Experts (Kulick, 2000; Murray, 2003) have found a link between gay-male-identified lavender linguistics and feminine pronouns and titles. In gay male culture, they are commonly used as a combination of terms of endearment and camp humor. Kulick (2000) argues that feminine pronouns give the community its own unique identity, different from the straight community. Feminine titles include “girl”, “Mary”, “queen” (Kulick, 2000, p. 251), and “Judy” (Murray, 2003, p. 554). All these feminine titles have their unique meanings. “Girl,” “Mary,” and “Judy” are euphemisms that express terms of endearment. They point out a deep bond between friends that was platonic, not sexual, and they express a welcoming vibe to the gay male community. Also, they imply unconditional love and friendship. The origination of “girl” and

“Mary” are unknown, and “Judy” is a reference to Judy Garland (Kulick, 2000; Murray, 2003). “Queen” refers to a gay man who uses camp humor frequently. The title is known to be delivered to those who loudly express their identity. This is often used either between friends or non-friends. (Kulick, 2000). Murray (2003) adds that female pronouns and titles likely connect to the popularity of female singers in the gay male community. These influential figures are called *gay icons*. *Gay icons* have been known to play an urgent role in entertainment and influence. Hence, some gay men have been known to mimic some of their entertainment styles (Murray, 2003). Murray (2003) lists Barbra Streisand, Doris Day, Liza Minelli, and Judy Garland as popular *gay icons*. The ones that portray strength, independence, and wisdom are most likely to relate to the gay male community, therefore become *gay icons*.

Lavender Linguistics and HIV

Few studies on lavender linguistics and HIV exist. This means a limited range of how the two connect can be provided. However, the findings of the existing studies offer a significant range of how lavender linguistics and HIV connect. Examining various existing studies provides how the two connect to other related topics. Related topics include connections to various racial and ethnic backgrounds, blood, art and entertainment, activism, camp humor, sex, drugs, common online language, HIV treatment, and HIV prevention.

Numerous researchers (Crimp, 2002; Jones, 2018; Lewis et al., 2015; Vega, Spieldenner & Tang, 2012) imply that lavender linguistics have little to no differences in different racial or ethnic communities. This finding includes gay male lavender linguistic patterns in HIV-topic conversations (Crimp, 2002; Mutchler et al., 2015). Races listed in these studies include African Americans, Latino/as, Asian Americans, and Middle Eastern. In the 1980s, there was racial

tension occurring. The typical cases of racial tensions were caused by white people who used their societal power to their advantage (Crimp, 2002). Many people of color in New York City believed that these racial tensions may have hindered HIV activism and the development of HIV-related discourse analysis. This is a unique case with identity-based tensions occurring with language developing in similar ways. Common language patterns among the racial identities mostly related to HIV activism. Familiar words and phrases used in this observation include “victim,” “I didn’t do anything wrong,” “normalization of AIDS,” and “fight the virus” (Crimp, 2002, pp. 174-175). Many of the same individuals used the word “queer” as means of self-identifying (Crimp, 2002). Lewis et al. (2015) extends these findings by noting that their language mostly expresses wanting to be treated like everybody else. The participants’ language mostly represented feeling marginalized by other members of the gay community. Their concern is that they encounter racism from straight and LGBT people (Lewis et al., 2015). Specifically, Vega et al. (2012) found common sayings, such as “safe space”, “[not] gay focused”, and “[not] HIV centered,” that represent what the participants seek in HIV prevention programs (p. 84). Their concern is that too many of them have too heavy of an emphasis on the Caucasian LGBT community. Therefore, they feel underrepresented. The language findings express their need for more representation in the social community (Vega et al., 2012).

Slavin and Ellard (2010) point out that there is little to no blood-related parts of language that connects to lavender linguistics and HIV discourse. The researchers acknowledge that this is an unexpected finding because society often connects blood with family or fraternity/ sorority. However, gay men have not been known to use blood as means to connect with a community. Blood and/ or needle sharing has been performed mostly to satisfy a drug addiction. Instead, gay

men who have sought a sense of community have chosen sexual or sensual activity (Slavin & Ellard, 2010). Therefore, one may imply that since blood is not the most commonly transmitted bodily fluid by means of sexual activity, lavender linguistics and HIV discourse would not likely adopt blood related topics.

Crimp (2002) explores how lavender linguistics and HIV discussion was applied to art and entertainment in New York City in the late 1980s. New York City was one of the three cities (along with Los Angeles and San Francisco) that were most affected by the AIDS Crisis. New York City had one of the highest infection and death rates, compared to all cities nationwide (Machado, 2012; Murray, 2000). Crimp (2002) points out that these forms of art and entertainment (such as radio and acting) were common forms of expressing one's views, emotions, and opinions about the AIDS Crisis. Hence, one can imply that New York City was considered an ideal city to publish works of art and entertainment that related to HIV. One of the most prolific of these artists was those who belonged to the Gran Fury organization. Gran Fury was an art and portrait collector and designing group made up of a small number of artists (Crimp, 2002). Many of these same artists used their works as forms of HIV activism. For example, the "Silence = Death" symbol commonly used by ACT UP was posted above a photo of a military and a photo of Ronald Reagan. This piece was intended to express the frustration the gay community was experiencing due to the government's lack of action toward the fight against the disease (Crimp, 2002).

Leap (1996) explored common HIV discourse features used in lavender linguistics in the 1980s. During the AIDS Crisis, gay men were more challenged than before to maintain their sense of culture and identity. The elevated level of homophobia surrounding the disease

prevented many of them from expressing their sexual identity (Leap, 1996). The individuals involved in this observation involved participants who did not want to deny their HIV or AIDS status but were keeping their status discreet. This observation offers a view in language specifically for those in such a situation. This practice was common for those who wished to not directly discuss their status without losing their sense of identity. In the case of these participants in the observation, the sense of identity would be their sexual orientation. Leap (1996) found euphemisms used as substitute for words that would directly disclose their HIV or AIDS status. Such euphemisms include referring to HIV as “it”, “illness”, and/ or “disease” (Leap, 1996, pp. 145-146). Every word has the common trait of ambiguity. Those who used these euphemisms revealed that they had a virus and/ or syndrome without stating that it was HIV or AIDS. Regarding sexual orientation, euphemisms used to maintain their sense of identity without directly expressing it are “person I was living with” and “others” (Leap, 1996, pp. 148-149). The previous revealed that the individual was in a romantic relationship but did not state the lover’s gender. The latter expressed that their identity was of the socialized minority but did not state what the identity was (Leap, 1996).

Feldman (2010a) elaborates on how AIDS organizations could be founded in the 1980s. The Gay Men’s Health Crisis was founded in 1982 in New York City. One of the founders was Larry Kramer, a playwright and HIV activist. Language used that helped encourage government funding to start the organization included profanity and threatening expressions. This language was heard mostly in New York City (Feldman, 2010b). Most individuals with power refused to be affiliated with anything related to HIV or LGBT. Doing so would jeopardize their careers and their position of power. Therefore, the founders of The Gay Men’s Health Crisis used aggressive

language to persuade those with power to assist the organization. Future AIDS organizations followed Gay Men's Health Crisis's example of how to form (Feldman, 2010b). These future organizations were encouraged to never say the word AIDS or gay. Otherwise, they would either be ignored or met with scrutiny (Feldman, 2010b). Feldman (2010b) states that a common saying from AIDS organizational founders was, "We will not bulge [sic] one inch" (p. 109). This quote became common because of the ruthless actions that those in power were performing to distance themselves from gay and HIV issues. Those in power threatened and blackmailed those who sought to involve themselves in gay and HIV issues (Feldman, 2010b). Other common quotes from New York City AIDS organizations included, "Let them picket," and "hang in there" (Feldman, 2010b, pp. 111-112). Since a significant percentage of these organization founders identified as gay men, some of their quotes influenced lavender linguistics in New York City (Feldman, 2010b).

Crimp (2002) extends Larry Kramer's use of HIV discourse when mentioning the connection between sex and panic in language. Larry Kramer became known for encouraging monogamy and not having multiple sex partners. Kramer's approach became so extreme that many would label him as sex-negative, meaning he saw sex as something dirty and offensive (Crimp, 2002). His sex-negative expressions caused controversy. Those who agreed with him also believed that having multiple partners gives society the impression that sex is the only thing gay men do. They added that having multiple sex partners degrades their community (Crimp, 2002). Meanwhile, those who disagreed with Kramer verbally attacked him for this sex-negative statements. These individuals were likely sex positive, meaning they view sex as beautiful. Therefore, they added that their sexual choices should not be an excuse to cast judgments

(Crimp, 2002). Kramer utilized words and phrases that AIDSpeak would not recommend using (Callen, 1997). They include “promiscuous”, “no excuse”, “we asked for it” (Crimp, 2002, p. 285). Those who disagreed with Kramer felt that these words and phrases indirectly blamed gay men themselves for HIV being present. Those words and phrases provide a negative representation of those who are living with HIV (Dorn, personal interview, March 27, 2018). The words and phrases are forms of *slut shaming* that degrade those with HIV because they assume that all of those living with HIV contracted it by sexual activity. This also casts judgment against those who choose to have multiple sexual partners (Dorn, 2018).

Rand (2012) advances language study from activism connected with Larry Kramer. Several researchers agree that ACT UP (AIDS Coalition to Unleash Power) is the most famous HIV related activist group to exist (Rand, 2012). This group consisted of mostly gay men. ACT UP was founded in 1987 by Larry Kramer to make HIV medical treatments more accessible to the public (Murray, 2008; Rand, 2012). By this time, several members of the LGBT community felt frustrated because the government was doing little to find treatment or a cure. The few HIV based organizations that existed received inadequate funding. ACT UP is known for their extreme acts of protests such as acting dead on the sidewalks/ streets and targeting politicians who refused to take action against HIV (Rand, 2012). No other HIV organization or activist group gained notoriety by using such extreme acts that ACT UP performed. Therefore, they became labeled as a group formed because of anger. This anger gave an extension to the connection between lavender linguistics and HIV discourse. The organization originated two of the most famous chants in activism: “Silence equals death” and “ACT UP! Fight back! Fight AIDS!” (Rand, 2012). In addition, ACT UP is credited for expanding the Stonewall Riot’s

method of using camp humor to express anger (Rand, 2012). ACT UP applied this activism technique to address serophobia (fear and hatred of those with HIV) and homophobia. ACT UP introduced camp humor as using those same derogatory terms and phrases as an irate expression in HIV activism. Therefore, the organization is credited for extending the definition of camp humor in the pragmatic and syntactic forms of lavender linguistics (Murray, 2008). A list of derogatory terms they used include queer, faggot, and sodomites (Kulick, 2000). ACT UP used them to turn these derogatory terms into positives. Typically, these terms would be used to emotionally harm members of the LGBT community. ACT UP often performed this activism technique to lessen the emotional turmoil of any harassment or threats they expect to face from the public. They continued their efforts until 1996, the year that HAART (Highly Active Anti-Retroviral Therapy) was released to the public (Robinson & Geldens, 2014). HAART's release indicates success of ACT UP's efforts partially because of the use of language.

Leap and Colon (2010) argue that by the year 1990, the gay male community had learned how to talk about HIV. The gay male community felt that nine years of being surrounded by HIV gave them enough experience to maintain in-depth conversations about HIV. Many members of the gay male community had inherited enough experiences to hold a strong standing in linguistics. Linguists (Leap & Colon, 2010; Rand, 2012) believe that HIV activism had adapted a firm set of linguistic characteristics that connect between lavender linguistics and HIV discourse. Therefore, researchers were able to conduct thorough discourse analyses that relate to gay men's experiences in HIV. However, because of the prominent level of stigma surrounding HIV, few researchers performed these discourse analyses. This explains why few related studies exist, especially during the AIDS Crisis (Leap & Colon, 2010).

Halkitis (2014) found affects in HIV discourse that relates to AIDS survivor's guilt. His study generated a group of 15 AIDS Generation gay men to take part of a discourse analysis on their language during HIV conversations. These individuals were born between 1954-1972, and all received an HIV or AIDS diagnosis during the AIDS Crisis. All these men live in New York City. Halkitis's (2014) study found connections between identity and sadness in their language discourse that related to the topic HIV. His study concluded that the most powerful emotion felt was sadness. This sadness was the most notable connection between HIV related language and emotion. A common language feature pertains to the participants' most common means of identifying oneself: AIDS Survivor (Halkitis, 2014). This title, along with sadness, combines strength and guilt. The strength originates from them not identifying as HIV but as a human being. The guilt originates from them having survived instead of their friends, loved ones, and close ones (Halkitis, 2014). Halkitis (2014) confirms Machado's (2012) research about long-term AIDS survivors. Machado (2012) offers added insight into HIV related language from gay men who identify as AIDS survivors by providing further reasoning behind their discourse. Halkitis (2014) and Machado (2012) include the terms "isolation", "anxiety", and "why" as common parts of HIV discourse that relate to AIDS survivors guilt. All explain emotions that relate to feeling like an outcast, separate from their friends and/ or loved ones who died. When these words are spoken by those who live with AIDS survivors guilt, they reveal that they feel alone, are scared, and are still seeking answers about their existence. These findings confirm a common phrase from the AIDS survivors guilt community, which quotes, "Why did I survive when so many died?" (Machado, 2012, p. 18).

Lyons (2010) noticed critical connections with HIV, methamphetamine (often called meth for short), and language. These connections relate mostly to the gay male Millennial community (Koenig et al., 2016). Although members of every living generation (Generation X, Baby Boomer, etc.) have been affected by meth, the Millennials community has witnessed staggering statistics with gay men and meth use (Barrett, 2017; Dorn, personal interview, March 27, 2018). Though HIV cannot be transmitted by meth use, this drug has been connected to HIV transmission because those who use it are more likely to engage in activities that increase the risk of HIV transmission. Lyons (2010) reports that gay men who use meth regularly will have an average of 70% more sexual partners than those who do not. Additionally, those who use meth are also less likely to use a condom or any other barrier (Barrett, 2017; Lyons, 2010). Lavender linguistics and HIV discourse has found various connections to language that relates to meth use. For example, gay men are more likely to use meth-related slang that the straight community does not use. The straight community is more likely to refer to meth as “meth” or “crystal”. Gay men are more likely to refer to it as “meth,” “crystal,” “crank,” or “tina” (Dorn, personal interview, March 27, 2018). HIV Outreach Coordinator Dorn (2018) found that lavender linguistics has the abbreviation PNP (party and play) as a reference to using meth while engaging in sexual activities, “tweakers” as a label to those who use meth, and “tweaking” as a reference to being under the influence of meth. Lyon’s (2010) research on this topic pertains mostly to individuals who identify as being in drug and alcohol recovery. This means these individuals used to use meth but no longer. Language used in the gay male drug recovery community connects to spirituality and religion. This is likely because many view their recovery

as a spiritual awakening. Spirituality does not necessarily mean religion. Mostly, it means a deeper understanding of oneself (Lyons, 2010).

Some sociolinguistics and HIV experts (Dorn, personal interview, March 27, 2018; Hoefler & Hoefler, 2017; Wardhaugh, 2010) have implied that abstinence only programs have hindered the development of HIV related discourse in Millennial gay men. Many of these gay male Millennials have resorted to using language that is common with their peers and online websites (i.e., Craigslist, Grindr, Manhunt, Adam4Adam, and Scruff). Common parts of affected language include abbreviations, shortened word forms, and figures of speech. Examples include “m4m” (man for man), “ddf” (drug and disease free, meaning no drug use and not living with HIV), “[poz/ neg]” ([HIV] positive/ negative), and “bb” (bareback, meaning sex without a condom) (Haimson, et al., 2014, p. 1619). Not all these affected parts of language are pinpointed to abstinence only education.

