

Gay and Lesbian Issues and Psychology Review

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The Australian
Psychological
Society Ltd.



ISSN 1833-4512

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The Gay and Lesbian Issues and Psychology Review ('the Review') is a peer-reviewed publication that is available online through the Australian Psychological Society. Its remit is to encourage research that challenges the stereotypes and assumptions of pathology that have often inhered to research on lesbians, gay men, bisexual, trans and queer (LGBTQ) people. The aim of the Review is thus to facilitate discussion over the direction of LGBTQ psychology both within Australia and abroad, and to provide a forum within which academics, practitioners and lay people may publish.

The Review is open to a broad range of material, and especially welcomes research, commentary and reviews that critically evaluate the status quo in regards to LGBTQ issues. The Review also seeks papers that redress the imbalance that has thus far focused on the issues facing white lesbians and gay men, to the exclusion of other sexual, gender and racial groups. The Review encourages the elaboration of an expansive approach to psychological research on people of a diverse range of sexual and non-gender normative groups, and publishes articles from across a range of disciplines including (but not limited to) psychology, social work, cultural studies, sociology, gender studies, politics, history and legal studies.

All submissions or enquires should be directed in the first instance to the Editor. Guidelines for submissions or for advertising within the Review are provided on the final page of each issue.

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Indexing

http://www.groups.psychology.org.au/glip/glip_review/

The Review is listed on Ulrich's Periodicals Directory: <http://www.ulrichsweb.com/>

The Review is indexed by:

EBSCO (LGBT Life database)

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Gay and Lesbian Issues and Psychology Review

Volume 8 Number 2

Contents

Editorial: 69
Damien W. Riggs

Articles

New realm, new problems? Issues and support networks in online male sex work 70
Andrew McLean

Fleshy enough? Notes towards embodied analysis in critical qualitative research 82
Rachelle Joy Chadwick

'Aren't men also involved in childbearing?': Rendering the male reproductive body visible to resist gender inequality 98
Brianne Hastie and Suzanne Cosh

Intentional HIV transmission among men who have sex with men: A scoping review 112
Gabriela H. Breitfeller and Amar Kanekar

Book Reviews

The lesbian and gay movement and the state: Comparative insights into a transformed relationship 122
Rakhi Mehta

Queering planning: Challenging heteronormative assumptions and reframing planning practice 124
Joanne Baker

Calls for Papers

Harrington Park Press call for book proposals 126

International Journal of Multiple Research Approaches Special Issue: Mixed Methods in Gender and Sexuality Research 127

Counselling and Psychotherapy Research Special Issue: LGBTQ Young People 128



EDITORIAL

DAMIEN W. RIGGS

This issue of the journal features an eclectic mix of papers that truly highlight how broad the remit is of the field of LGBT psychology. Suggesting that the field encompasses a broad range of topics is not to infer that the field has no focus, but rather to recognise that examining one of the central foci of the field - namely the effects of social norms and discrimination upon LGBT people - requires examining multiple sites in which such norms and discrimination occur. That the field looks at the experiences of heterosexual people, for example, is entirely logical if it results in a better understanding of the operations of heterosexual privilege and the impact of this upon non-heterosexual people. Similarly, it should be unsurprising that research in the field often includes a primary focus on gender, given that gender norms function to regulate not simply gender, but also sexuality (in which the categories of 'men' and 'women' are implicitly presumed to refer to heterosexual men and women). And of course, as has been increasingly recognised within the field, examining the experiences of cisgendered people is vital for better understanding not simply how cisgender privilege operates, but also how the norms that underpin such privilege function to perpetuate discrimination against trans people.

The papers in this issue demonstrate the importance of research on a diverse range of topics. The first paper, perhaps more traditionally located within the field, examines the experiences of Australian male sex workers who initially connect with clients through the Internet. McLean explores in close detail the ways in which this group of men manage the stigma attached to sex work, and the challenges they face in building supportive communities within the sex work industry.

In the second paper, Chadwick highlights why a focus on (heterosexual) gender is useful for understanding norms in relation to reproduction, through her examination of the birth narratives of South African women. Through her development of an embodied reading practice, Chadwick demonstrates the complexities and contradictions within heterosexual women's birth narratives, and highlights the implications of this for women marginalised in terms of norms of gender and sexuality.

Similarly, in their paper on responses to an online paper about gender-based differences in health care pricing, Hastie and Cosh highlight the normative assumptions that are made about men and women in terms of reproduction, and the ways in which this can serve to exclude the experiences of non-heterosexual people. Their findings suggest not simply that gender norms are at work in their data, but also that some respondents shifted the focus away from individual bodies, and towards social responsibility for reproduction, a vital move in current economic contexts.

In the final paper in the issue Breitfeller and Kanekar provide an overview of a sample of papers examining the experiences of men who engage in intentional HIV transmission through unprotected anal intercourse. This phenomenon is one argued to be on the increase, and this overview highlights some of the reasons why this might be the case, and some of the approaches aimed at addressing intentional seroconversion.

As a whole, this issue demonstrates why a diverse range of topics within LGBT psychology is warranted, and how this can further our knowledge of the operations of privilege, social norms, and discrimination.



NEW REALM, NEW PROBLEMS? ISSUES AND SUPPORT NETWORKS IN ONLINE MALE SEX WORK

ANDREW MCLEAN

Abstract

This paper identifies the psychosocial issues present amongst male sex workers within the new context of Internet-based sex work in Melbourne, Australia. Drawing on qualitative interview data, this paper argues that despite the benefits associated with this medium of sex work, certain negative impacts are a reality for many men in this population, with few actively engaging with supportive networks. This lack of support networks may exacerbate the internalisation of stigma, leading many workers to experience anxiety towards being discovered selling sex, with their activities obscured from all but a select few. Identity management techniques were employed by participants in an attempt to distance themselves from their work, primarily via the use of bodily exclusion zones and the construction of sex work as a legitimate profession. The impact of sex work upon the private sex lives of participants is also detailed, before a final discussion outlines the isolation experienced by members of this population, due in large part to a lack of engagement with local services and other workers.