The advancement of computer technology has also played an influence on lavender linguistics in an HIV discourse, especially for Millennials (Albury & Byron, 2014; Boydell et al., 2017). This part of language has influenced how people text. The sexual language between online websites and texting has shown numerous similarities (Albury & Byron, 2014). The term *sexting* is used to define as texting sexual material (Albury & Byron, 2014). This is not limited to sexual photos. Texting sexual words or phrases would also apply as sexting. Sexting is performed mostly when expressing sexual interest for the individual (Albury & Byron, 2014).

Due to abstinence-only education and lack of LGBT issues being discussed in schools, gay men have resorted to other gay men to gain access to HIV knowledge. Millennials often use online websites such as Facebook, Twitter, and hook-up sites to gain this knowledge. Many of

these websites contain forums specifically for gay men discussing HIV (Jones, 2010). Jones (2010) argues that gay male Millennials feel most comfortable receiving HIV education from other gay men. Online sources are also where many Millennials receive all or almost all their HIV education. Also, these gay male Millennials have been found to label those who give them their HIV education as “experts” (Jones, 2010). The Millennials view this generation as role models. Therefore, they adopt coded language that mimics the AIDS Generation. Hence, their lavender linguistic development connects to what they see on the online forums, especially in a sexual context (Jones, 2010).

Common online and sexting language have common words, slang, and abbreviations that pertain to various aspects of HIV: HIV itself, treatment, and sexual interests (Haimson et al., 2014). These have carried over into HIV based oral conversations. Below are tables that express how certain words are unique to lavender linguistics and how they are commonly used in HIV discourse:

Table 1

Unique Words to Lavender Linguistics and How They are Commonly Used: HIV

Expressions	Dictionary Meaning (Oxford English Dictionary, 2018)	Commonly Used in Lavender Linguistics (Haimson, Brubaker, & Hayes, 2014)
Bug	A small insect/ larva	HIV
Bug free	Referring to not having any small insects/larva	Not living with HIV
Clean	Free from dirt or debris	Not living with HIV

Table 2

Unique Words to Lavender Linguistics and How They are Commonly Used: Sex without a Condom/Barrier

Expressions	Dictionary Meaning (Oxford English Dictionary, 2018)	Commonly Used in Lavender Linguistics (Barrett, 2017)
Bareback	The act of riding a horse or other animal without a saddle	Sex without a condom or barrier
Seeding	The act of producing a seed	Ejaculation inside of a person's rectum without a condom or barrier
Breeding	The act of bringing offspring forward to the female egg	Ejaculation inside of a person's rectum without a condom or barrier

Table 3

Unique Words to Lavender Linguistics and How They are Commonly Used: Sexual Activity

Expressions	Dictionary Meaning (Oxford English Dictionary, 2018)	Commonly Used in Lavender Linguistics
1-1	Expression of one person in conflict with the other	Sex between two people (Haimson, Brubaker & Hayes, 2014)
Uninhibited	Unrestrained	Able to have multiple sex partners (Haimson, Brubaker, & Hayes, 2014)
Bug chaser	Someone who collects bugs/ insects	Someone who actively seeks to catch HIV (Barrett, 2017)
Gift giver	Someone who gives another a possession	Someone willing to give HIV to those who want it (Barrett, 2017)

Table 4

Unique Words to Lavender Linguistics and How They are Commonly Used: Describing Sexual Activity

Expressions	Dictionary Meaning (Oxford English Dictionary, 2018)	Commonly Used in Lavender Linguistics (Haimson, Brubaker & Hayes, 2014)
Top	The highest peak of an object or place	Dominant sexual partner
Bottom (bttm for short)	The lowest peak of an object or place	Recessive sexual partner
Versatile (vers for short)	Easily able to fluctuate or change	Can be dominant and recessive in sexual activity
Cruising	Traveling on sail ship	Looking for anonymous sex
My/ Your place	Ownership of a specific area	Location of where to have sex

Several HIV organizations have adapted language into their educational literature about PrEP. The most common slogan used is “Be PrEPared” (Mutchler et al., 2015). This slogan implies that its originator noticed that the regimen’s abbreviation is also the first four letters of “prepared”. PrEP and “prepared” have the common meaning of thinking ahead before acting. In these two cases, the first letter “e” is pronounced differently. In the word “prepared”, the first “e” is pronounced like [i], which symbolizes a high front vowel (Dictionary, 2018). Other words that have this phonetic symbol include the vowel sound in “beat” and “heed.” However, the common way society pronounces the word “prepared” is with the first “e” being pronounced like [ɛ] (Dictionary, 2018). HIV Outreach Coordinator Dorn (2018) notes that in the slogan “PrEPared”, the first “e” is pronounced [ɛ], which symbolizes a middle front vowel. Other examples of this phonetic symbol include the vowel sound in “head” and “bed.” Therefore, the pronunciation of “PrEPared” represents the common style of pronunciation instead of the correct way. Those who have used this slogan in their daily language is mostly the gay male community. Hence, the gay male community saw this slogan added into lavender linguistics (Boydell et al., 2017; Dorn, 2018; Mutchler et al., 2015).

Lavender linguistics has also coined terms that defame gay men on PrEP. Two common expressions are “Truvada whore” and “PrEP whore” (Calebrese & Underhill, 2015; Spieldenner, 2016). These two terms are used to shame those who choose to have multiple sex partners. PrEP has sparked a lot of controversy. Those who approve of PrEP agree that it prevents HIV from being transmitted. Those who oppose it believe that it encourages more activity that would significantly increase the risk of HIV transmission. Most of those who oppose PrEP’s existence connect their beliefs with sexual activity (Calebrese & Underhill, 2015; Spieldenner, 2016).

Spieldenner (2016) connects “Truvada whore” and “PrEP whore” to the term *slut shaming* (p. 1690). *Slut shaming* is a slang collocation defined as discrimination against somebody who chooses to have multiple sexual partners. Although the default of the word *slut* revolves mostly against women, lavender linguistics also sees it including gay men (Spieldenner, 2016).

Numerous HIV activists and HIV organizations have utilized the slogan “U = U” into HIV related language that relates to eradicating stigma and criminalization (Dorn, personal interview, March 27, 2018). U=U stands for “Undetectable equals Untransmittable”. Gay males living with HIV commonly use the abbreviation, whereas the counterpart uses the non-abbreviated form (Dorn, 2018). This aspect of language has been utilized by HIV activists mostly in educational literature. Related collocations commonly used when promoting the U=U slogan include, “zero risk,” “does not transmit,” and “no longer infectious” (Dorn, 2018). Every collocation expresses the lesser need for fear of those who know their HIV status. Instead, those who do not know their status are the individuals who are of concern. These individuals are the ones who are more likely to transmit HIV to others than those who know their status. This notion has noticed another abbreviation put into HIV discourse: TasP (Treatment as Prevention). This abbreviation means that those who have received an HIV diagnosis remain on treatment as means to stop the spread of HIV (Dorn, 2018). Being on treatment keeps their viral load undetectable.

AIDSpeak

Euphemisms have been used in language to substitute a word or thought or to lessen the severity of an expression. Euphemisms have existed and have been an active part of language for thousands of years. Various linguists have put forth their definition of what a euphemism is. The

use of euphemisms is not unique to HIV topics. Examining the use of euphemisms proves how broad they are.

Halmari (2011) defines a euphemism as a word or colloquial substitute to “avoid and camouflage life’s harsh realities.” (p. 1) Furthermore, she considers euphemisms vague and an obvious form of avoiding the actual measure of a situation or expression (Halmari, 2011). However, they are meant to substitute a word or collocation that would typically be controversial or easy to cause confusion. Their intent is to lessen the severity of an expression that cannot be avoided in discussions. There are some situations when a topic must be discussed such as medical situations and educational settings. When the topic cannot be avoided, euphemisms make the topic more pleasant to the listener (Halmari, 2011). One common way this is done is to avoid giving labels to individuals related to the topic. Instead of saying that somebody is something, one would say that somebody is living with or affected by something. This technique casts less judgment on those to whom the speaker is referring.

Harvey, Brown, Carwford, Macfarlane, and McPherson (2007) define euphemisms as normalizing an expression that would typically cast judgment or misunderstandings. They claim that, often, the non-euphemistic expression would cause the affected individuals to feel like an outcast. That is what Harvey et al. (2007) believe should be avoided. The goal with euphemisms is to make everybody feel like a community and to feel welcome. Society often encourages more of their definition of “normal” instead of “abnormal”. The common definition of what is abnormal has made people who fall into that category feel like outcasts (Harvey et al., 2007). The debate between normal vs. abnormal has caused controversy because of the numerous definitions of both terms. Society’s common definition of “normal” is a characteristic or

combination of characteristics that are like those around them, whereas society's common definition of "abnormal" is characteristics that are different than those around them (Harvey et al., 2007) This controversy is what makes euphemisms a powerful tool because they make everybody feel like society's definition of "normal" (Harvey et al., 2007).

Linguists (Halmari, 2011; Harvey et al., 2007; Wardhaugh, 2010) agree that euphemisms encourage political correctness, especially on controversial subjects such as politics and social issues. Particularly, Wardhaugh (2010) acknowledges that not everybody can discuss or listen to controversial subjects when expressed without euphemisms. Such topics are considered too sensitive or too deep for some individuals. Also, when these topics are told directly, they may offend or cause confusion (Wardhaugh, 2010). Hence, euphemisms are used to make controversial subjects easier to discuss. They make controversial subjects more universal because more listeners are willing to consider the point of view in discussion (Halmari, 2011; Wardhaugh, 2010).

HIV is not a unique topic with euphemisms. Various other topics have used them for same reasons. Such topics include terminal illnesses, disabilities, and teenage social topics (Halmari, 2011; Harvey et al., 2007; Wardhaugh, 2010). Halmari (2011) mentions that topics about terminal illnesses may result in mixed emotions to those who are diagnosed with one. She uses strokes and multiple sclerosis as examples. According to Halmari (2011), the non-euphemistic versions would be "stroke victim" and "suffering from multiple sclerosis", and the euphemistic would be "individual who had a stroke" and "people who have multiple sclerosis." (p. 830) Regarding disabilities, Halmari (2011) extends her discussion about euphemisms by using examples that specialize in learning and physical disabilities. Instead of "the retarded" and

“crippled,” one is recommended to use “[person] with mental retardation” and “people who are mobility impaired.” (Halmari, 2011, p. 830). In both examples, the non-euphemistic defines the physical/ mental condition instead of the person. Harvey et al. (2007) discusses the importance of euphemisms when discussing teenage social topics. Social topics include weight issues, addiction, and puberty-related body changes. The non-euphemistic versions may be deemed as embarrassing to some individuals. Teenagers are most vulnerable to these topics because of their stage in emotional development (Harvey et al., 2007). Therefore, listeners are recommended to use language that would not risk making the teenager feel uncomfortable. Harvey et al. (2007) recommend that listeners avoid using the word “worried” and instead use the word “normal” as often as possible (p. 777). The word “worried” is too vague and indirect, whereas the word “normal” sends a more positive emotion (Harvey et al., 2007).

The first documentary about AIDS was first aired in 1983, which was filmed in 1982. It is titled Killer in the Village, and it premiered on the BBC (Nisbett & Evans, 1983). The narration and those featured in the documentary, many of whom identify as gay male, display some of the earliest HIV related language used in lavender linguistics. Little was known about AIDS, which would explain the small usage of euphemisms used in the documentary. Killer in the Village reflects the usage of HIV related language used in society during this time. By the time the documentary was aired, the term AIDS had been coined as a label for the illness. Therefore, the narrator often refers to the illness as AIDS. However, the footage was filmed before AIDS got its name. Therefore, the documentary participants referred to it as “gay pneumonia” or “gay plague”. People living with the illness were called “AIDS victims” by the narrator (Nisbett & Evans, 1983). Expressions believed to be euphemism are those that refer to

people living with AIDS to their opportunistic infection/s instead of their illness diagnosis. Common usage of euphemisms includes “patient with Kaposi’s sarcoma,” “patient with toxoplasmosis,” or “wasting away” (Nisbett & Evans, 1983).

The earliest known usage of *AIDSpeak* traces back to 1982. Language researcher Callen (1997) credits author and journalist Randy Shilts (best known for his book *And the Band Played On*) for coining the term *AIDSpeak* in 1983. *AIDSpeak* is defined as a list of words, collocations, and phrases that are recommended for use to promote more politically correctness. In addition, the use of *AIDSpeak* was intended to lessen the level of *serophobia* (defined as fear, hatred, and stigma against those living with HIV) in society (Callen, 1997). The earliest known use of *AIDSpeak* is when AIDS got its name. GRID being renamed AIDS was the first step in gay men being unnecessarily being singled out by medical language. Since then, numerous other *AIDSpeak* words and expressions were used to replace those that were deemed as oppressive or misleading. Examples from 1983 include (Callen, 1997):

Table 5

AIDSpeak Words and Expressions

Oppressive/ Misleading	AIDSpeak 1983
AIDS victim	Living with AIDS
AIDS patient	Person with AIDS
Promiscuous	Sexually active
Semen	Bodily fluid

In 1983, medical researchers discovered that AIDS is caused by a virus. Between 1983-1986, the virus was identified as unofficial names such as *HTLV (Human T-Cell Lymphotropic Virus)*, *LAV (Lymphadenopathy Associated Virus)*, and the most known *the AIDS virus*. Numerous experts (Callen, 1997; Kulick, 2000) agreed that, except for *the AIDS virus*, the list of

unofficial names was too complicated for the public to remember. Therefore, they agreed on the less complicated *HIV*, or *Human Immunodeficiency Virus* (Callen, 1997; Murray, 2008).

Afterwards, *AIDSpeak* extended their politically correct language.

An example of *AIDSpeak* usage in the media comes from the film Philadelphia, which was released in 1993. The film captures language from various characters in various points of view. Such points of view include technology-to-date-at-the-time, medical, and legal. From a medical standpoint, HIV is identified by Joe Miller's doctor as the "HIV virus" (Demme & Saxon, 1993). Based on this finding, one would imply that by the time the film was released, a heavier emphasis on "HIV" had been placed on "AIDS". Joe Miller, the lawyer, had self-identified as serophobic throughout the first half of the film. During which, he referred to HIV as the "AIDS virus" (Demme & Saxon, 1993). This difference in word choice between the characters likely represents level of fear and stigma of those living with HIV. In a court scene, lawyer Belinda Conine was conducting a flashback narration of when character Andrew Beckett had contracted HIV. The flashback year was 1984 or 1985. Breckett calls the disease "gay plague" and "gay cancer," referring to what it was commonly labelled at that time (Demme & Saxon, 1993). This likely represents familiarity with how language had progressed between 1981-1993. In the court scenes, various characters give multi-word names and phrases to AIDS, which include "Andrew is dying," "terrible infectious and fatal disease," "debilitating illness," and "incurable disease" (Demme & Saxon, 1993). All represent the standpoint that in 1993, AIDS was still a death sentence.

Huber and Gillaspay (2000) published their updated version of what *AIDSpeak* was in 2000. The year 2000 saw some evolutions of HIV language. These evolutions represented where

HIV technology existed and how this related to language during that time. Below is a partial list (Huber and Gillaspy, 2000):

Table 6

AIDSpeak 2000

AIDSpeak 2000
Intravenous drug user
HIV/ AIDS or HIV
HIV
Prostitute

Between 1983-2000, the virus title saw language updates that reflect on medical technological advances. “HIV and AIDS” and “HTLV” were classified as out-of-date terms. HIV and AIDS refers to only those who have received an AIDS diagnosis, and HTLV was no longer the given name to the virus now known as HIV (Huber & Gillaspy, 2000). “Junkie” and “hooker” had been viewed as offensive terms to describe a person. They are degrading to those who engage in that line of income earnings or activity (Dictionary, 2018). According to the Oxford English Dictionary (2018), the terms “hooker” and “junkie” are degrading because they connect to criminal behavior. The Oxford English Dictionary (2018) dates this offensive connection with “hooker” as far back as 1914 and “junkie” as far back as 1930. AIDSpeak would imply that referring an individual to criminal behavior would defame them. Defaming people is not the intention of *AIDSpeak* (Callen, 1997).

Today, *AIDSpeak* has since evolved with the changes in language and politics. This means numerous modifications and additions have been made. This encourages society to maintain up-to-date information about the ways that language may be deemed as oppressive, even though the communicator may not intend that to be the case. Mostly HIV activists and

educators have been known to use *AIDSpeak* to the public. In 2018, HIV Outreach Coordinator Dorn (2018) provided a list of updates made on *AIDSpeak*. Below is a partial list (Dorn, personal interview, March 27, 2018):

Table 7

Updates made on AIDSpeak

Oppressive/ Misleading	AIDSpeak 2018
Infected with HIV	Acquired HIV
AIDS carrier	Person living with HIV
Catch HIV	Received an HIV diagnosis
Clean	Do not use

The virus title remains agreed upon that if an individual is unsure whether to say HIV, AIDS, or both, the individual should always choose HIV. Although, there are some occasions when AIDS or both are appropriate, and that would be when discussing only AIDS or both. The term HIV is universal, whereas AIDS is limited (Dorn, personal interview, March 27, 2018). Those who have received an AIDS diagnosis still have HIV; therefore, the term HIV represents everybody in the HIV community. Hence, HIV is more preferred than AIDS (Dorn, 2018). This preferability represents why “infected with HIV”, “AIDS carrier”, and “catch HIV” are no longer used (Dorn, 2018). The term “acquired” sounds less judgmental than words “catch” or “infected.” The terms “catch” and “infected” have been used to cast accusations and stigma. Hence, “acquired” has been used to replace those two words (Dorn, 2018).

Another example of *AIDSpeak* usage in the media comes from the film Dallas Buyers Club, which was released in 2013. Though this film takes place in the 1980s, it utilizes many lexical items of *AIDSpeak* from 2018, not from the time the films takes place (Dorn, 2018). The most notable is when the doctors (Dr. Saks, Dr. Sevard, and Dr. Vass) refer to the illness as

“HIV” instead of “AIDS” (Brenner & Winter, 2013). Because the movie takes place in 1985, the HIV label is historically inaccurate because in reality, the name HIV was not given until one year later (Kulick, 2000). Despite this historical error in the movie script, it holds an accurate connection to where HIV language was during the film’s release. Ron Woodroof and Rayon, characters living with HIV, refer to their illness as “AIDS”. This title would accurately represent *AIDSpeak* because their illness had progressed to AIDS. The characters’ T-cells were dangerously low, and they had been diagnosed with opportunistic infections (Brenner & Winter, 2013). Also, numerous terms about HIV treatment are often used. The most frequently used is “AZT,” along with secondary terms “drugs,” “toxic,” and “poison” (Brenner & Winter, 2013). The secondary terms refer to the symptoms of AZT (Rand, 2012). These terms are not found on the list of *AIDSpeak*’s offensive/ misleading nor preferable. However, they accurately depict how far technology had advanced when the film was released. *AIDSpeak* recommends that one discuss HIV as a treatable and chronic illness rather than a death sentence (Dorn, personal interview, March 27, 2018). Though it was still a death sentence during the film’s time setting, the film script still uses the treatment-based words like it is a chronic illness.

If one compares the *AIDSpeak* between 1983 to today, one can notice how language has evolved. One would also notice that technology is not the only aspect of HIV that has evolved. Language has too. One can see how political correctness has changed within the time span. This language evolution would indicate that not all words that are considered oppressive or misleading were always that. Some words and collocations grew to become oppressive or misleading because of changes in technology and social mindset. If one was to contrast

AIDSpeak between 1983 and 2018, the chart below would be what it would look like (Callen, 1997; CDC, 2018; Dorn, 2018; Huber and Gillaspy, 2000):

Table 8

AIDSpeak Comparison of 1983 and 2018

AIDSpeak 1983	AIDSpeak 2000	AIDSpeak 2018
Bodily fluid	Bodily fluid	Name the specific bodily fluid/s
Drug addict	Intravenous drug user	Injection drug user
Catch AIDS	Catch HIV	Acquire HIV
Unprotected sex	Unprotected sex	Sex without a condom/ barrier
Homosexual	Gay men	Men who have sex with men

Chapter 3: Research Questions

Research Questions

The research questions for this study are:

1. Do the AIDS Generation and Millennials use different language to describe HIV and HIV related phenomena?
2. If so, how does each generation identify with HIV?

Chapter 4: Methodology

Participants

Participants in this study were men who were born between the years 1952-1973 and 1989-1996. These men identified as male, gay, and cisgender (someone whose sex and gender are the same) and lived in a metropolitan area in the Upper Midwest. Participants have lived in the Upper Midwest for a minimum of two years. The number of participants was twenty-three (12 AIDS Generation, 11 Millennials). These groups were distinguished based on the year they were born. Participants' identified group were identified based on them showing me a proper form of identification that includes their birth year. The number of participants slightly exceeded other studies performed on gay men in HIV related discourse. The number of participants resulted in more data, than previous phenomenology studies, for analyzing.

To assure a large year gap between the youngest member of the AIDS Generation and the oldest Millennial, I recruited only Millennials that past research (Boydell et al., 2017; Koenig, Hoyer, Purcell, Zaza, & Mermin, 2016) has labelled as either young gay men or young men who have sex with men (YMSM). Koenig et al. (2016) and Boydell et al. (2017) classify young gay men as being ages 18-29. That placed their birth years as between 1989-2000.

Description of Instruments

This research study involved two instruments: a list of interview questions and two published articles. This study was a qualitative study that involved two forms of data collection: semi-structured and individualized interviews and two case studies. For the individualized interview, I gathered data by asking participants twenty-four explicit questions (refer to Appendix A). The set of questions had four themes: 1) Generational, 2) Stigma, 3) Sex, and

4) Drug use. The case studies involved two articles: 1) the first article about AIDS to ever be published and 2) an article about U = U (Undetectable equals Untransmittable) (refer to Appendix B). Participants who were part of a focus group had a conversation about the articles.

All interviews and both case studies were recorded on a smart phone with a maximum quality sound system. The smart phone was a Samsung Galaxy S5, and I used the voice recorder application to record the interviews. They were stored in a secure student account that only I could access. The smart phone and my student account had secure password that only I know. During the interview process, I kept a piece of paper in front of me for notetaking. This improved the discourse analysis quality. All notes were locked in a fire-proof safe that requires a key to open.

Procedures

I advertised the research study by use of flyers, social media, and in-person advertisements. Flyers and advertisements were posted mostly in two non-profit HIV organizations in the Upper Midwest region. To assure participants' confidentiality, the names of these two organizations will be kept anonymous. The advertisements asked for individuals who identify as gay men and were born between the years 1945-1974 and 1989-2000. The year ranges were chosen according to past studies performed on the AIDS Generation and Millennials. While searching for these individuals, I asked for their proper identification to confirm that they were born within the years of interest and that they are adults.

This is a qualitative study that used open coding to examine words, collocations, idioms, and phrases that are unique to lavender linguistics in HIV discourse. This open coding was used to compare and contrast linguistic patterns that are unique between the AIDS Generation and the

Millennials (Corben & Strauss, 2008) This qualitative study gathered interview and case study data based on natural patterns of speech instead of rehearsed speech (Mackey & Gass, 2016). I analyzed how the aspects of lavender linguistic speech relate to participants' experiences and beliefs of HIV.

I interviewed participants individually in a semi-structured style. The interviews and the case studies occurred at separate times. I began the interview with a list of interview questions on a piece of paper. As the interview progressed, I asked participants to elaborate on answers when necessary. This technique relieved anxiety from researcher and the interviewee because it is "less rigid than structured interviews but more systematic" (Nunan & Bailey, 2009, pp. 316) and allowed for the interview to transpire more like a conversation than a formal, rigid interview. In addition, this allowed participants to discuss more about topics they want to discuss rather than relying solely on my list of prepared questions (Nunan & Bailey, 2009).

After I found the participants, I led them to a private room, with a closed door, where nobody else could hear the interview. I covered a window with a shade if participants requested it. The interview process occurred in two non-profit organizations. Both organizations had an interview room that I used. Once we were in the assigned room, I reviewed the consent form, so they understood fully what the research study involved and what the possible risks were. After the consent form had been signed, I proceeded with the interview process. After the interview, there was a counselor around in case they needed to discuss any emotions provoked by the interview.

Chapter 5: Results

Theme 1: HIV

AIDS Generation and Millennial participants generated five subthemes related to HIV: AIDSpeak, general, diagnosis, death sentence, treatment, and AIDS Survivors Guilt. Various AIDSpeak features were found from both generational participants. Speech about general HIV extends to nicknames for HIV, how they view HIV, and how HIV relates to health care or the gay community. Generated speech about a diagnosis, real or hypothetical, found common adjectives and phrases that reveal emotions related to it. Both generations produced language related to HIV when it was a death sentence, which reveals significant generational differences in chosen terms and word patterns. Linguistic features related to AIDS Survivors Guilt was found by the AIDS Generation to connect with HIV discourse. Understanding how participants discuss the five subthemes of HIV shall improve one's understanding of how they talk about HIV. Participants' pseudonyms are abbreviated as below:

Table 9

Participants' Pseudonyms

Abbreviation	What abbreviation stands for
AG# (ex. AG1)	AIDS Generation/ Participant number
M# (ex. M1)	Millennial/ Participant number

AIDSpeak. Various forms of AIDSpeak appeared from the AIDS Generation and Millennial participants during HIV discourse. Meanwhile, both generations acquired mostly different ways of using respectful language related to HIV. The common AIDSpeak term commonly used by both generations are *HIV* (without the term AIDS) and *contract HIV*.

Millennials appear to be 30% more likely to use *HIV* (without the term AIDS) and 20% more likely to use *contract HIV* than the AIDS Generation.

Commonly used AIDSpeak expressions unique to the AIDS Generation participants include *HIV positive*, *AIDS* (when correctly referring to an AIDS diagnosis), *died of AIDS related complication*, *not use a condom*, *use a condom*, and *safer sex*. The former three expressions are likely explained by the AIDS Generation having received more exposure to AIDS during the AIDS Crisis. The latter three expressions are possibly related to heightened HIV awareness that emphasizes mostly sexual activity.

Common expressions unique to the Millennial participants include *living with HIV*, *people with/ who have HIV*, *acquire HIV*, and *condomless sex*. The former two expressions are likely explained by a heightened “people first” mentality. This means placing the words in this order: person, verb and/ or preposition (when applicable), HIV. *Acquire HIV* is likely explained by their urgency to produce HIV-transmission related expressions gently (Dorn, personal interview, March 27, 2018). *Condomless sex* being the only listed prevention or lack of prevention mode is possibly explained by a heightened awareness of transmission modes not limited to sexual activity.

General. Nicknames and figures of speech given to HIV by the AIDS Generation and Millennials show differences between how they view HIV. The list of common words and expressions express how much experience each generation has with HIV. The AIDS Generation lived through a period when their friends, loved ones, and acquaintances were dying of AIDS related complications. Nicknames and figures of speech show that Millennial participants seem to acknowledge HIV being a part of their surroundings whereas the AIDS Generation has not.

This acknowledgement likely explains the increased usage of camp humor from the Millennials, compared to their counterpart.

Nicknames and figures of speech that were commonly generated from both generations include *bug, the virus, the disease, poz, positive, and negative*. The former three are commonly used nicknames for HIV. The latter three are commonly used references to one's HIV status. According to the participants, *poz* is most commonly used online, whereas *positive* (having HIV) and *negative* (not having HIV) are most commonly used in spoken form. This finding appears to match and contradict Haimson et al. (2014). Part of this list of words were found by this study from 2014 to apply to the Millennials, not AIDS Generation.

The AIDS Generation participants likely adapted fewer idioms and multiple word expressions than the Millennials. Common nicknames from the AIDS Generation participants include *you got it, the plague, the package, sex disease, and fag disease*. In the case of the former nickname, the "it" refers to HIV. *The plague* refers to HIV as an epidemic. The latter three nicknames are likely to be understood in their context when used by other gay men. In this case, the nicknames seem to acknowledge that their experiences with HIV relates mostly to gay men who acquired HIV by sexual activity. Also, the latter three examples show that the common nicknames show less camp humor usage than the Millennials. This is likely due to the elevated level of trauma from their experiences from the AIDS Crisis. Hence, camp humor in an HIV discourse appears more difficult, compared to the Millennials.

Common nicknames generated by the Millennial participants include *the hiv* (pronounced as a word; phonetically [hiv]), *butt flu, house in Vegas, hornets in Virginia, and auto-immune disease*. These findings likely imply that Millennial gay men did not likely witness the traumatic

aspect of the AIDS Crisis that the AIDS Generation did. Hence, camp humor usage is likely easier for the Millennials than the AIDS Generation in HIV discourse. This likely explains the elevated usage of camp humor in these nicknames, except *auto-immune disease*. *The hiv* (pronounced as a word) was used by Millennial participants when using humor. *Butt flu* is a reference to anal sex, which is a common sexual practice in gay males. *House in Vegas* and *hornets in Virginia* have the abbreviation HIV. The only non-camp humor expression *auto-immune disease* likely acknowledges that HIV attacks the immune system.

When the AIDS Generation and the Millennials discuss HIV, their speech appears to reveal that they acknowledge that HIV is treatable. The speech from both generations seems to reveal that they view HIV as a chronic illness. Chronic illnesses used by participations from both generations to compare to HIV include diabetes, herpes, and HPV. The difference between the groups of participants is that the AIDS Generation appears more likely to direct their utterances to HIV itself, whereas Millennials appear more likely to direct their expressions to HIV management. Examples of phrases that exemplify this finding include:

Researcher: Describe what HIV means to you.

AG3: It's just another virus.

AG4: I live with a disease. It's just a part of me.

AG10: I got the human immunodeficiency virus in me.

M3: It means just something to keep in mind when it comes making basic life choices.

M9: HIV means to me just another life obstacle that I'm faced with.

The utterances above came from those living with HIV. The utterance below came from those who do not live with it:

M1: It's a pretty livable thing these days.

M10: It's just another disease that essentially you can't get rid of.

These utterances may imply that those who live with HIV describe it the same as those who do not. The Millennials who do not live with HIV appear to feature phrasal patterns common from both groups of generations. This likely means that they acknowledge the chronic illness and the management aspects of HIV.

The differences between the two generations is that AIDS Generations appear more likely extend the topic of HIV to health care, and the Millennials appear to do the same with other gay men as a community. This lavender linguistic feature is shown in the examples below:

Regarding the AIDS Generation and health care:

AG7: It's just another part of health care. It's just like if you get a diagnosis of cancer or anything else.

Regarding Millennials and the gay community:

M8: It means communities of people now. It's a lot more than just a virus.