Key words: male sex work, Internet, stigma, support services

Introduction

All too often, new means of technology, whilst seemingly developed to provide for greater convenience and ease in our personal and/or working lives, bring with them new issues and unforeseen complications. One example of this appears in the increased use of the Internet as a medium in which male sex workers advertise sexual services (an area that constitutes the focus of this paper). Whilst the

Internet potentially reduces exposure to violence for sex workers in addition to providing greater levels of autonomy, flexibility and remuneration (McLean, 2012), this does not mean that the sex industry has changed so radically so as to address a number of structural and social factors associated with sex work.

Following on from a review of the literature on the topic, the findings presented in this paper highlight two main themes facing men using the Internet to advertise sexual services.¹ The first of these themes concerns the negative impacts of sex work as described by participants. For example, coping with stigma, as well as the physically and emotionally taxing nature of regularly engaging in sexual relations with strangers - any number of who may potentially prove to be 'undesirables' (e.g., Browne & Minichiello, 1995) - can doubtless impact upon the psychological health and wellbeing of Internet male sex workers (IMSWs). Although the phenomenon of male sex work (MSW) has been somewhat normalised within gay communities (Koken, Bimbi & Parsons, 2010), the effects of stigma were very much felt by the IMSWs who took part in this research, leading many to keep their working activities a closely guarded secret. The findings suggest that certain strategies around identity management are often used by men in the industry with the intent of distancing themselves from their work, particularly in respect of creating 'bodily exclusion zones' (e.g., a refusal to provide certain sexual services) and via the attachment of certain

1 In this paper, Internet male sex workers (IMSWs) are defined as those advertising online but providing sexual services in person, rather than also providing services online (e.g., via webcam).

meanings to their involvement in sex work (e.g., by framing their activities as 'work'). Despite the employment of such techniques, the negative impact of engagement in commercial sex upon the private sex lives of some men was, at times, difficult to ignore.

The second key theme identified in the findings documents a lack of engagement with supportive networks – networks that could possibly allay some of the negative issues outlined above. Participants were generally dismissive of the utility of local services such as *Resourcing Health and Education in the Sex Industry* (RhED), and were often suspicious of fellow workers. Throughout, I argue that the advent of the Internet has brought about some positive developments for male sex workers using this medium, although it has also created new problems of isolation, while failing to remedy more entrenched issues in sex work, namely coping with stigma and the psychological demands of the work. In outlining issues and needs present amongst this population, this research in no way intends to victimise a set of individuals who are, in fact, very independent (possibly to their detriment) and resilient. Rather, it aims to highlight that, in the same manner as many other, more mainstream modes of employment, occupational hazards exist, and individuals can be empowered to address such hazards (e.g., via support networks).

Previous Literature

Researchers have been slow to document the impact of the Internet upon the male sex industry, although a growing body of research now exists examining this population (e.g., Doring, 2009; Koken, Bimbi & Parsons, 2010; Lee-Gonyea, Castle & Gonyea, 2009; Minichiello et al. 2008; Parsons et al. 2001; Parsons et al. 2007; Phua & Caras, 2008; Pruitt, 2005; Rowe, 2011; Uy et al. 2004). Findings from previous research suggest that 'whore stigma' may not impact so greatly upon MSWs as it does for female sex workers. Indeed, some men may even gain in status from engagement in sex work through being 'exalted'

by others in gay communities due to their ability to capitalise on their attractiveness (Goodley, 1994; Jeffreys, 1997; Koken, Bimbi & Parsons, 2010; Zuilhof, 1999). However, this is not to say that MSWs are unscathed by the fear and experience of stigma. A number of participants in Morrison and Whitehead's (2007) study, for example, considered many gay men to be just as discriminatory towards MSWs, if not more so, than the broader heterosexual population. Looking beyond the gay community, Gilbert (1996) considers MSWs to be the bearers of a 'triple stigma', due to the conflation of prostitution, homosexuality and HIV/AIDS by society at large.

Experiences of stigma, according to Goffman (1963), are thought to vary depending on the extent to which individuals internalise a 'spoiled identity' (such as that of the 'prostitute'). Irrespective of the theoretical understandings of the origins and manifestations of such stigma, what can be said with some degree of certainty is that many MSWs experience a very real anxiety towards being discovered selling sex. Whether this is based on potentially experiencing 'whore stigma' in a present context, or in the future (or both), such possibilities inhibit MSWs from revealing genuine information about themselves online as well as in client encounters. Additionally, many MSWs may feel compelled to adopt a work/online persona in the interests of keeping their true identity a closely guarded secret.

Sex workers often employ certain strategies to distance themselves from their work, seeking to lessen any potential psychological impact or involved with the work. In drawing upon the work of Hochschild (1983) and the wider sex work literature, Sanders (2005) highlights four key ways in which female sex workers may 'emotion manage'. Such strategies include the creation of bodily exclusion zones (i.e., an unwillingness to provide certain acts with clients such as kissing, or to allow certain parts of their bodies to be touched); ensuring that condoms are used; providing domination services only (i.e., allowing the client to have no direct sexual contact with them) and, impor-

tantly, through attaching particular meanings to sex work (e.g., engaging in sex as 'work' free of any notion of intimacy and creating and maintaining a working identity who engages in this activity). In terms of MSWs, past researchers have reported MSWs using condoms to establish a 'barrier' that is not used in 'personal' sexual encounters (e.g., Minichiello et al., 2000).