The underlined content words appear to reveal how the AIDS Generation and Millennials view HIV similarly and differently. Similarly, the content words seem to imply that the participants acknowledge that HIV does not necessarily kill a person living with it. Regarding differences, the content words seem to imply that the AIDS Generation connects HIV with health care, whereas the Millennials connect it with a community or society. When the word "it" is used, the participants used it as reference to HIV.

Diagnosis. According to the findings from the participants, AIDS Generation gay men appear four times more likely to use a label when discussing an HIV diagnosis. The common label that pertains to the diagnosis factor of HIV is based on the word *status*. AIDS Generation gay men appear more likely to place a label before the word *status*. In the case of HIV, the label would be HIV, which is used as an adjective. Therefore, when the word *status* is used in an HIV

context, the AIDS Generation appears more likely to say *HIV status*, where Millennials appear more likely to say *status*, not necessarily as a euphemism.

Both generations produced adjectives about an initial HIV diagnosis, whether it is hypothetical or really happened. The common adjective from both generations is *scared/ afraid*. Common adjectives used by the AIDS Generations include *devastated* and *lonely/ alone*. In addition, *I cried a lot to myself* is a common phrase used from the AIDS Generational participants to describe their reaction after receiving an HIV diagnosis. Common adjectives used by Millennial participants include *shocked, shame/ ashamed, and fear*. The difference between the generations is possibly explained by the evolution of lavender linguistics between the AIDS Crisis to today. The difference between the chosen adjectives between the two generations indicates that the AIDS Generation seem less likely to find emotional support than the Millennials. Even though social acceptance with HIV has changed between the AIDS Crisis and today, the AIDS Generation has not yet overcome the emotional trauma from the AIDS Crisis. Hence, they still fear societal rejection by revealing their HIV status. Millennials were either not yet born or not old enough to recall the AIDS Crisis occurring during their youth. This possibly explains why they are more likely to seek support from friends and local HIV organizations.

Regarding HIV discourse, both generational participant groups discussed an HIV diagnosis the same, whether the diagnosis is hypothetical or reality. The similarities are likely explained by the stigma that those living with HIV face from society. Possibly considering all participants living with HIV, except for two, received their diagnosis after HAART (Highly Active Anti-Retroviral Therapy) was released in 1996, the mention of death was not included in

their dialect. However, internal and external HIV-related stigma is present in their speech. From the AIDS Generation, this aspect of both revenues of stigma is exemplified from these quotes:

Researcher: Describe the emotions and thoughts you faced after being given an HIV diagnosis.

AG1: I was in a fog for a period of time as a really bad blow in the head.

AG4: It was devastating. It was devastating, and I was very lonely. I was lonely for a good month.

AG9: Pretty devastated. I thought, why is this happening to me, why is this happening to me, how am I going to live with this?

M3: Devastation. It was a complete shock.

M5: I was scared, ashamed, and sad basically. Mostly scared.

Quotes about hypothetical HIV diagnoses, from individuals do not live with HIV, from the Millennial generation include:

Researcher: Explain what you would imagine it would feel to receive an HIV diagnosis.

M7: I probably would have some sort of fear of just the unknown.

M8: I would imagine it would feel very isolating, especially right after the diagnosis and extremely emotional. It would be an emotionally turbulent time.

Dorn (personal interview, March 27, 2018) may confirm that the underlined content words appear to imply the level of stigma that surrounds HIV explains where this part of speech derives and why the similarities between the generations exist. In this aspect of HIV discourse, real or hypothetically, participants used the word “it” to refer to an HIV diagnosis. Despite the rise in social acceptance with HIV, serophobia continues to exist. The difference between those who are living and are not living with HIV exists because only those who live with HIV can fully grasp the emotional impact of HIV-related stigma. Those who do not live with HIV can only imagine that emotional impact. As shown in the phrases above, those who do not live with HIV

fear social rejection based on their HIV status, and this level of feared rejection is equal to that of what was experienced during the AIDS Crisis.

Death sentence. When the AIDS Generation discussed aspects of HIV being a death sentence, they were more detailed than the Millennial generation. The AIDS Generation individuals involved in this study witnessed friends die of AIDS related complications. This likely explains why they discussed those who died more often than the AIDS Crisis in general. What they witnessed often appeared in their HIV discourse speech. The utterances below are examples of this finding:

AG1: You're shocked at how fast they seemed to disintegrate.

AG6: It opened other opportunities to deteriorate.

AG8: He withered in a way to nothing. He had no strength whatsoever.

The examples of the death sentence aspect show that the AIDS Generation indirectly described the differences between before and after their friends who died began showing AIDS-related symptoms. Meanwhile, the Millennials involved in this study were either young children or born after the AIDS Crisis. This possibly explains why the death sentence aspect of their HIV discourse rarely appears. When it did, it derived from stories they have heard either from friends who lived through the era or what they have heard from the media, but with which they did not have personal, first-hand experience. The Millennial participants that produced death sentence related discourse expressed it like below:

Coming from being preschool age during the AIDS Crisis:

M1: I certainly remember my earliest memories of the 90's just how scary it was even to talk about. I thought you just kind of got it, and you were immediately dead.

Coming from stories heard from friends:

M6: From what they described seemed to be a very dark and sad time having to bury their friends from that time.

The remaining Millennial participants did not supply an answer when asked to describe experiences when HIV was a death sentence. This is likely due to never having experienced the AIDS Crisis like the AIDS Generation did. This finding appears to feature similarities to the locality aspect of a community of practice (Jones, 2010; Wenger, 1998). Wenger (1998) stated that younger people learn about parts of a community of practice from older members of that same community. Jones (2010) added that gay men learn how to “be gay” from older gay men. These two findings likely explain why Millennials linked HIV as a death sentence with stories they have heard from those who lived through the AIDS Crisis.

Also, the Millennial participants reported viewing the AIDS Crisis as a historical era. Common parts of the AIDS Crisis that the Millennial participants connect it to being a historical era include *homosexual*, *GRID (Gay Related Immune Deficiency)*, *ACT UP*, *Silence = Death*, and *The Gay Rights Movement*. The former two expressions refer to often used terminology in the beginning of the AIDS Crisis. The latter three connect to LGBT and/ or HIV activism performed during that same era. Additionally, the Millennials appear to express gratitude for the activists of that generation. The Millennials appear to want the activists’ contributions to be always remembered. The utterances below exemplify this finding from the Millennial participants:

M1: They saw their lover was dying, and they put a lot of work into stopping it and then get all the messier medications so letting them know I appreciate their contribution.

M4: I tried to familiarize myself with the history of the epidemic, and so I feel like even though I don’t know these people and the history, I feel like there’s a part of them that I know.

M7: I think that you want to honor those folks that have lost their lives, and I think you always have to share their stories because what is remembered still lives.

In the examples above, M1 refers to “messier medications” as AZT, the first HIV treatment drug released to the public. Those who were prescribed AZT experiences side effects so severe that side-effect tolerance was almost impossible, hence labelling the prescription “messier” (Murray, 2008). When M4 quotes “these people”, he refers to the individuals who died of AIDS related complications.

The underlined content words in the death sentence portion above are likely common expressions used in lavender linguistics when discussing HIV as a death sentence. They seem to signify similarities and differences in the choice of word and multiple word expressions between the two generations. According to Jones (2010), the Millennial participants likely adapted their death sentence discourse from the AIDS Generation. This possibly describes the similar aspects of their choice of content words. In the case of the Millennial participants, the similarity seems to apply to the brutality of their expressions. Not having lived through much, if any, of the era likely explains viewing it as a historical era.

When AIDS Generation participants were asked to describe when HIV was a death sentence, they often connected their experiences with Kaposi’s Sarcoma (liver spots on the skin) and Wasting Syndrome (loss of fat tissue). They did not mention those two illnesses by name, but they mentioned their symptoms. The quotes below are how they described individuals with Wasting Syndrome:

AG1: I can see his back, I can see his ribs.

AG4: Clothes were hanging on them and how they’re wasting away.

Additionally, the utterances below are how they described individuals with Kaposi’s Sarcoma:

AG6: It seems like there was more visible lesions.

AG11: I just remember people turning purple from head to toe.

The underlined content words are common symptoms of Wasting Syndrome and Kaposi's Sarcoma. Symptoms of Wasting Syndrome shown in the content words include dramatic weight loss to where their bones are showing. The symptom of Kaposi's Sarcoma shown in the content words is multiple purple lesions. This likely signifies that AIDS Generation participants pay closer attention to the symptoms instead of the illnesses themselves. In contrast, Millennials did not connect the death sentence part of HIV with AIDS related symptoms. Multiple participants from both generations extended this claim by stating that fewer AIDS-related deaths occur today. These participants explain that this is why Millennial participants have not seen individuals with these symptoms. This likely explains why utterances about AIDS related symptoms did not appear in the Millennial participants' speech.

The part of HIV as a death sentence that the AIDS Generation and the Millennials participants have in common is connecting HIV with identifying as gay. This portion of HIV discourse in lavender linguistics is expressed through these examples:

AG4: It was a frightening time to start being sexually active and coming out at the same time as gay.

AG5: That's what's going to happen to me 'cause I'm gay.

M3: "It was very much to just homosexuality.

M7: Growing up as somebody who is gay, it was always something that was always more like an STD.

Connecting HIV with being gay likely coincides with the common societal view of serophobia connecting with homophobia. In lavender linguistics, the difference with HIV connecting with their sexual orientation is that AIDS Generation appear more likely to add in death to the combination than Millennials. Examples of this finding include:

*AG3: I knew that I had a gay tendency, and people were really scared.
 AG11: Everybody was getting sick, but nobody knew why so I figured well, it's going to happen to me too.*

According to the underlined content words, this part of lavender linguistics would possibly confirm the findings of Castiglia and Reed (2012) that an elevated level of fear surrounded this disease, and the fear aspect targeted mostly the gay male population. The misconceptions of this being solely a gay disease continue being spread today. Granted, the gay male population has been most affected, and that aspect remains true today (Hoefer & Hoefer, 2017). This part possibly explains why they often connect sexual orientation with HIV in HIV discourse.

Treatment. *U=U, undetectable, and TasP* (pronounced [tæsp]; stands for Treatment as Prevention) also appeared when discussing HIV treatment. The *U=U* (undetectable equals untransmittable) appeared in HIV discourse from both generations. This finding would contradict Dorn (2018), who states that gay men are more likely to say *U=U* instead of sounding out the abbreviation. However, the participants from both generations appear impartial between the abbreviation and sounding it out. The AIDS Generation appear impartial to either expression. Millennial participants appear to be 50% more likely than their counterpart to say *undetectable equals untransmittable* than *U=U*. The other item that contradicts Dorn (2018) is *TasP*. This abbreviation did not appear in the AIDS Generation, but it did in the Millennials. Millennials used *treatment as prevention* instead of *TasP*. The term *undetectable* appeared in both generations, which confirms Dorn (personal interview, March 27, 2018).

Regarding treatment, AIDS Generation and Millennials participants produced similarities and differences. Similarly, both generational participants connected treatment with medication.

The participants likely imply that medication plays a crucial role in maintaining a healthy CD4 (white blood cells) count and an undetectable viral load. Without them, HIV will progress to AIDS, and AIDS related complications may be lethal. Whether they are living with HIV or not, they recognize medication as part of a daily ritual that assists to control the virus. The treatment aspect of their lavender linguistic speech is exemplified through these quotes from the AIDS Generation:

AG2: I'm taking pills to contain it.

AG4: You got to take those pills every day.

AG9: It's a one-pill-a-day thing.

Meanwhile, these quotes from the Millennials express the linguistic similarity with medication:

M3: It means taking a pill every day.

M10: Taking my medication every day.

Additionally, both generations linked HIV medication to other chronic illness such as diabetes, polyps, rectal tears, depression, anxiety, herpes, HPV, and genetic illnesses. These illnesses are manageable by medication and/ or doctor visits. Hence, individuals living with these illnesses are not likely, if at all, to die from any of them. The linking of these chronic illness with HIV is likely explained by the advances in medical technology. AIDS related deaths are not a common occurrence like during the AIDS Crisis. Hence, HIV is equally manageable as many other chronic illnesses.

The difference between the generations is that Millennial participants appear more likely than the AIDS Generation to explore HIV treatment with more detail. Additional details include CD4 counts, viral load, and doctor visits. If one compares the quotes above with the quotes below, one can notice more in-depth discussion about HIV treatment from the Millennials:

M2: HIV treatment for me, being undetectable and going through those steps of the treatment.

M5: Going to see your doctor every three months, getting blood checks, taking your meds as prescribed.

M6: It means taking a pill once a day, making sure my counts is low, my CD4 is healthy, going to the doctor every 3-4 months.

The underlined expressions related to treatment likely stand as content words when referring to HIV treatment. These content words express a common HIV meaning, which appears to be taking an HIV pill every day. The content words unique to the Millennials appear to extend beyond HIV medication by likely implying that they maintain a healthy CD4 count, viral load, and doctor appointments more regularly than the AIDS Generation. According to Robinson and Geldens (2014), Millennials are more familiar with life with HIV treatment than AIDS Generation. This elevated familiarity possibly explains the Millennials extending the topic of HIV treatment beyond taking a pill every day.

AIDS survivors guilt. Four members of the AIDS Generation identified as living with AIDS Survivors Guilt. Meanwhile, no Millennial participants reported living with this. This seems to explain the emphasis with AIDS Survivors Guilt from the AIDS Generation. When Millennials were asked about their experiences with this syndrome, they responded either by saying they do not live with it, or no answer was given. The difference between the generation is likely explained by the AIDS Generation witnessing the AIDS Crisis occur within their social circle, while Millennials did not. The data below includes part of the interview process from when the topic of AIDS Survivors Guilt was mentioned:

Researcher: If you live with AIDS survivor's guilt, describe emotions and feelings you face as a result.

AG3: Why me? Why was I...?

AG6: *I'm doing well, and my blood work is good, and I'm trying to be healthy, and I have housing and income and things that you need, but I feel that a lot of newly infected people are possibly envious because their housing can be in jeopardy.*

AG7: *Losing [partner's name] destroyed me. I started drinking, partying, sleeping around, having unsafe sex, trying to destroy my own life. I was very lonely for a long time.*

The guilt also appeared during the AIDS Generational focus group. This occurred during part of a conversation about HIV treatment. The data below includes part of that focus group conversation:

Researcher: Describe what "progress in HIV treatment" means to you.

AG11: *If I had a time machine, into the back, it would have saved three dozen or more people I knew personally that passed. It seems like a simple thing now and such an impossibility before. It's kind of hard to deal with.*

The underlined expressions appear to be content words related to AIDS Survivors Guilt.

The content words express feeling isolated from their deceased friends and questioning their living existence. The four individuals quoted appear to question why they survived the AIDS Crisis; yet, their friends and loved ones did not. Their statements likely express isolation, guilt, and loss. These findings possibly connect closely to Halkitis's (2014) findings about AIDS Survivors Guilt, regarding how the guilt affects HIV discourse. The connection between Halkitis (2014) and AIDS Survivors Guilt would likely pertain to questioning why they are still alive, feeling isolated, and feeling a sense of loss.

Misc. AIDS Generation participants also often connected to all or most of the mentioned aspects of HIV to the media. This connection with the media includes connections from death sentence, treatment, and AIDSpeak. Parts of the media include films, famous figures, and magazines. Films mentioned by the AIDS Generation participants include The Normal Heart,

Longtime Companion, Torch Song Trilogy, Dallas Buyers Club. Famous figures mentioned by them include Rock Hudson, Ryan White, Danny Pintauro (“Who’s the Boss”), and Charlie Sheen. Magazines/ newsletters mentioned includes The Body and Poz. Meanwhile, Millennials mentioned The Normal Heart as the film and The Scissor Sisters as the famous figure. This finding likely implies that AIDS Generation and Millennials often connect memorable events to the media. The utterances below exemplify how the participants connected HIV with the media:

Regarding HIV as a death sentence:

AG1: It was a death sentence, especially with Rock Hudson, the big key piece when people were learning about HIV and AIDS.

AG2: I’d seen The Normal Heart again, and I was like, “ugh, ugh, I will never not take my medication.”

AG7: Torch Song Trilogy, the movie nailed it; probably was the most accurate terrifying movie that reflected on the AIDS Crisis.

AG9: I think that Dallas Buyers Club movie, that movie came out when it did. I think it was an eye opener for a lot of people who didn’t have any exposure to the gay community from that time period to see what the people looked like, what they were going through, the way society acted about it.

M10: She was watching a movie about HIV, and she was talking about how scary it was, and this was before I actually came out to her, and she was saying things like just things that made me realize she had a pretty big misunderstanding about it.

AIDS Generation regarding HIV treatment:

AG12: I was at home, and it popped up on Facebook because I follow Body and Poz and sent the message to all the people here.

Millennial regarding AIDSpeak:

M9: At a bar kikiing with your friends, we don’t need to sit there and be politically correct about things. I believe that you shouldn’t be harmful or derogatory or shaming anybody.

The underlined expressions appear to be content word when HIV discourse is connected to the media. The broader media connections from the AIDS Generation likely implies that living through a particular era provides more options of how to connect those life events. In the

participants' instance, HIV and the AIDS Crisis apply. As shown above, the death sentence aspect of HIV shows the most common connection with HIV and the media. AG refers to the word "it" as an HIV or AIDS diagnosis during the AIDS Crisis. AG9 connected Dallas Buyers Club with the serophobia, the lack of media coverage, and the lack of political and research action during the AIDS Crisis. When M10 quotes "watching a movie," the movie he watched is The Normal Heart. Regarding HIV treatment and AG12, The Body and Poz are magazines/newsletters that specialize in HIV-related news. When connecting HIV treatment with the magazine, AG12 refers to "the message" as the news that U=U (Undetectable equals Untransmittable) was confirmed by the CDC as applicable. When M9 mentions *kikiing*, he reported that the term was popularized by the song "Let's Have a Kiki" by Scissor Sisters. He elaborated on the term by defining it as "LGBT people sitting around talking and having a conversation where it's fun and laughs and just hanging out and having a good time." M9's quote may imply that a kiki promotes a non-judgmental environment.

Theme 2: Stigma

Like HIV, HIV-related stigma appears to connect with lavender linguistics and HIV discourse with the AIDS Generation and Millennials. The stigma-related part of this type of HIV discourse found three subthemes: identifying as gay, U=U (Undetectable equals Untransmittable), and apps/ phones/technology. The part of stigma that relates to identifying as gay likely connects with internalized and externalized homophobia. U=U and stigma appear to connect with each other, in relation to HIV discourse. AIDS Generation and Millennial participants appear to be influenced by language seen in apps/ phones/ technology. In addition, both generations discussed HIV-related language commonly used in the apps/ phones/

technology. Exploring these three subthemes provided a broader understanding of how participants from both generations talk about HIV-related stigma.

Identifying as gay. The stigma aspect of lavender linguistics and HIV discourse showed numerous connections with being gay and coming out as gay. Such connections between HIV and sexual orientation appear to be derived from internalized and externalized homophobia. The internalized homophobia connection seems to relate to HIV playing a stronger role in the Millennials than the AIDS Generation when producing HIV discoursed phrases. However, HIV and externalized homophobia produced similar phrases. Connections between sexual orientation and HIV were produced when participants were asked about their coming of age, remembering when HIV was a death sentence, or both. Phrases produced about internalized homophobia and HIV include the following:

AG3: I knew that I had a gay tendency, and people were really scared about, starting at 19, in the early 1980's when the news of HIV finally kind of broke through.

AG5: That's what's going to happen to me 'cause I'm gay.

M2: I was living that constant fear along the lines of when I wasn't out, and I was kind of just sleeping around and everything.

M4: If I hadn't acquired HIV then when I was coming out, I probably would have been devastated or ashamed despite how progressive things have been.

M8: When I was starting to come out, I realized that I was gay that I might get HIV if I started interacting sexually with other men.

These examples likely imply that in gay culture, HIV is often labelled as their fate because of identifying as gay. This common belief seems to derive from homophobic expressions that they often hear in society. Often in society, homophobic expressions include mentioning gay men acquiring HIV. Participants reported that these homophobic expressions are often heard from friends, family, and acquaintances. During the interview process, participants

mentioned how they reflect on how the expressions affected them psychologically. These reflections extend to how they discuss HIV while implying external homophobia they have experienced. AIDS Generation and Millennials expressions appears to show similar ways of connecting HIV discourse with externalized homophobia. Related phrases produced during the interview process (and one from the focus group) include the following:

AG2: It was HIV equals leather men who deserve to die 'cause they're all disgusting and having unprotected anonymous lots of sex with each other, so they just deserve to die.

AG7: Only the evil people got it. It was definitely a gay disease back then before anything else.

AG8: It was viewed as a gay disease, and it wasn't well received at all. People say, "oh, they deserve it."

M3: I don't remember people talking that much about HIV, and it was very much tied to just homosexuality too.

M10: It essentially was something that bad people and gay people got.

M11: The bulk of it is LGBT, but really, if you're any kind of minority, you're going to have a harder time accessing resources or dealing with stigma.

The underlined expressions signify content words that seemingly apply to internal and externalized homophobia. In the case of these expressions, they connect with HIV-related stigma. The difference shown in these examples is that the AIDS Generation appear to express both forms of homophobia more brutally than the Millennials. This is likely due to the AIDS Crisis occurring during their coming of age. The AIDS Generation participants reported the fear of dying of AIDS related complications, whereas Millennial participants reported the fear of receiving an HIV diagnosis. However, Millennial participants did not report any fear of dying of AIDS related complications. The participants' reporting of this likely indicates that the utterances above represents a fear of death from the AIDS Generation and a fear of stigma from the Millennials.

U=U (Undetectable equals Untransmittable). Participants in the AIDS Generation and the Millennial generation used *U=U* and *undetectable equals untransmittable* interchangeably. This part of lavender linguistics and HIV discourse seems to contradict Dorn (personal interview, March 27, 2018), which reports that gay men use the abbreviated form more often than sounding out what the abbreviation stands for. The AIDS Generation participants used both expressions equally, whereas the Millennial participants used *U=U* slightly more often than its counterpart. In addition, both groups used *undetectable* by itself as a shortened way to say *U=U*. The Millennial participants used the expression *treatment as prevention* as reference to the act maintaining HIV treatment to stay undetectable and untransmittable.

When discussing U=U (Undetectable equals Untransmittable), AIDS Generation and Millennials appeared to have acquired the same lavender linguistic features related to this part of HIV stigma. Both generations acknowledged that HIV cannot be transmitted by somebody who is undetectable. The form of transmission to which they referred is through sex. Examples of phrases that exemplify this similarity include:

AG8: I'm less dangerous than somebody who doesn't know.

AG12: You can go on meds and become undetectable, so you don't pass it along.

M1: People who don't necessarily know the statistics about undetectable. It's untransmittable.

M7: Once you become undetectable, you can have sex with your partner and not transmit the virus.

The underlined words above appear to be content words that apply to lavender linguistics and U=U. The content words seem to express the participants' acknowledgement that those living with HIV and undetectable cannot transmit HIV to others. The terms appear to signify their communication that those who are living with HIV and on treatment are not the ones with

whom potential sex partners should be concerned. Some participants from both generations mentioned that the current HIV transmission laws in many states are out of date. According to some participants, these specific laws assume that all HIV transmissions are intentional and that U=U does not apply. These utterances also appear to imply that HIV decriminalization is an important political issue to them. Lehman et al. (2014) would confirm that the participants' statements are true. For example, four states have HIV criminalization laws that include sexual activity (type of sex and laws that accompany it differ by US state) with the use of a condom/ barrier (Lehman et al., 2014). Condom use significantly lowers the risk of HIV transmission. Condom use and an undetectable viral load indicate that precautions are being taken by one, both, or all sex partners. Therefore, laws that include condom/ barrier usage as HIV criminalization are unnecessary because such laws assume that all HIV transmissions are intentional, even when a condom or barrier is used (Lehman et al., 2014).

The difference with this part of HIV discourse in lavender linguistics is that some Millennial participants also discuss U=U as a medical breakthrough. AIDS Generation participants produced sparse language that relate to this aspect of U=U. This aspect of HIV discourse was mostly derived during the focus group, not the interview process. Examples of this aspect of HIV discourse related to U=U include:

AG8: We've come a long way. People have options now.

AG12: It's a pretty amazing experience to see from where we started to where we are now.

In contrast, Millennials produced similar language, and the medical breakthrough aspect was produced through interviews and the focus group. Examples from the Millennials include:

M4: We know that medications are the best they've ever been; we know that U=U.

M7: As long as you're staying on top of and being adherent to your medication, you can reach undetectable.

M8: We have literally everything technically speaking to get everyone to be undetectable.

The underlined content words likely express the difference between how the AIDS Generation and Millennials communicate U=U. The difference shown in these examples is that the AIDS Generation appear more likely to describe the differences between pre-U=U and post-U=U. However, Millennials appear more likely to focus mostly on post-U=U. Also, the Millennials appear more likely to express more enthusiasm with U=U than the AIDS Generation. This difference seems to be derived from the AIDS Generation having more life experiences in pre-U=U than the Millennials.

Apps/phones/technology. Both generations testified that most of the stigma they face and/ or witness comes from online websites. Examples of websites provided from both generations include Grindr, Scruff, BBRT, and bareback.com. These listed websites are often used to search for potential sex partners. This form of stigma is often produced in the form of slang. According to the participants, the most commonly used terms used on the online website are *clean*, *not clean* and *dirty*. *Clean* is used to refer to somebody who does not live with HIV. *Not clean* and *dirty* refer to somebody who lives with HIV. Participants from both generations reported witnessing some members of these websites extending this word with an often-asked question, *Are you clean?* Some participants from both generations reported that a common response to those who ask this question is, *I'm clean*. Those who use this phrase as a response do not use the lavender linguistic meaning of the word *clean*. Instead, they use the dictionary meaning, which is to have bathed or showered. AIDS Generation participants provided a broader list of related words and expressions. Commonly used terms used in response to having read the

question *are you clean?* are *block* and *isolate*. The Millennial participants reported some members of the websites using stigmatic expressions about those who are living with HIV: *ddf* and *semen toxic*. The abbreviation *ddf* stands for drug and disease free and means that the individual does not use hardcore drugs or live with HIV. *Semen toxic* refers to somebody who lives with HIV.

During the interview process with the participants, AIDS Generation and Millennial participants expressed some similarities and differences between how they discuss serophobia that occurs on online websites. According to participants' responses to questions related to HIV stigma they have encountered or witnessed, Millennials' HIV discourse appears to show more influence on apps/ phones/ technology than AIDS Generation. Similarities between the two generations appear that their phrases express common reactions from individuals with whom they chat. Both generations reported that other members of these hook-up websites will block individuals they discover are living with HIV. Also, both generations reported passive aggressive reactions to disclosing an HIV status. Passive aggressive reactions include silent treatment and the unexpected *no thank you*. Differences between the two generations appear that Millennials rely more on online technology for finding sexual partners than AIDS Generation. This difference likely derives from that technology not existing during the AIDS Generations' coming of age period. AIDS Generation participants reported relying mostly on public places such as bars and bookstores. This likely implies that when seeking a sexual partner, AIDS Generation tend to verbalize their interest, whereas Millennials tend to type or text about their interest. This style of communication does not appear unique from other communities of practice. Also, AIDS Generation's HIV discourse pertaining to technology likely derives mostly from emotions they

imagine are felt by the website members. However, Millennials' similar HIV discourse likely derives mostly from reactions they encounter from other members. The excerpt of the interview process below capitalizes these similarities and differences:

Researcher: Describe what kind of stigma you have faced that relates to HIV.

AG1: They get scared, and they block you 'cause they don't understand, or they don't want to understand.

AG2: I'm not going to spend time given that it's just fine 'cause it's a waste of time if they've already come to that conclusion.

M2: Nope, block, delete, not talking to you.

M4: Going on the sites or the apps, stating that you're positive and people not projecting you.

M9: I've been on dating apps, and they've told me that I need to be off dating apps because I'm just going to keep spreading the virus.

The content words related to apps/ phones/ technology, which are underlined above, seem to signify the similarities and differences in how the two generations talk about this aspect of HIV stigma. The content words seem to imply how members of the hook-up websites react to those who reveal to them their HIV status. They also hint that serophobia exists in the gay community, as well as the straight community. According to the participants from both generations, serophobia in the gay community exists in the AIDS Generation and the Millennials. Furthermore, website members who express their serophobia express it the same way, regardless of generation.

Theme 3: Sex

AIDS Generation and Millennials appear to be strongly influenced by sexual topics when discussing HIV. Sex as a theme connects with sex found three subthemes: emphasis in the gay male community, emphasis in sexual activity details, and PrEP (Pre-Exposure Prophylaxis). In addition, participants from both generations produced nicknames and expressions that appear to

be often used in lavender linguistics when talking about sex. Emphasis in the gay male community reveals how participants view sex as either a positive and negative part of society. Emphasis in sexual activity details shows how participants talk about sex with close attention to details. PrEP use was found to connect with sexual discussion, regarding adjectives and opinions about it being available to the public. Familiarity with how participants from the AIDS Generation and the Millennials is crucial when understanding how sex-related topics connect with HIV discourse.

Lavender linguistics and HIV discourse shows similar and different word choices and multiple word expressions between the participants of both generations when talking about sex. The differences in these can be partially explained by differences in HIV-related experiences. Common words from both generations include *top*, *bottom*, *versatile*, *bareback*, *unprotected sex*, *fucking*, and *poppers*. The first three words (*top*, *bottom*, *versatile*) possibly emphasize the gay male community's importance with sexual position. *Top* refers to the dominant sex partner, *bottom* refers to the recessive sex partner, and *versatile* refers to those who enjoy both sexual roles. Sexual position appears to play a crucial role in how sex partners are chosen. This likely explains sexual position being mentioned during sex-topic conversations. The terms *bareback* and *unprotected sex* refer the common practice of sex without a condom or barrier. *Fucking* usually refers to anal sex. The word choice is possibly explained by anal sex being a popular sexual practice in gay male culture. *Poppers*, a nickname for amyl nitrate, are a common drug that is commonly used to enhance sexual pleasure. Poppers appear to be popular with gay men. Poppers can be bought mostly in sex shops. They come in a small glass bottle. When using them,

one would open the bottle and inhale the fumes inside the bottle. Afterwards, one would experience a high sensation that lasts two minutes.

Common words and expressions from the AIDS Generation include *wya (where you at?), hook-up, sexually active, 1-1, buttfuck, double penetration, the smash, pound, fuck buddy, ass bandit, cocksucker, tapping, plowing, mounting, riding, promiscuous, sleeping around, safer sex, safe, use condoms, not using a condom, raw, unsafe sex, and lifestyle*. This list of common words appears to show a higher sense of health awareness and rawness. This health awareness is likely shown by the lack of camp humor used in their choice of words. This lack of camp humor is likely explained by the emotional trauma that participants reported during the AIDS Crisis. These participants either lived with a heightened sense of fear of acquiring HIV, or they witnessed the severity of the AIDS Crisis. In some participants, both cases apply. The emotional trauma reported by some AIDS Generation participants possibly explains the rawness of their choice of words. Even though they reported embracing sex as part of their community of practice (as noted in *Emphasis in the Gay Male Community* below), the traumatic experiences likely prevent them from using camp humor when choosing sex-related terms and expressions.