Method

This paper draws upon recent qualitative research conducted in Melbourne towards a PhD investigating men's sale of sexual services online. Ethics approval was obtained from the RMIT University Human Research Ethics Committee in April 2010 and field research was conducted between April 2010 and February 2011. In locating members of this population and requesting their participation, a cold call to various IMSWs was recognised from the outset as the only effective recruitment method. Given their suspected lack of engagement with community services (e.g., Rowe, 2011), it was totally unfeasible to rely on IMSWs' recruitment via the local sex worker outreach and advocacy organization (RhED). Websites gaydar.com.au (*Gaydar*) and rentboyaustralia.com (*Rentboy*) were perused for profiles of IMSWs, with contact numbers recorded for each individual alongside their profile name (rarely their working name, let alone their birth name e.g. 'Austria80', 'Fantasy Boy'). A total of 81 calls were made via this approach, with 58 respondents refusing to participate in the study. The final sample of 23 was comprised of 21 men who identified as gay and two who identified as bisexual.

Informed consent was obtained following the issue of a Plain Language Statement, detailing the aims of the research and the rights of participants. Semi-structured interviews were held at locations of participants' choosing, such as cafés, bars, participants' homes and RMIT University. These ran for approximately one hour and participants were compensated AU\$50 for their time and efforts. All partici-

pants have been assigned pseudonyms to protect their identities.

Interview data were transcribed and analysed thematically. This analysis was performed manually without the aid of software such as Nvivo, although transcript themes were checked for reliability and consistency by a supervising academic. A qualitative approach to the research method and analysis was chosen as it was considered to be effective in identifying nuanced and detailed information concerning the highly personal experiences of this group, and is better placed to understand the complexity of a participant's current situation. During the initial reading of the transcripts, notes of emerging themes were recorded in a preliminary fashion. A re-read of the transcripts saw interview extracts coded under the appropriately identified themes (e.g., 'stigma'). Sub-themes were then identified and excerpts collated under the original theme (e.g., 'disclosure of work'). Despite the value of this approach in identifying rich data detailing the lived experiences of individuals, there are notable limitations. For example, interview data is highly retrospective in nature, potentially allowing for lapses in memory and/or confabulations (i.e., false/constructed memories). Further, the data is only able to reflect upon a participant's perspective and experience as expressed at a particular point in time. This is not to discredit the legitimacy of participants' responses, but rather, to highlight the likelihood that such perspectives may change over time.

Findings

Negative Impact of Sex Work

Experiences of Stigma

Despite sex work and sex workers being somewhat normalised, sexualised and valorised in certain sectors of gay social life, stigma may nonetheless be experienced from other gay men. Tom spoke of making a 'mistake' earlier on in his sex work career in

revealing details of his sex work to acquaintances, many of whom reacted negatively and had drawn upon stereotypes in making the assumption that he was a drug addicted street worker. Adam also believed many gay men harboured negative perceptions of sex workers, concluding that 'they're all bitches'. This was largely due to the manner in which he was highly stigmatised by his partner's friends for being a 'hooker'. For Anthony, telling other gay men the truth about his occupation when out on the 'scene' often elicited a polarised response, with some men finding his involvement in sex work to be arousing, while many others finding it unappealing. These reactions capture the paradoxical tension between the sexualisation and stigmatisation of sex work in the gay milieu.

In what might be considered an attempt to offset stigma, several participants attempted to portray an air of 'glamour' inherent in their work, enjoying the opportunity to fraternise with 'rich, rich regulars'. However, despite access to wealth and wealthy men who would potentially shower a worker with expensive gifts and overseas trips, for some, what is really being sold (rather than access to one's body) was a sense of self-respect:

When I was younger I used to look at escorts online and think 'wow, how impressive' or whatever, but now I do it, I don't. It's the guys that really like themselves that go and get themselves good careers, make good money, feel really good about themselves, and live lifestyles that are completely within the idea that they are important and respect themselves that I admire, and I don't think that if you're a sex worker that you really, completely respect yourself. Not completely. I do like myself a lot better than I did before, but I think if I really, really liked myself then I wouldn't do this work (Seth).

It's more at the time [of jobs] that coping with [stigma] is an issue, like when I first started doing it, the first client I ever saw, I cried and cried and cried, driving, the whole way home – like 'I can't believe my life has come to this' (Jack).

Feeling a conflicted sense of shame was not the only negative thinking experienced by participants. The pressure to conform to idealised perspectives of male physicality, amplified by the Internet's intensive focus on images and photography, seemed to create not only a sense of inadequacy for many workers who felt that they don't fit the mold, but even for those who do. Many workers reported very regular visits to the gym in order to build and maintain a physique appropriate to their line of work in order to meet client expectations. Several relayed feelings of inadequacy associated with this commodification of the body, particularly in respect of not being able to obtain or maintain an erection. Many workers assumed that the functionality of their penis and gym-fit body was inextricably tied to being a successful and dutiful sex worker (over and above other skills that may be required).

A handful of participants, however, adopted a dismissive attitude towards the attitudes of others. Santos considered homosexuality to be so stigmatised that he was already liable to condemnation, and reasoned that his involvement in sex work was unlikely to provoke further experience of stigma. Adam, feeling stigmatised, could nonetheless see the importance of 'holding his head high':

It's such a taboo subject, and it's not shined upon nicely (*sic*), and I am a strong enough person to go, 'well, you're all idiots, really'. Everyone deserves to be treated with the same amount of love and respect. You know there's so much hate in the world, and discrimination, and stuff like that, so I'm proud of myself to a degree that I can hold my head high and say, 'well, I don't care about what you think of this, it's my life' (Adam).

Due to a fear of being stigmatised, several participants mentioned that the opportunity presented by the interview to disclose personal details of their feelings towards sex work was a luxury that had rarely, if ever, been afforded to them previously. Even for those who did feel somewhat more comfortable about their involvement in sex work, few were truly open about it, with the exception of

three men.² Yet each admitted that there were sporadic occasions (such as weddings, extended family get-togethers) where they felt compelled to concoct an alternative professional narrative. In this context, Morrison and Whitehead's (2007) view that limits to disclosure are usually "grounded in the desire to protect others from vicariously experiencing the stigma of sex work" (p. 214) holds true, with these men genuinely concerned as to how it may impact upon their families if public knowledge of their profession came to pass (even though their families were well aware of their involvement).

Identity Management

As one strategy for the management of identity in sex work, bodily exclusion zones were created by seven members of the sample. The most common 'exclusion' noted by workers was their unwillingness to engage in receptive anal intercourse. The more general sentiment of workers seeking to keep some things for 'partners' or a lover is effectively captured in the words of Lachlan below:

It's not a particularly glamorous thing to do, and I don't do things with my clients that other people do, like I don't kiss them and hardly ever go down on them, I don't often bottom³ for them either, I'm more of a top. There are things that I set aside for myself for my own private life, and things that they can have. I always make it very clear when they contact me exactly what I do, because I don't want to mislead people and there's a certain part of myself I can't give people, I don't want it for sale. I try to keep myself a little bit separate from this field (Lachlan).

Conversely, other workers believed that offering 'everything' removes the 'person' selling sexual services from their true self, the

'worker' effectively engaging in sexual activity the likes of which they would typically avoid:

Sometimes people [over the phone] are like 'what do you like, what are you into?' And I'm like, [*rolls eyes*] 'I'm a sex worker; I get into what you get into. I like what you like' (Seth).

I think it's easier to be with these guys [and do anything sexually] because I don't care about them. Like, I'm not shy, because they mean less than nothing, you know whereas if you go out and pick up a hot guy, like that could be intimidating. I know it sounds weird, but [that's the way I think] (Barry).

As highlighted by Sanders (2005), the meanings that individuals attach to their sex working experience can be instrumental to their wellbeing. Similar to the women in Sanders' study, a number of the men I spoke with were active in their construction of sex work as a legitimate form of employment, firmly categorising their experience within the 'sex as work' paradigm (e.g., Perkins & Prestage, 1994). As part of the conditions of employment, it was accepted that they were required to have sex with unattractive and unappealing men on a regular basis, and that the (often) handsome remuneration facilitated an acceptance of this:

This sounds really selfish, but I don't really care about them. To me, they're a number. To me they're money. That's all they are ... I would never meet them in real life (Jack).

If I wasn't getting paid the amount of money that I'm getting paid I wouldn't be doing it. It's not something – having sex with someone who is completely not attractive to me, it's not something I enjoy, but you know, [I] just do it (Brian).

These workers were the most reluctant to report experiences where they might have been aroused during sex with a client, appreciated the client's company, or otherwise enjoyed the experience. When prompted, such experiences were shared, although it was stressed that they were clearly in the minority of encounters experienced during their working lives. This

2 These three men were using their real names in sex work as opposed to a pseudonym, a most uncommon practice.

3 'Bottom' refers to the receptive partner in anal intercourse, while 'top' refers to the insertive partner.

stood in stark contrast to other workers, who all constructed sex as work, but did so in a manner that emphasised the benefits of handsome remuneration, alongside developing friendships and taking pleasure in being able to provide a sensual and pleasurable 'service' for another man. Some participants even considered many, if not most, of their clients to be very attractive men that they would sleep with without payment, leading them to take much pleasure and pride (each even admitting to receiving a solid ego boost) from their work. This attitude was summarised by Tom:

Sex work has always been really interesting to me – it combines something that I absolutely love doing, with making money. I love multiple aspects of sex work, sex is just one – what I would consider to be a small part of the work, for the one hour or two hours that we spend together – there's a lot more that comes before and after that as well. Meeting people is a huge thing as well, from all different walks of life; you get to learn a lot about people when you meet them (Tom).

Conversely, others refused to entertain the thought that some individuals might find this line of work enjoyable. Jack, for example, relayed the story of when he was contacted by another escort, under the impression that the two might establish a friendship. Jack assumed that this friendship would be based upon a mutual dislike of sex work, whereby the two of them might counsel one another through difficult work-related issues. However, when they met for the first time, Jack discovered that his new 'friend' did not loathe his involvement in sex work, but rather quite enjoyed it. Jack was quick to subsequently dismiss him as a 'sleaze':

He told me that he basically loves what he does, like really enjoys it, because you meet great clients, make great money and you have great sex. And I was like – are you for real? You've got to be joking, you enjoy it? Like, I was blown away [and I asked him to leave] (Jack).

Here, we can see Jack aligning himself with what he considers the attitudes of the

'normals' (i.e. non-stigmatised individuals) might be in this situation, displaying "ambivalence [towards] his own kind" in the manner suggested by Goffman (1963, p. 130).

Impact on Sex Life

Irrespective of participants' varying outlooks on their involvement in the sex industry, one psychosexual issue that continually arose in interviews was that of the negative effect sex work can have upon an individual's private (i.e., non-commercial) sex life. That said, sex work may not always negatively impact a worker's private sex life. For example, some participants noted that esoteric sexual practices (toys/dildos, golden showers, fisting)⁴ as requested by clients had come to be something they enjoyed with casual (i.e., non-commercial) partners. This point about actual sexual practices aside, many interviewees were unwilling or uninterested in pursuing a relationship while sex working for several reasons, including not wishing to 'put someone else through that', out of fear of jealousy issues, and as was the case with Brain, feeling it would contravene their ideals of monogamy in relationships:

I don't think I could be with someone and do that. It's not me, I couldn't do it. I wouldn't be with anyone, knowing they were doing it. Like if my partner told me he was escorting, and how do I feel about still being with him, I couldn't be with him [it's just not right] (Brian).