Common words and expressions from the Millennials include *what are you into?, horny?, do you wanna?, Do you want to hang out?, looking? intercourse, hokey pokey, thumping nasties, doing it, doing the dirty, doing the nasty, screwing, ganging, getting dick down, power bottom, kyekye, bb (bareback), condomless sex, risky behavior, and bug chaser*. This list of words seems to show website language related to sex, a higher sense of emotion, and less health awareness. According to this list of words, Millennials appear to act more according to emotion than on the risks involved (such as STI's and HIV). This finding appears to relate to the lack of

comprehensive sex education being provided by elementary and high schools (Boydell et al., 2017; Dorn, personal interview, March 27, 2018; Hoefler & Hoefler, 2017). Some Millennial participants mentioned not receiving any sex education. Those who received it believed that was heteronormative, meaning it related only to students who identify as straight.

Emphasis in the gay male community. The lavender linguistic findings that connect to emphasis to sex in the gay male community likely implies that sex plays a significant role in the community of practice. Of those who were interviewed, 80% of AIDS Generation and 40% Millennials participants view sex as a positive and healthy role in their community (emphasis on sex was not mentioned during either focus study). Meanwhile, 10% of AIDS Generation and 30% of Millennial participants view its high emphasis as potentially destructive. Additionally, no AIDS Generation and 20% of Millennial participants view it as both healthy and destructive.

AIDS Generation participants reported viewing sex as a broader part of gay males' community of practice than Millennials. According to the phrases produced, the broadness from the AIDS Generation appears to include sex itself, society, and conversational, whereas Millennials' broadness does not include the conversational role. Therefore, the AIDS Generation participants appear to accent talking about sex as part of the community of practice more than Millennials. This may possibly be explained by many AIDS Generation participants being alive after gay men began their sexual role in the Sexual Revolution. Their coming of age moment occurred either during or shortly after the Sexual Revolution. This would likely imply that AIDS Generation inherited more of the original lavender linguistic language features of the Sexual Revolution, whereas Millennials likely did not. Millennials were born after the Sexual

Revolution. The examples of lavender linguistic phrases below emphasize sex as a positive and healthy role in gay culture:

Researcher: Explain your views on the emphasis that sex has in the gay male community.

AG2: If a gay man says you're slutty, well, I'd be like "grrr". I like having sex.

AG4: It's everything. I never met a gay man who was strictly, where sex didn't come up somehow.

AG9: The gay community has a healthy perspective on those two things not being the same.

M1: We embrace it more than the straight community and heteronormative people.

M3: Being sexually active is much more in the mainstream in the gay and straight world but particularly in the gay world.

M9: It is who we are, what we are now, and what we are still going to be in the future.

Those who reported viewing sexual emphasis in the gay male community as potentially damaging connect the emphasis with images in the media and peer pressure. Regarding images in the media, images are derived from films, TV shows, social media, and adult films. These individuals reported believing that these particular images feature muscular men, men wearing brand-name clothing, and use technology to communicate with others. Regarding peer pressure, this likely connects with common derogatory expressions in apps/ phones/ technology (Theme 2: Stigma). Examples below show how Millennial participants who view the emphasis of sex as a potentially destructive role in the community of practice (same interview question):

M1: We can kind of get the body dysmorphic, things like that. I think sex and having the perfect body.

M4: A lot of it is trying to find a sense of belonging and trying to deal with insecurities about not being good enough, about having to be the smartest, the sexiest, the best looking, the most successful, and often times, those things are attached to sex.

M5: It's kind of dirty. A lot of just, just about sex and not really looking for a relationship type deal.

M6: Sex is an artificial visage that we're taught that we have to be a part of it if you want to be gay or that part of the gay culture.

When discussing sex in the gay male community, the underlined expressions above appear as content words commonly used in lavender linguistics. Both sets of content words seem to have adapted their differences between viewing sexual emphasis in the gay male community as a positive or a negative aspect of society. Whether participants view sex as a positive or negative part of the gay community, part of language likely adapted from the Sexual Revolution and how it has since evolved may be present in their utterances. Those who view the emphasis that sex has in the gay male community as positive seem to view its emphasis as healthy, normal, bonding, and cultural. Those who view it as negative seem to view it as self-esteem damaging, stereotyping, and unhealthy. These differences would match Wenger's (1998) learning aspect of a community of practice, which says that a community evolves around politics, ethics, and language. All three of these parts of the learning aspect are present in the examples above. When A9 discussed sex as a positive aspect of the gay male community, he referred to "those two things" as love and sex. The participants' use of the pronoun "it" refers to the emphasis of sex in the gay male community.

Emphasis in sexual activity details. The lavender linguistic findings related to emphasis in sexual activity details likely implies that AIDS Generation and Millennials similarly include more thorough details when discussing sex. Both groups of participants were comfortable discussing taboo sex topics such as intimate body parts, sex without a condom/ barrier, bodily fluids, and having multiple sex partners.

The difference between the two generation seems to be that of the four controversial sex topics above, AIDS Generation participants emphasizes intimate body parts and bodily fluids

more frequently than Millennials. In contrast, Millennial participants emphasized sex without a condom/ barrier and having multiple partners more frequently than the AIDS Generation. This finding is seen by the AIDS Generation participants emphasizing sexuality and sensuality in sex-topic conversations. This finding matches Castiglia and Reed's (2012) finding with the Sexual Revolution. This comparison may imply that the AIDS Generation inherited more of how the Sexual Revolution influenced the gay male's community of practice. However, the Millennial participants emphasized mostly sexuality. The difference possibly implies that the understanding of sex as part of the community of practice has faded between the two generations.

Thorough description of sexual activity was mentioned by participants in various parts of the interview process. This topic appeared as responses to questions related and not related to sex. The data below shows phrasal examples in lavender linguistics and HIV discourse that shows similarities and differences in sex topics being more detailed by participants:

AG6: His sex drive, his penis wouldn't get erect anymore.

AG7: I'll be honest; I haven't had safe sex since, maybe twice in '94.

AG9: New studies are saying, even mention, that experiencing ejaculations 15 times a month because of reducing prostate cancer, colon cancer, one of the two.

M1: I certainly never use condoms really; I did once when I was on PrEP.

M2: I was sleeping around and not knowing the people I was really sleeping with.

M6: There was a time that I was using, and I was going on this sexcapade.

The underlined words and multiple word expressions likely apply as content words related to sexual activity details. According to Leap (1995), these underlined expressions would likely signify sex topics as frequent and more detailed. This finding possibly explains the content words and sex topics appearing in various parts of the interview process with most participants from both generations. However, the lack of five senses appearing in their HIV discourse likely

contradicts Leap (1995). Instead, the only sense that appears as content words and close attention to detail is sight.

PrEP (Pre-exposure prophylaxis). During the interview process, AIDS Generation and Millennial participants mentioned PrEP as HIV prevention. *PrEP* is the only used term related to HIV prevention that participants from both generations appear to have in common. The AIDS Generation participants generated one common word, unique to their generation, that relates to PrEP: *Truvada*. Millennial participants produced no common expressions unique to their generation. Truvada is the prescription that is prescribed to those who wish to begin PrEP. Initially, Truvada was designed as an HIV medication that only those living with HIV would take. Between its initial release to the public and today, Truvada began being prescribed as PrEP, which prevents individuals from acquiring HIV.

When PrEP was mentioned in reference to sexual activity, most participants from both generations began their sentences with “I think it’s/ PrEP is” and/ or “I wish”. Participants followed their “I think it’s/ PrEP is” with an adjective that describes their opinion about PrEP being available to the public. Some participants began the sentence with “I think it’s...”, and others began it with “I think PrEP is...”. Adjectives are similar between participants from both generations. This similarity appears based on individuals wanting the rates of new HIV diagnoses to decrease. The “I wish...” sentence showed significant differences between the AIDS Generation and the Millennials, regarding how they finish the sentence. The AIDS Generation seem to reflect on when PrEP had not yet been available to the public. Their phrases seem to not express regret because participants acknowledged that they were unable to make public availability happen. In contrast, Millennial participants reflected on after PrEP was

approved by the FDA. Millennials living with HIV appear more likely to imply regret that they did not begin PrEP before acquiring HIV. Similarities and differences in “I think it’s/ PrEP is” and “I wish” phrases are shown below:

Researcher: Describe your opinions about PrEP and its use as prevention.

I think it’s/ PrEP is ...

AG1: ...a good option for people who are negative.

AG2: ...amazingly awesome.

AG5: ...good.

AG8: ...a great drug.

AG9: ...wonderful.

AG10: ...great.

M1: ...great. ...positive.

M2: ...great.

M6: ...good. ...definite need. ...useful.

M7: ...really a good starting point.

M8: ...awesome.

M9: ...amazing. ...something that everybody should know about. ...great.

M10: ...really good.

I wish...

AG1: ...it was around earlier because I probably wouldn’t have been HIV positive right now.

AG8: ...would have been around when I was younger and a little more promiscuous.

M3: ...it was available to me or made known to me that it was a thing.

M6: ...I was on it before I contracted it.

The adjectives from the “I think it’s/ PrEP is” phrases and the expressions from the “I wish” phrases appear to apply as content words in relation to PrEP. They appear to imply that adjectives are common practice when expressing their opinion about PrEP being available to the public as HIV prevention. The chosen adjectives likely imply that they believe PrEP is a positive option to prevent HIV. Additionally, the “I wish” content words seem to stand as frequently used expressions for discussing the past. When M6 used the word “it”, he refers to PrEP.

Theme 4: Drugs

AIDS Generation and Millennial participants produced HIV discourse that relates to drugs. The drug of choice related to HIV discourse is methamphetamine (meth for short). Drug-related HIV discourse was found by participants to connect with needles, HIV itself, sex, and the gay male community. The former three subthemes found commonly produced nicknames and expressions that relate to HIV discourse. Additionally, all four subthemes reveal common phrases, from the participants, that relate to lavender linguistics and HIV discourse. The needles part of the drug theme found relations in people injecting drugs. Meth and HIV appears to reveal participants' familiarity with how meth use increases the chances of HIV exposure. Meth and sex found connections with increased sex drive and sex without a condom or barrier. Meth and the gay male community shows how participants connect the two in lavender linguistics. An understanding of how drugs relate to HIV, especially meth, reveals how AIDS Generation and Millennial participants appear to connect with lavender linguistics and HIV discourse.

Needles. During the interviews and focus groups, needles were seldomly mentioned when discussing drug use and HIV. When needles were mentioned, participants from both generations acknowledged that needle use is a common part of drug use. Although needles can be used for various drugs, the most common injection drug mentioned by both participants is meth. In this case, the difference between the AIDS Generation and the Millennials appears to be that the AIDS Generation connect needles with heroin and meth, whereas Millennials connect needles to meth.

Terms related to needles that AIDS Generation and the Millennial participants have in common are *slam* and *points*. *Slam* is used in reference of the act of injecting drugs after the

needle has been injected. *Points* is used in reference to the edge of a needle. This word is mostly used when referring to the act of injecting a needle.

Common choice of words used by the AIDS Generation is *shoot up* and *heroin*. *Shoot up* is utilized as the act of injecting a drug. The word *heroin* as a common word of choice is explained by heroin being a common drug of choice (more common than meth) during the AIDS Crisis. Their inability to escape the past possibly explains this word continuing to be common in that generation today.

Common words of choice used by Millennial participants include *pointing the rig*, *ins and outs*, and *intravenous*. *Pointing the rig* refers to the act of injecting the needle into the skin. The expression *ins and outs* pertains to the process of injection drug using. To apply as an in and out, the process would begin when moments before the needle is injected and end moments after the needle leaves the body. *Intravenous* is a term that is not recommended by AIDSpeak for producing respectful HIV-related language. According to Dorn (2018), the term “injecting” sounds gentler than words such as *intravenous* and *shooting*. The choice of expressions used by Millennials indicates a lower sense of attention brought on words recommended for usage by AIDSpeak.

Regarding phrases related to needles and drug use, the AIDS Generation and Millennial participants discussed the connection similarly. Phrasal usage related to needles and HIV most commonly refer to meth use. Phrasal usage likely exclaims the strong impact that meth has in the gay male community. The difference between the two generations is that AIDS Generation appear more likely to use their friends as examples of injection drug use. This would likely imply that AIDS Generation individuals are more likely to support friends who struggle with drug

addiction and assist them with drug recovery. However, Millennials appear more likely to use their injection drug use knowledge instead of friends as examples. Also, they appear more likely to witness meth use than the AIDS Generation. This means during HIV discourse, Millennials appear more likely to share the effects of drugs. This likely implies that Millennials are more likely to associate with those who struggle with drug addiction but less likely to support them with their struggle and/ or recovery. The examples below exemplify this claim:

Researcher: Describe an experience when a friend or loved one struggled with other drug addictions, ones that require the use of a needle.

AG3: I don't know many people that are using needles for anything other than meth.

AG6: I knew they did crystal meth, but when I heard that they shot it up, I think that was the type of junkie that person was.

M2: The only thing I would think about that would just be the use of sharing needles.

M6: I tell other people don't shoot up, even though I feel I personally don't feel I have gone the darkest path that I've seen a lot of needle users use.

M8: It can be an injection drug so there's the risk of transmitting HIV just because if you're sharing needles.

The content words that are underlined commonly appear during HIV discourse when talking about needles in lavender linguistics and HIV discourse. Both generations seem to imply that injecting needles and those who habitually inject needles are emphasized as their choices of content words. The difference that appears to apply to this list of content words is that AIDS Generation also acknowledges meth use, whereas Millennials also acknowledge people acquiring HIV from sharing needles.

Meth and HIV. Terms and expressions commonly used by participants from both generations in reference to meth and meth use include *tina*, *T*, *crystal*, *crystal meth*, *meth head*, and *meth user*. *Tina*, *T*, *crystal*, and *crystal meth* are names commonly used to refer to the drug

methamphetamine. These four nicknames are the same ones provided by Dorn (personal interview, March 27, 2018). *Meth head* and *meth user* are titles that commonly direct to those who use meth.

Terms and expressions unique to the AIDS Generation participants include *smack*, *dog food*, *booty bumps*, *bubbles*, *clouds*, *blowing clouds*, *shooting up*, *shooting rails*, and *drug addict*. *Smack* and *dog food* are common nicknames for meth. *Booty bumps* and *bubbles* refer to meth in its liquid state, which includes bubbles. The liquid state is usually injected. *Clouds* and *blowing clouds* refer to the act of smoking meth. *Clouds* is the nickname given to the smoke that comes out of one's mouth after inhaling meth. *Shooting up* and *shooting rails* refer to injecting meth. *Drug addict* is a common title given to those who struggle with drug addiction.

Terms and expressions unique to the Millennial participants include *speed*, *dope*, *it's a choice*, *once you're an addict you're an addict for life*, and *tweaker*. *Speed* and *dope* are often used as nicknames to meth. *It's a choice* and *once you're an addict you're an addict for life* are expressions used to refer to the act of using meth. *Tweaker* is a common label for those whose drug of choice is meth.