Yet some, such as Seth and Karl, continued to casually date men, although both considered sex to no longer be anything that brings them any real joy:

4 A golden shower refers to urination in sex play, while fisting refers to the insertion of a hand/fist/arm into the rectal cavity. Participation in such esoteric or niche practices (i.e., those which they would usually avoid) raises many questions around how workers may employ dissociative techniques beyond the everyday demands of the work.

I've had a lot of sex, and I kind of feel like I'm – everyone else seems to be a little bit ahead of me, like whenever I have sex, like it takes me more time to get into it, it's so normal that it's almost like making a cup of tea, which is not what sex is supposed to be like... I think maybe I'm going to be desensitised towards sex, in the long term, I don't know (Seth).

It just takes the gloss of it when you're doing [sex work]. You know it becomes just like a routine... [and] takes the gloss off sex when you have it for personal reasons, you become disconnected, it becomes robotic. It devalues the value of sex (Karl).

These sentiments are by no means unique to these two workers, with the devaluation of intimacy and lackluster relationships with non-commercial sex partners clearly evidenced in past research with female sex workers (Taylor, 1991; Rowe, 2011) as well as with MSWs (Dorais, 2005; Perkins & Bennett, 1985; West & de Villiers, 1992). Obviously, this is an issue inherent in sex work that cannot be circumvented or bettered by technology, and one that necessitates a stronger engagement with service providers and associated professionals (e.g., counsellors) so that workers may obtain help in curbing the negative effects on their private sex lives. On the other hand, however, there is also the view that this may simply be a largely unavoidable and unchangeable aspect of the job.

Lack of Engagement with Supportive Networks

Lack of Engagement with Existing Services

The second key theme of this paper concerns the potential isolation of IMSWs, due in large part to a lack of engagement with support networks. Despite the psychological issues faced by IMSWs, most are reluctant to seek any help in dealing with these challenges. Most of the workers I interviewed for this project were lucky enough to have had stable, middle class upbringings and were free of per-

ceived mental health problems. As a result, many saw themselves as self-sufficient and well equipped to deal with whatever threats to their mental health sex work might pose:

I'm a very together person, and I can rationalize everything in my mind. Mentally I'm together – pretty strong, capable and I can see an end to this. It's not like I'm doing it because I have nothing else to do (Lachlan).

These feelings of self-sufficiency were repeatedly expressed in interviews, even amongst certain participants who simultaneously reported feeling trapped, isolated and stigmatised by the work. Such participants could, I believe, benefit from interaction with aforementioned service providers and counseling. As noted, primarily due to fears of being stigmatised, several participants had never disclosed details of their sex work to another person besides myself. While I was content to provide a non-judgmental ear to all of my participants, as a researcher I was limited in my training and ability to provide any long-term strategies for coping with the negative impacts of the work.

Isolation and disconnection from support networks may lead many to deal with the above threats to their wellbeing introspectively. It is important to acknowledge that many participants likely belong to other forms of 'communities', and are therefore not entirely isolated. Yet it is the potential benefits of associating with others on the basis of shared experience that would likely be a positive move for some workers, even if participants largely denounced this initiative. Although some workers knew of RhED and had been in contact with other workers to varying degrees, for the most part the men interviewed were dubious about making contact with support networks. RhED had, until recently, staffed a male project worker committed to supporting all MSWs in Victoria irrespective of their working medium. However, the reality of the situation is that IMSWs are one of the most difficult to reach populations, specifically because of

the medium through which they work (i.e., they are physically inaccessible in contrast to those working in brothels or the known street sex work circuit). Consequently, members of this population are the least likely to seek assistance or advice – particularly if unaware of RhED's existence, as was the case with nine participants. In disregarding the services provided by RhED, some workers such as Brian and Jack are able to distance themselves from their work and the adoption of a sex worker 'identity'. Both felt that to interact with the service would be to announce to the world that they were a sex worker:

This is kind of going to contradict with what I'm doing now [with the interview], but I don't know, I just don't want to get involved in all that... I know I'm doing it, and that sounds kind of silly to say, but the less involved in everything else around it I am, the better, the more comfortable I feel (Brian).

I don't really want them to know who I am, and get into that. When I spoke to them on the phone they said to come into their office, and I don't really want to be seen walking in there (Jack).

Other workers such as Miles considered RhED to be irrelevant to their needs, and Seth was initially under the impression that 'it was more for women, more for the street [workers]'. Yet he relayed his recent experience of having been contacted by an outreach worker to discuss a recent 'crackdown' on sex workers' online advertising, signaling that the organisation has been making a concerted effort to engage IMSWs and be relevant to their needs. Bailey was of a similar opinion to Seth in thinking the service was intended for street workers, and, while he had been to the organisation's site to pick up free condoms and lubricant, felt it unnecessary to engage with RhED staff. The only participants that had ever engaged with RhED to a significant degree were Karl and Tom, who considered it to be a valuable service in providing a rare opportunity to socialise with other workers, irrespective of their gender or working environment.

In terms of safety concerns, Barry emailed RhED after seeing a poster for the 'Ugly Mugs' program during his brief employment at a brothel, and had requested a form to report a client whom had verbally abused him when he requested payment upfront. While face-to-face contact with staff (and less often, colleagues) at a service provider such as RhED may be appealing and indeed indispensable for a handful of workers, it was made clear throughout the interviews that the majority of IMSWs simply don't deem such contact necessary and that RhED is perceived to hold little value as a service. Information pertaining to sexual health, legislation, 'trade tips' and other aspects of sex worker experience is in abundance over the Internet, and thus many workers considered themselves to be 'self-sufficient' and tended to access such information of their own accord. RhED's only means of contact with IMSWs is via passive outreach by means of a RhED profile listed on *Rentboy*, informing individuals of the existence and availability of the organisation to provide advice and support.

Lack of Engagement with Other Workers

Despite the efforts of organisations such as RhED, many IMSWs in Melbourne are failing to access the formal, professional support networks available to them (also available through the national sex worker organisation, Scarlet Alliance). Furthermore, they also appear to be actively avoiding developing informal, casual relationships (i.e., friendships) with other workers, further compounding a sense of disconnection from any form of sex worker 'community' amongst men in this population. Although recent research has found social ties to be strong amongst male street workers (Davies & Feldman, 1999; Leary & Minichiello, 2007) and brothel workers (Smith, Grov & Seal, 2008), little is known about the interpersonal relations IMSWs may have amongst themselves. Prior to the advent of the Internet, de Graaf et al (1994) found that the (print media based) private escorts engaged in their study had little to no contact

with other workers, resulting in the absence of social support networks. It is important to note that the context has changed dramatically in the near two decades since this study, and contact with other workers is now possible via the less personal click of a button, rather than a worker being required to pick up the telephone and talk one-to-one to another worker. Participants in the present study expressed varying degrees of enthusiasm or interest in contacting and networking with their 'colleagues'. For those who desired making online contact or being contacted by others, this was typically related to the prospect of carrying out 'doubles'⁵ with other workers and even 'sharing' workloads, although swapping stories and the informal sharing of advice would also occur:

I met one of them in person. The rest are just online chit chat kind of... we've shared heaps of stories. One of them I've actually done threesome work with before (Brian).

They [other workers] are pretty good if you want advice and that sort of stuff. But I'm not really into it anymore, so I used to have a lot more friends that were workers when I was younger. You can kind of form a bond pretty quickly with someone, if you just contact them. And sometimes people contact me for advice; [when] they want to get into [sex work for example]... I always give them help, I get a lot of young guys that are you know, messaging me and they're really curious and I end up chatting to them online for ages (Karl).

This is not to say, however, that all workers are receptive of online contact. Joseph admitted to feeling like a 'snob', preferring to ignore the gestures made by other workers seeking to initiate contact. More rarely than this contact that is made in a professional context, some workers contacted one another to engage in casual sex – one of the perceived benefits of being in ready contact with a group of (often) handsome, young, and sexu-

ally uninhibited men for whom sexual exploration and education is required for industry success:

A lot of the time if I like am having a night off and just going to party and I want to go out and fuck [so] I'll look and see who's online, like to see what workers are online and I'll proposition [them] (Kent).

Bailey spoke of sharing information about certain clients with other workers in an effort to establish a kind of informal database whereby problem clients may be avoided:

It's good to always have contacts within the industry, because if you have trouble with a client you can feed off someone else and find out if they did it to them as well, and what's the go with that... So it's always good to be in the know when it comes to clients, for bookings and stuff because of STIs that I've spotted and some people getting violent as well (Bailey).

A sense of competition and apathy were the primary factors in IMSWs unwillingness to engage with other workers. While at times the men interviewed reported an ability to make friends with other workers on the basis of shared experience, some expressed the difficulty they had experienced in forming bonds with fellow workers:

I generally find it hard to talk to other escorts, especially on *Gaydar*, they don't communicate. I do live with a couple that have done it before, and are still doing it, so we often communicate about different clients, what to do, what not to do, but generally online, it's quite hard to communicate to them, because they don't reply (Raymond).

Some of the escorts that I've met, and done work with, like doubles and stuff, some of them have been nice, genuine people, and I wouldn't say we're friends or [have] maintained that much contact, but they're the ones that I would go to when someone had enquired about a double. Because there's other people where I've been sharing a cab with them [after the job] and trying to have a conversation or something and they are

5 Doubles refers to a client hiring the services of two workers concurrently.

very fake. It feels like they're sitting there going 'no, you're competition, I'm not giving away any of my secrets' (Matt).

Indeed, Miles spoke of the reticence he had in regards to contacting other workers, as not only does he already have a partner with whom he can perform doubles, but he also considers the industry to be highly competitive, and thus he preferred not to engage directly with the competition:

I wouldn't use the word community at all, in terms of contact. I mean online it's quite competitive, which I find funny and don't overly buy into but I do at the same time... it is competitive, like who's gonna be on top... But I don't need to [contact other workers], and it's not out of any snobby [reason], like not interested or whatever, it's just that there's been no reason to (Miles).

Rather than avoiding other workers out of a dislike for a competitive environment, Steve regarded his fellow workers with distrust and suspicion:

I've met other rent boys out there that have a bad reputation. I try not to associate with other workers. Because it doesn't help with my business. I've had stuff ups, I've had things gone wrong, 'cause I've organised threesomes and -

[What happens? You get stood up or something?]

Nah, it's not that, I just don't like anyone else to associate with my business.

[So is it you just feel like you don't need anyone else's support?]

Yeah, that's it. That website [*Rentboy*] is designed for private escorts, escorts who want to go off on their own, and do their own thing. And that's what they do (Steve).

Kent relayed a story of a Melbourne based IMSW who had purposefully sabotaged a visiting escort's chances of success, by exaggerating the strictness of the legislative changes and giving him the impression that he would be arrested if he was found soliciting sex in Melbourne, clearly seeking to eradicate any potential threat of competition. Aside from a select few who might meet for sex, there ap-

peared to be a reasonably distrustful and hostile atmosphere between workers in Melbourne. I consider Neil to have accurately described the needlessness for this behaviour in his reflection below:

I just think, fuck man, we should be tight – if anything, we should be tight – I mean we're the ones who know better than anyone else what we face, we're the ones that if you're going into a sticky situation, you can either call the police and have to explain yourself to that, or you could potentially call on three or four buddy escorts and they could come to the hotel and get you the fuck out of there. I mean I know which one I'd fuckin' rather do. But it just seems to be really catty, and competitive, and again, why should it be competitive? There's not two men that are the same [so there's plenty of clients for everyone] (Neil).

While support groups for female (and transgender) sex workers tend to exist locally such as *Fun in Australia* (Rowe, 2011), and for workers of all genders (e.g., monthly 'Vixen' meetings), it would appear that many IMWSs are either unaware of their existence or not attending. It was at this point that I, as the researcher, was able to inform participants of the activities of such groups. Although, for the most part, participants appeared disinterested in socialising with other IMSWs, a handful did express interest in participating in social groups in order to combat the population's segregation:

I'm also thinking maybe it would be nice to have that kind of support, and to talk to some other escorts about their experiences, and the way they've dealt with certain things (Barry).

I'm quite comfortable being a worker, and I'm more than happy to meet other workers in a group environment, once a month, or once every six months. But there are lots of guys who aren't comfortable with that, and they don't want to go near RhED in case they get seen going in there or whatever, so sometimes I'll offer like a support role, like [the outreach worker] does to me (Tom).

As described by Smith and colleagues (2008), brothel and street workers do have the advantage of camaraderie and socialising with one another to allay any possible sense of isolation. While it could be argued that these issues of 'community' fragmentation are not unique to Internet workers and could be applied to those involved in print media, it is the element of competition exacerbated by the ability of workers to view and critique the profiles of other workers that *is* unique to this medium. In other words, having readily accessible information about their peers online can lead some to engage in dissociative and judgmental thinking concerning what type of sex worker they are not or do not wish to be.

Conclusions

This paper has sought to outline a number of issues currently affecting IMSWs in Melbourne at an individual and collective level. A range of threats to the wellbeing of workers have been discussed, with some members of this population experiencing the effects of stigma. IMSWs outlined strategies used to manage their identity in order to cope with the psychological demands of their employment, including the construction of sex work as legitimate employment and by creating bodily exclusion zones. For some participants, the physical and mental demands of the work negatively impacted upon their private sex lives. Rather than seeking support to cope with some of these occupational pressures, whether via local services or fellow workers, IMSWs instead were found to avoid supportive networks, resulting in the fragmentation and isolation of this population. As such, whilst the Internet offers an array of advantages and conveniences hitherto unattainable, there are still some issues that are either inherent in sex work or are in fact brought into being by this new paradigm.

As a final note, it is important to detail the limitations of this study. A sample of 23 is a modest size from which to draw firm conclusions pertaining to the mental health and wellbeing of any population. Further, the independent context of IMSW in Melbourne must

be considered – in other words, the results cannot be extrapolated to other cities in Australia or other locales where MSWs are known to operate. Future lines of inquiry might investigate the positive and negative effects of sex work upon individuals engaged in the industry on a more casual basis, in addition to using psychometric tests to investigate the impact of stigma upon those involved.

Acknowledgements

I would like to thank Dr James Rowe, Professor Pavla Miller, Dr Damien Riggs and an anonymous reviewer for helpful comments and suggestions on this paper.

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FLESHY ENOUGH? NOTES TOWARDS EMBODIED ANALYSIS IN CRITICAL QUALITATIVE RESEARCH

RACHELLE JOY CHADWICK

Abstract

This paper focuses on the challenges researchers face when focusing on embodiment in qualitative analyses. Using insights gained through a narrative study of middle-class South African women's childbirth narratives, the paper outlines theoretical-methodological strategies argued to be useful in moving towards alternative, 'fleshier' representations of embodied subjects in critical qualitative research. These theoretical-methodological strategies include: (a) rethinking theories of the body-subject (b) problematizing transcription, and (c) using poetic methodological devices as tools of embodied analysis. The paper illustrates the usefulness of embodied analytic tools through an analysis of the 'fleshy eruptions' reproduced in/through women's homebirth narratives. The analysis shows how an embodied analytic framework enabled a focus on subversive and contradictory lines of storytelling, and facilitated the representation of birthing subjectivities as complex, paradoxical and embodied movements.

Keywords: Embodiment, embodied analysis, childbirth, home birth, narrative poetry, subjectivity

Introduction

'The body' or 'embodiment' have become established as central concepts of investigation in critical social science research over the last three decades (Frank, 1995; Grosz, 1994; Csordas, 1994; Howson, 2005; Waskul & Vannini, 2006; Noland, 2009). Predominantly theoretical, this work has marked 'the body' as "the crucial term" (Grosz, 1994: 19) in efforts to theorise beyond binaries and subvert au-

thoritative knowledge(s). For Foucauldians in particular, 'the body' emerges as a critical nexus: both a site and product of power and a source of resistance (Crossley, 1996, 2001; Kulhmann & Babitsch, 2002). While rich, this corpus has been criticised for theoretical abstraction and denounced for having little to no bearing on the concrete experiences of 'real life', fleshy subjects (Marshall, 1996; Howson, 2005).

Of course, qualitative research on various aspects of 'real life', concrete, embodied experience (e.g., illness, reproductive health, body image, eating disorders, sport) has long been conducted by sociologists, health psychologists, anthropologists, feminists and public health researchers. However, this research has generally not engaged with theoretical developments on embodiment and as a result is often mired by mind-body dualism and biomedical frameworks. 'The body' figures all too often in qualitative studies as an inert object which research subjects talk about (Frank, 1995). While a growing body of work is attempting to move beyond these confines (Gillies et al., 2005; Burns, 2006; Inckle, 2010; Sutton, 2011; Brown et al., 2011), it is proving difficult to produce qualitative accounts which move beyond the representation of the body as object.