According to common phrases about the relation between meth and HIV, AIDS Generation and Millennial participants appear to have grasped a common understanding of how meth use increases the risk of acquiring HIV. Both generations appear to acknowledge that meth use impairs one's judgment. Both generations seem to concentrate mostly on sexual activity when discussing the relation between meth and HIV. According to the participants, some imply sexual activity, whereas others mention sex directly. The quotes below exemplify the finding of how meth and HIV are related in lavender linguistics:

AG2: The majority of people who live there use meth, and I believe they became positive while they were using meth.

AG5: Meth use impairs judgment, which goes to risky decisions.

AG11: I was always a serosorter, except for of course when I was high on meth.

M4: They may forget to take their PrEP, they may forget to ask about the other person's status, they may forget to use protection in the midst of a high.

M6: With meth use, I think you're not as much inhibited.

M7: My first boyfriend ever struggled with meth, and that led him to getting HIV.

The underlined expressions seem to apply as content words when meth and HIV are mentioned. According to the list of content words from both generations, similarities and differences appear to apply to meth and HIV discourse. Both generations seem to acknowledge mostly acquiring HIV and being under the influence. However, the Millennials seem to also acknowledge mostly HIV prescription and the act of using meth.

Meth and sex. The AIDS Generation and Millennial participants appear to acknowledge that meth often leads to sexual activity. This is due to meth use leading to a higher sex drive while under the influence. In lavender linguistics and HIV discourse, the connection between meth and sex appears to be one extension from theme three, which is sex.

AIDS Generation and Millennial participants produced two common terms that relate to meth use and sex: *party* and *parT*. According to the participants, *party* is a common euphemism used in reference to the act of using meth while having sex. Also, according to the participants, *parT* is most commonly used in the apps. The term is connected to the term “party”. The capital T refers to the nickname often used for meth, T, which stands for *tina*. *Tina* is a slang term for meth. Participants from both generations claimed that the usage of “parT” is convenient, so they may imply that their drug of choice is meth.

The AIDS Generation participants generated no common terms in relation to meth and sex that are unique to their generation. However, the Millennials participants did. The expressions unique to the Millennials include *PNP* (*party and play*), *chemsex*, and *do you do it?* In the case of PNP, “party” applies to meth use, and “play” applies to having sex. *PNP and chemsex* refer to being under the influence of meth while having sex. According to the Millennial participants, PNP is used interchangeably in the apps and in spoken form, while *chemsex* is primarily used in spoken form. *Do you do it* is a common question most commonly asked on the apps to ask if an interested individual uses meth.

According to the produced phrases from participants, the AIDS Generation seems to emphasize more on the quality of sex, while the Millennials seem to connect meth and HIV with other drugs or being desired. Regarding meth and sex, the AIDS Generation appears more likely to connect this connection with theme three, which is sex. That mean their speech patterns appear more likely to accent the sex aspect of meth use more than the Millennials. In contrast, the Millennials seem to have acquired less of theme three with meth and sex. They do not seem to acknowledge the enhanced quality of sex that meth provides. This aspect of their speech likely connects with emotion, also like theme three. The quotes below capitalize these findings:

AG1: The best sex they've ever had is when they're using meth.
AG6: People believe that their sex drive would be better, longer.

M3: Are met with sex and other various other drugs too.
M9: It made me feel sexy and desired and more wanted.

An aspect of meth and HIV that the AIDS Generation and Millennials seem to have in common is sex without a condom or barrier. Both generations appear to acknowledge that the lack of judgement while under the influence of meth often makes an individual less likely to use

a condom or barrier while having sex. Participants appear to be familiar with the effects of meth use, particularly sex related. This similarity in lavender linguistics and HIV discourse is shown below:

AG3: I can see how people wanted bareback sex once they had the meth high.

AG7: Safe sex is the last thing on your mind.

AG9: The drug allows them to engage in activities where unprotected unsafe sex are willingly done.

M4: They may forget to use protection in the midst of a high.

M6: When you have your self-esteem on the line, people are like, "I'm going to cum without a condom."

M8: People will use meth and also engage in condomless sex, so they go hand in hand.

The underlined content words appear to represent the common expressions used by both generations when discussing meth use and sex. According to the two sets of content words, both generations appear to emphasize sexual appetite and sexual activity. The difference seems to be that the AIDS Generation feel an elevated sense of anxiety that relates to meth in the gay male community. However, some Millennial participants acknowledged the feeling of being under the influence and yearning to feel welcome when they speak about this aspect of HIV discourse. Additionally, the Millennials may imply that they expect meth to exist, to where its existence no longer shocks them. This finding would support Barrett (2017) and Lyons' (2010) conclusion that those who are under the influence of meth are less likely to use a condom/ barrier.

Meth and the gay male community. AIDS Generation and Millennial participants appear to connect meth use with the gay male community. Both generations seem to acknowledge that meth use rates are alarming within the gay male community. Most of the meth use that both generations have witnessed appears to be by other gay men. No participants mentioned meth use by anybody outside of the gay male community. However, in reference to

meth and gay men, the difference is that the AIDS Generation appears more likely to emphasize gay men as a community than Millennials. The AIDS Generation seems to believe that meth use damages a community, not just individuals who use meth. Whereas, Millennials seem slightly more likely to expect to witness meth use than the AIDS Generation. The data below shows this finding with meth and the gay male community:

AG6: It's part of the gay community.

AG9: Most of those, they are gay men.

AG10: Meth has destroyed our community 'cause it's such a ramped use in our community.

M7: You have gay meth users, and it becomes this over-arching theme of PNP of that sort.

M8: Meth use in the gay community specifically is becoming a bigger problem.

M9: Meth use, gay sex, and HIV, and something that I always used to say was "it just comes with the territory."

The expressions underlined seem to apply as content words when AIDS Generation and Millennials talk about meth in the gay male community. The differences between the two generations, regarding content words, appear to be that the AIDS Generation emphasize gay men as a community when mentioning meth. However, the content words with the Millennials may imply that they emphasize meth, gay men, sexual activity, and the expectation of encountering meth in the gay male community (ex. bar setting, club setting, residential setting). This finding would connect with Koenig et al (2016), which would confirm the elevated meth use rate in the gay male community as it relates to how people talk about the connection in HIV discourse.

Chapter 6: Discussion

Research Questions

Do the AIDS Generation and Millennials use different language to describe HIV and HIV related phenomena?

If so, how does each generation identify with HIV?

Now that the data collection has been processed, the research questions can be answered. The answers provide an idea of how AIDS Generation and Millennial gay men talk about HIV. Analyzing the answers to the questions provides a deeper discussion of why the answers apply to this study. This discussion may lead to how this research study can be applied in society, thereby benefitting the gay male and the HIV communities.

Similarities and differences exist in how gay male AIDS Generation and Millennials discuss HIV. These similarities and differences can be observed through four themes: general, stigma, sex, and drugs. All four themes saw various levels of similarities and differences. This observation extends through race/ ethnicity and HIV status. These similarities and differences provide a glimpse into how the AIDS Generation and Millennials identify with HIV. This lens can be viewed by studying the choices in words, idioms/ figures of speech, multiple word expressions, and phrases.

There was a lack of diversity pertaining to race/ ethnicity, HIV status, and AIDS diagnosis. Only two participants from the AIDS Generation and no Millennials reported receiving an AIDS diagnosis. Therefore, analyzing whether an AIDS diagnosis affects HIV discourse was not possible from either generation. Also, the lack of diversity in the AIDS Generation group prevented any analysis on how race/ ethnicity and HIV status affect HIV

discourse. Participants in that group consisted mostly of Caucasian men who live with HIV. Only two people of color and one person not living with HIV participated in that group. However, the Millennial group had enough diversity to analyze whether race/ ethnicity and HIV status would affect lavender linguistic features. The Millennial group found no differences among race/ ethnicity, HIV status, and lavender linguistics. In all four themes of this study, the choice in words, idioms/ figures of speech, multiple word expressions, and phrases were mostly similar, regardless of race/ ethnicity and HIV status. This would likely indicate that participants pinpoint identifying as gay as their primary influence in their HIV discourse.

When data for theme one (HIV) was collected, participants mentioned AIDSpeak, general HIV, HIV diagnosis, HIV treatment, and AIDS Survivors Guilt. Lavender linguistic similarities produced between the two generations derive from connecting HIV with other chronic illnesses (ex. diabetes, herpes, HPV) and how HIV treatment is prescribed. Both generations appear to acknowledge that medical advancements can prevent HIV from progressing to AIDS. Therefore, the participants likely imply that those living with HIV do not need to be concerned about dying of an AIDS related complication. However, the differences in how the two generations discuss HIV, in a general sense, appear to originate from HAART being released to the public. Before HAART, AIDS related deaths were common. Hence, the AIDS Generation either knew friends who died, or they were constantly surrounded by the fear of HIV. According the data collected from both generations, the AIDS Generation are more likely to include the death sentence aspect of HIV than Millennials. This likely explains the AIDS Generation discussing the death sentence part through memories of experiences and/ or life during the AIDS Crisis, whereas the Millennials connected it as a historical era or from stories

heard from friends. This likely explains the poignant part of the death sentence aspect existing primarily in the AIDS Generation, not the Millennials. Another difference is how the two generations utilize AIDSpeak. Though both generations appear to acknowledge that HIV and AIDS are two different conditions, the Millennials appear to connect AIDSpeak with people-first, whereas AIDS Generation appear to connect it more with HIV prevention (as noted in the AIDSpeak subtheme of Theme 1). This would likely indicate that AIDS Generation channels AIDSpeak stronger with preventing new HIV cases while the Millennials seem to use it to comfort those living with HIV.

AIDS Generation and Millennial participants discussed HIV stigma similarly and differently. The three parts of HIV stigma that participants discussed were identifying as gay, U=U, and apps/ phones/ technology. Both generations appear to connect the topic of HIV stigma with internalized and externalized homophobia. The data collected likely indicates that lavender linguistic features related to HIV stigma connect with experiences with homophobia. The differences related to HIV stigma direct how participants discuss U=U and technology. Regarding U=U, both generations seem likely to emphasize the importance of HIV decriminalization. Both generations acknowledged that an undetectable viral load means they are unable to transmit HIV to others. Therefore, lavender linguistic features produced by both generations appear to derive from a political standpoint, which includes the hope that politicians will revoke HIV transmission laws that unnecessarily stand in many states (as noted in the U=U subtheme of Theme 2). However, the AIDS Generation appear more likely to view U=U as medical progress, whereas the Millennials appear more likely to view it as a medical breakthrough. Regarding stigma from technology, AIDS Generation seem more likely to discuss

provoked emotions, whereas the Millennials seem more likely to discuss online behaviors and actions.

Participants produced sex-related language that showed mostly differences in how they connect it with HIV discourse. Participants from both generations seem likely to include PrEP usage in sex topics related to HIV discourse. Both generations seem to connect PrEP positively, according to the adjectives connected with their PrEP related phrases (ex. *I think PrEP is...great, good, awesome, etc.*). More notably, a contradiction between emphasis in sex in the gay male community and deeper sexual details exists. The emphasis in the gay male community would likely state that the AIDS Generation views it as positive, while opinions from the Millennials are likely mixed. Yet, sexual conversation in deeper details would likely indicate that Millennials emphasize multiple partners more than the AIDS Generation. This contradiction would indicate that further study on this issue is needed.

Language connected with drug use shows mostly differences in how the AIDS Generation and Millennials connect it with HIV. Both groups of participants seem to emphasize meth use as the popular drug of choice in the gay male community. They seem to connect this community emphasis with sex and how the drug negatively affects their community. The sex aspect of drug-related conversation appears to derive from an effect of the drug increasing sexual appetite and sex being a common part of their community of practice. The difference with the sex part between the generation appears to be that the AIDS Generation seems to connect meth mostly with heightened sexual arousal, while the Millennials seem to connect it with a sense of belonging. Meanwhile, participants from both generations appear to view meth in the gay male community as damaging. Both groups of participants expressed sparse connections with drug use

with needles. This would likely indicate that injection drug use plays a small role in lavender linguistics.

How would readers benefit? Upon examining this study, the readers can benefit by these three ways: learning the importance of comprehensive sex education that relates to all sexual and gender identities, understanding sex culture, and better understanding drug use.

Regarding comprehensive sex education, several Millennial participants reported either receiving heteronormative sex education or abstinence only education during their youth. The heteronormative part of sex education that participants received assumed that all individuals identify as straight. Therefore, non-straight men and women may not necessarily think that the education they are receiving applies to them because they are gay, lesbian, bisexual, and/ or transgender. Hence, one can grasp that several Millennials may not understand the risks of HIV transmission as it pertains to them since they have difficulty identifying with the information and characters in the educational programs. This means that schools need to provide students these two items: more in-depth sex education and sex education that relates to all sexual identities.

Regarding sex culture, this study emphasizes why sex is often viewed by many gay men as part of their community of practice. This study does not suggest that every member engages in sex with multiple partners. Instead, it suggests the role that sex has in their communities of practice. By examining the results, people can develop an understanding of how and why the emphasis of sex in their community evolved to where it is today. As noted in the literature review, the term *slut shaming* was coined to refer to shaming those who chose to engage in sex with multiple partners. HIV experts and researchers (Crimp, 2002; Dorn, personal interview,

March 27, 2018; Spieldenner, 2016) have confirmed slut shaming to not be effective in lowering new HIV transmissions. This type of shaming exists in the gay and the straight communities.

One way to support anti-slut shaming is to encourage PrEP use. One way that PrEP would be beneficial is if an individual chooses to have multiple sex partner. PrEP is not limited to those with multiple sex partners. It is also recommended for serodiscordant couples (one has HIV, the other does not), those who use needles recreationally, and any other activities that would increase the risk of HIV transmission. PrEP would help to prevent new HIV transmissions.

One may hope that a greater sense of empathy for the gay male community based on the elevated level of meth abuse is gained by this study. Although meth abuse is not unique to the gay male community, the community appears to have a high percentage of it. There are many reasons why one may start using meth recreationally. According to some participants in this study, one likely reason is homophobia they encountered in the past. Participants reported forms of homophobia they have encountered such as being bullied, being disowned from family, and othering behavior. For example, one participant reported being disowned from his family after they discovered he was gay and living with HIV, and another participant reported isolation. Therefore, one may conclude that those who use meth seek more than just a feel-good high. They also seek escapism.

How would the gay and the HIV communities benefit? Participants from both generations reported generational misunderstandings between each other, ones that relate to HIV. One example is how acceptance with sexual orientation has changed. The AIDS Generation struggled more to find acceptance in society during their coming of age. Their coming out

process seemed to have been more difficult than it is for Millennials. Finding support and a community of choice was more challenging. The Millennials' coming of age saw more acceptance in society. Therefore, their coming out process was less difficult. More support organizations existed, and they could find their community of choice easier. The data collected may indicate that both generations have acquired struggles that are unique to their generation. More communication about the differences would bridge the age gap that relates to this issue.

Also, many AIDS Generation participants reported the lack of empathy from the Millennials. They believe that many Millennials lack the understanding of what they encountered during the AIDS Crisis. Meanwhile, Millennials reported the AIDS Generation falsely believing that they do not know much about HIV. This study may bridge the gap between the two generations. Bridging the gap ought to promote more communication between the two generations. The increased communication shall promote more understanding and empathy between one another.

Limitations

It is possible that not all participants identify as cisgender. Participants who may not identify as cisgender may not have revealed their gender identity to friends or family. Other gender identities in existence include gender non-binary (gender being neither male or female), transgender (sex and gender being different), bigender (gender being male and female), and others. If this possibility applies to this study, it would apply as a research variable belonging to a different area in lavender linguistics and HIV discourse, not this study. When William Leap coined the term *lavender linguistics*, he connected the term with all sexual orientations and gender identities that were given a name at the time (lesbian, gay, bisexual, transgender, etc.)