This paper is interested in the challenges of providing 'fleshier' qualitative analyses or 'embodied analyses' and uses insights gained from a narrative study of birthing embodiment to explore these issues. The central argument is that we need to move beyond the study of 'bodies' (in danger of reinscribing the mind-body dualism), and develop more sophisticated ways of analysing embodied subjectivity

in critical qualitative studies. Our strategies need to involve theory *and* method or 'theory-method' (Parker, 1992). Thus, to develop 'embodied analyses' we need to first rethink the theories of subjectivity within which we work. In this paper, I present a Kristevan theory of the body-subject as a radical point of departure for qualitative work which wants to take corporeality seriously, and show how it facilitated the study of birthing embodiment. Second, I argue that we need to rethink our approach to the process of transcription. Respecting the 'embodied tellings' of our participants is a crucial step in the development of embodied qualitative methodologies. Finally, I argue that we need to develop alternative analytic strategies. To this end, I explore the usefulness of poetic devices – inspired by the Listening Guide (Gilligan et al., 2003) – as tools of embodied analysis.

The Challenges of Birthing Embodiment

While childbirth has been widely studied since the 1970s, particularly by feminist researchers, there have been few studies which have highlighted the corporeal aspects of birthing. Work by Sbisà (1996), Pollock (1999) and Klassen (2001) are exceptions. The embodied aspects of birthing have recently begun to receive more attention (Akrich & Pasveer, 2004; Chadwick, 2009; Walsh, 2010; Cheyney, 2011). Despite the increasing interest in researching the embodied aspects of childbirth, it is nonetheless difficult to capture the 'fleshy' experience of birthing in qualitative studies. Once again, it is tricky to move past the position where birthing bodies are simply something *talked about* (body as object) in qualitative research.

Part of the difficulty in relying on women's talk *about* their birthing bodies¹ is that their talk is inevitably framed by wider sociocultural discourses about childbirth, many of which remain biomedical and phallogocentric.² Key to the challenge involved in trying to find alternative ways of researching birthing embodiment is the recognition that we are still struggling to

develop woman-centred languages of birthing (Sbisà, 1996; Pollock, 1999). Adequately articulating embodied childbirth experiences is dependent on the development of new birthing lexicons. However, several studies have found that medicalised and patriarchal vocabularies of childbirth are still dominant in women's efforts to narrate their childbirth experiences (Martin, 1987; Sbisà, 1996; Rice, 1999; Kabakian-Khasholian et al., 2000; Martin, 2003; Chadwick & Foster, in press).

Home-birth has long been positioned by feminist researchers as the ultimate form of resistance to biomedical birth (Martin, 1987; Cheyney, 2008), and studies have shown that home-birthers narrate their birth experiences as highly satisfying and often empowering (Morison et al., 1999; Edwards, 2005; Cheyney, 2008). However, while home-birthers do try to (re)articulate birth in alternative, non-biomedical ways (e.g., Klassen, 2001; MacDonald, 2006; Miller, 2009), qualitative studies have found that home-birthers' talk about

1 This project is centrally interested in the ways in which women represent and make stories about their birth experiences. It is thus not about 'real', 'authentic' or 'actual' childbirth; it is about birth stories (see Pollock, 1999). Birth stories do not, of course, unproblematically mirror the visceral process of childbirth, nor do they equal 'raw' experience. At the same time, birth storytelling is potentially able to capture the ways in which women's efforts to 'make sense' of childbirth is comprised of contradictory layers of corporeal and emotional residues and broader, often hegemonic, socio-cultural narratives. More 'naturalistic' data – i.e. videotape footage of women giving birth – is available in some settings outside of South Africa (e.g. One Born Every Minute, a popular documentary series in the UK) and would provide interesting analytic insights into the interactional dynamics of childbirth. This is however not the theoretical or analytic interest of this research project.

2 There is a substantial body of feminist research which has outlined the dominance and persistence of biomedical and patriarchal discourses of childbirth and shown how they disempower birthing women (see Rothman, 1982; Martin, 1987; Davis-Floyd & Sargent, 1997).

their birth experiences remains heavily populated by the language of biomedical birth (Klassen, 2001; Miller, 2009). A medicalised discourse of childbirth is dominant even in the stories of women choosing to give birth at home unassisted and without a birth attendant (Miller, 2009). According to Miller (2009, p. 71), "despite a disdain for the medical model of birth, this dominant discourse nonetheless seeps into women's experiences and stories about their birth experiences."

The challenge I faced was trying to find a framework within which to explore the embodied subjectivities produced in/through women's birth stories. I did not want to ask women questions *about* the birthing body, as this would likely have elicited body-as-object responses. Instead, I wanted to find ways of tracing possible eruptions of the birthing body-subject within women's narratives. While women's stories about childbirth are increasingly plentiful – e.g., the Internet teems with countless websites devoted to birth stories and many women are publishing their own 'momoirs' (Baraister, 2005) of pregnancy, birth and motherhood (e.g. Cusk, 2001; Belkin, 2003) - the visceral and fleshy embodied experience of childbirth is still largely missing from women's stories and wider cultural narratives of birth (Pollock, 1999). Most women tell childbirth stories via formulaic cultural recipes dominated by medicalised scripts in which the embodied experience of birthing disappears. The goal of my project – i.e. to explore the embodied subjectivities at play in women's birth stories – required the development of alternative frames and methodologies. This is the key focus of this paper. Before discussing these strategies, I turn first to a brief contextualisation of my research project.

Context of the Research Project

The research project on which this paper is based was an interview study of middle-class South African women who chose to birth either at home (n=16) or via an elective caesarean section (n=9). All women were interviewed twice. The first interview was con-

ducted when women were approximately seven months pregnant and the second at about six weeks post-birth. The focus of this paper is on the birth story data which was collected in the post-birth interview with home-birthers. This interview was guided by an unstructured approach in order to elicit birth narratives; one key opening question was asked