(Leap, 1996). Leap (1996) believes that all sexual orientations and gender identities adapted unique linguistic patterns that apply to how they identify. The results of this study appear to support Leap's (1996) claims at least partially.

Like typical qualitative research, data analysis relies solely on what participants say. There is a possibility that some participants may not have spoken truthfully (Mackey & Gass, 2016; Nunan & Bailey, 2009). If this scenario applies and even if it was not intentional, participants' memories may not accurately determine what occurred.

Recommended Further Study

As noted above, lavender linguistics applies to all areas of the LGBT community. This study examined only gay men. Studying other sexual orientation and gender identity communities and sub-communities would provide a broader lens in lavender linguistics and HIV discourse. Hopefully, these suggested studies would provide a broader idea of how various members of the LGBT community discuss HIV and how these linguistic factors reflect on their past HIV related experiences and beliefs.

References

- Albury, K., & Byron, P. (2014). Queering sexting and sexualisation. *Media International Australia*, 153(1), 138-147.
- Altman, L. K. (1981). Rare cancer seen in 41 homosexuals. *New York Times*, p. 3.
- Baker, P. (2013). From gay language to normative discourse: A diachronic corpus analysis of lavender linguistics conference abstracts 1994–2012. *Journal of Language and Sexuality*, 2(2), 179-205.
- Barrett, R. (2017). *From drag queens to leathermen: Language, gender, and gay male subcultures*. Oxford University Press.
- Barrett, R. (2003). Models of gay male identity and the marketing of ‘gay language’ in foreign-language phrasebooks for gay men. *Estudios de Sociolingüística*, 4(2), 533-562.
- Boydell, N., Buston, K., & McDaid, L. M. (2017). Patterns of HIV testing practices among young gay and bisexual men living in Scotland: a qualitative study. *BMC Public Health*, 17(1), 660.
- Brenner, R., & Winter, R. (Producers). Vallee, J. M. (Director). (2013). *Dallas buyers club*. [Motion Picture]. United States. Truth Entertainment.
- Calabrese, S. K., & Underhill, K. (2015). How stigma surrounding the use of HIV pre-exposure prophylaxis undermines prevention and pleasure: A call to destigmatize “Truvada whores”. *American Journal of Public Health*, 105(10), 1960-1964.
- Callen, M. (1997). AIDS: The linguistic battlefield. *Counterbalance: Gendered Perspectives on Writing and Language*, p. 308.

Castiglia, C., & Reed, C. (2012). *If memory serves: Gay men, AIDS, and the promise of the queer past*. University of Minnesota Press.

Center for Disease Control and Prevention (CDC). (2018). "HIV/AIDS." Retrieved March 16, 2018, from www.cdc.gov/hiv/basics/whatishiv.html.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Los Angeles: Sage Publications.

Crimp, D. (2002). *Melancholia and moralism: Essays on AIDS and queer politics*. MIT Press.

Demme, J., & Saxon, E. (Producers). Demme, J. (Director). (1993). *Philadelphia* [Motion Picture]. United States. Tristar Pictures.

Dictionary, O. E. (2018). *Oxford English Dictionary*, 2018.

Dorn, H. (2018, March 27). Personal Interview.

Feldman, D. A. (2010). *AIDS, culture, and gay men*. University Press of Florida.

Feldman, D.A. (2010). "Not one inch" The ruthless politics of developing an AIDS community-based organization. *AIDS, Culture, and Gay Men*, p. 103.

Haimson, O. L., Brubaker, J. R., & Hayes, G. R. (2014, April). DDFSeeks same: Sexual health-related language in online personal ads for men who have sex with men. In *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* (pp. 1615-1624). ACM.

Halkitis, P. N. (2014). *The AIDS generation: Stories of survival and resilience*. Oxford University Press.

- Halkitis, P. N., Wolitski, R. J., & Millett, G. A. (2013). A holistic approach to addressing HIV infection disparities in gay, bisexual, and other men who have sex with men. *American Psychologist*, *68*(4), 261.
- Halmari, H. (2011). Political correctness, euphemism, and language change: The case of 'people first'. *Journal of Pragmatics*, *43*(3), 828-840.
- Harvey, K. J., Brown, B., Crawford, P., Macfarlane, A., & McPherson, A. (2007). 'Am I normal?' Teenagers, sexual health and the internet. *Social Science & Medicine*, *65*(4), 771-781.
- Hoefler, S. E., & Hoefler, R. (2017). Worth the wait? the consequences of abstinence-only sex education for marginalized students. *American Journal of Sexuality Education*, *12*(3), 257-276.
- Holt, M. (2011). Gay men and ambivalence about 'gay community': From gay community attachment to personal communities. *Culture, Health & Sexuality*, *13*(8), 857-871.
- Huber, J. T., & Gillaspay, M. L. (2000). *Encyclopedic dictionary of AIDS-related terminology* (Vol. 877). Psychology Press.
- Jones, L. (2018). 'I'm not proud, I'm just gay': Lesbian and gay youths' discursive negotiation of otherness. *Journal of Sociolinguistics*, *22*(1), 55-76.
- Jones, R. (2010). Learning about AIDS online: Identity and expertise on a gay internet forum. *2009: Language and AIDS. Clevedon, Multilingual Matters*, pp. 171-196.
- Koenig, L. J., Hoyer, D., Purcell, D. W., Zaza, S., & Mermin, J. (2016). Young people and HIV: A call to action. *American Journal of Public Health*, *106*(3), 402-405.

- Kulick, D. (2000). Gay and lesbian language. *Annual Review of Anthropology*, 29(1), 243-285.
- Leap, W. (Ed.). (1995). *Beyond the lavender lexicon: Authenticity, imagination, and appropriation in lesbian and gay languages*. US: Taylor & Francis.
- Leap, W. (1996). *Word's out: Gay men's English*. University of Minnesota Press.
- Leap, W. L., & Colón, S. (2010). Gay men, language, and AIDS. *Feldman (ed.), 2010*, 60-79.
- Lehman, J. S., Carr, M. H., Nichol, A. J., Ruisanchez, A., Knight, D. W., Langford, A. E., & Mermin, J. H. (2014). Prevalence and public health implications of state laws that criminalize potential HIV exposure in the United States. *AIDS and Behavior*, 18(6), 997-1006.
- Lewis, N. M., Bauer, G. R., Coleman, T. A., Blot, S., Pugh, D., Fraser, M., & Powell, L. (2015). Community cleavages: Gay and bisexual men's perceptions of gay and mainstream community acceptance in the post-AIDS, post-rights era. *Journal of Homosexuality*, 62(9), 1201-1227.
- Livia, A., & Hall, K. (Eds.). (1997). *Queerly phrased: language, gender, and sexuality*. Oxford University Press.
- Lyons, T. (2010). The varieties of recovery experience. *AIDS, Culture, and Gay Men*, p. 118.
- Machado, S. (2012). Existential dimensions of surviving HIV: The experience of gay long-term survivors. *Journal of Humanistic Psychology*, 52(1), 6-29.
- Mackey, A., & Gass, S. M. (2016). *Second language research methodology and design*. Erlbaum Associates, Publishers.

- Murray, H. (2008). Every generation has its war: Representations of gay men with AIDS and their parents in the United States, 1983-1993. *Canadian Bulletin of Medical History, 25*(2), 335-365.
- Mutchler, M. G., McDavitt, B., Ghani, M. A., Nogg, K., Winder, T. J., & Soto, J. K. (2015). Getting PrEPared for HIV prevention navigation: Young black gay men talk about HIV prevention in the biomedical era. *AIDS Patient Care and STDs, 29*(9), 490-502.
- Newman, C. E., de Wit, J. B., Reynolds, R. H., Canavan, P. G., & Kidd, M. R. (2016). 'Who's coming up next to do this work?' generational tensions in accounts of providing HIV care in the community. *Health, 20*(3), 258-273.
- Newman, C., Mao, L., Canavan, P. G., Kidd, M. R., Saltman, D. C., & Kippax, S. C. (2010). HIV generations? Generational discourse in interviews with Australian general practitioners and their HIV positive gay male patients. *Social Science & Medicine, 70*(11), 1721-1727.
- Nisbett, A., & Evans, J. (1983). *Killer in the village*. Documentary movie. United Kingdom. BBC.
- Nunan, D., & Bailey, K. M. (2009). *Exploring second language classroom research*. Heinle, Cengage Learning.
- Page, K., Yu, M., Cohen, J., Evans, J., Shumway, M., & Riley, E. D. (2017). HCV screening in a cohort of HIV infected and uninfected homeless and marginally housed women in San Francisco, California. *BMC Public Health, 17*(1), 171.
- Rand, E. J. (2012). Gay pride and its queer discontents: ACT UP and the political deployment of affect. *Quarterly Journal of Speech, 98*(1), 75-80.

- Robinson, P., & Geldens, P. (2014). Stories from two generations of gay men living in the midst of HIV-AIDS. *Journal of Australian Studies*, 38(2), 233-245.
- Safianow, A. (2016). The challenges of local oral history: The Ryan white project. *Indiana Magazine of History*, 112(1), 33-54.
- Slavin, S., & Ellard, J. (2010). Substance, kinship, and the meaning of unprotected sex among gay men in Australia. In *AIDS, culture, and gay men* (pp. 213-230). Gainesville, FL: University Press of Florida.
- Smith, S. (2017, October 23). State health agency joins effort to limit HIV transmission and reduce stigma. *Minnesota Department of Health*.
- Spieldenner, A. (2016). PrEP whores and HIV prevention: The queer communication of HIV pre-exposure prophylaxis (PrEP). *Journal of Homosexuality*, 63(12), 1685-1697.
- Truscott IV, L. (1969). Gay power comes to Sheridan Square. *The Village Voice*, 3, 1-18.
- Vega, M. Y., Spieldenner, A. R., & Tang, J. (2012). Sexo y la ciudad: Sexual, ethnic, and social identity intersections of Latino gay men in New York City. *Californian Journal of Health Promotion*, 10(2).
- Vincke, J., Bolton, R., & Bleys, R. (2010). Gay men, sex, and HIV/ AIDS in Belgium. *AIDS, culture, and gay men*. University Press of Florida.
- Wardhaugh, R. (2010). *An introduction to sociolinguistics* (6th ed.). USA: Wiley-Blackwell.
- Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge University Press.

Yukl, S. A., et al. (2013). Challenges in detecting HIV persistence during potentially curative interventions: A study of the berlin patient. *PLoS Pathog*, 9(5), e1003347.
doi:10.1371/journal.ppat.1003347

Appendix A: Interview Questions

For those who are living with HIV:

1. Describe the emotions and thoughts you faced after being given an HIV diagnosis.

For those who are not living with HIV:

1. Explain what you would imagine it would feel to receive an HIV diagnosis.

For all:

2. Describe what HIV means to you.
3. Describe experiences you have faced from friends and family that relate to HIV.
4. Describe what kind of stigma you have faced that relates to HIV.
5. Name one experience that made you feel discriminated against because of HIV or perceived HIV status.
6. Explain how important you believe politically correct language is when discussing HIV.
7. Explain the societal views of HIV while you were coming of age.
8. Describe what HIV as a death sentence means to you.
9. Describe an experience of knowing a friend or loved one who has died of AIDS related complications.
10. Explain how the death or deaths impact you today.
11. If you live with AIDS survivor's guilt, describe emotions and feelings you face as a result.
12. Describe your experiences of remembering when HIV was a death sentence.
13. Describe what HIV has a chronic illness means to you.
14. Describe what HIV treatment means to you?
15. Describe your opinions about PrEP (Pre-Exposure Prophylaxis) and its use as prevention.
16. Explain your views on the emphasis that sex has in the gay male community.
17. Explain your views on the emphasis of how meth use connects with HIV.

18. Describe an experience when you had a friend or loved one struggle with meth addiction.
19. Describe an experience when a friend or loved one struggled with other drug addictions, ones that require the use of a needle.
20. Describe any generation differences or misunderstandings you have faced when discussing HIV.
21. Describe how you were able to overcome a difference or misunderstanding when discussing HIV with someone of a different generation.
22. List three or more words you have heard HIV be called.
23. List three or more words you have heard in reference to sex.
24. List three or more words you have heard in reference to drugs or needles.
25. Do you have any other experiences, thoughts, or opinions you would like to share?

Appendix B: Focus Groups Articles

The first article about AIDS to ever be published:

Altman, L. K. (1981). Rare cancer seen in 41 homosexuals. *New York Times*, 3.
<https://www.nytimes.com/1981/07/03/us/rare-cancer-seen-in-41-homosexuals.html>

Questions for participants:

1. Describe what you thought of this article.
2. Describe what HIV as a death sentence means to you.
3. Describe your reactions when you first heard about HIV or AIDS.

The article that announced the FDA confirming that U=U (Undetectable = Untransmittable):

Smith, S. (2017) State health agency joins effort to limit HIV transmission and reduce stigma. *Minnesota Department of Health*. 23 October. 2017.
<http://www.health.state.mn.us/news/pressrel/2017/hiv102317.html>

Questions for participants:

1. Describe what you thought of this article.
2. Describe your reactions when you first heard that HIV cannot be transmitted by somebody who is undetectable.
3. Describe what “progress in HIV treatment” means to you.

Appendix C: IRB Approval



Institutional Review Board (IRB)

720 4th Avenue South AS 210, St. Cloud, MN 56301-4498

Name: David Anderson
Email: dlanderson8@stcloudstate.edu

IRB PROTOCOL DETERMINATION: Expedited Review-1

Project Title: Lavender Linguistics & HIV Discourse: How Do Gay AIDS Generation and Millennial Men Talk About HIV?

Advisor: Michael Schwartz

The Institutional Review Board has reviewed your protocol to conduct research involving human subjects. Your project has been: **APPROVED**

Please note the following important information concerning IRB projects:

- The principal investigator assumes the responsibilities for the protection of participants in this project. Any adverse events must be reported to the IRB as soon as possible (ex. research related injuries, harmful outcomes, significant withdrawal of subject population, etc.).

- For expedited or full board review, the principal investigator must submit a Continuing Review/Final Report form in advance of the expiration date indicated on this letter to report conclusion of the research or request an extension.

- Exempt review only requires the submission of a Continuing Review/Final Report form in advance of the expiration date indicated in this letter if an extension of time is needed.

- Approved consent forms display the official IRB stamp which documents approval and expiration dates. If a renewal is requested and approved, new consent forms will be officially stamped and reflect the new approval and expiration dates.

- The principal investigator must seek approval for any changes to the study (ex. research design, consent process, survey/interview instruments, funding source, etc.). The IRB reserves the right to review the research at any time.

If we can be of further assistance, feel free to contact the IRB at 320-308-4932 or email ResearchNow@stcloudstate.edu and please reference the SCSU IRB number when corresponding.

IRB Chair:

Dr. Benjamin Witts
 Associate Professor- Applied Behavior Analysis
 Department of Community Psychology, Counseling, and Family Therapy

IRB Institutional Official:

Dr. Latha Ramakrishnan
 Interim Associate Provost for Research
 Dean of Graduate Studies

OFFICE USE ONLY

SCSU IRB# 1822 - 2330

1st Year Approval Date: 6/20/2018

1st Year Expiration Date: 6/19/2019

Type: Expedited Review-1

2nd Year Approval Date:

2nd Year Expiration Date:

Today's Date: 6/20/2018

3rd Year Approval Date:

3rd Year Expiration Date: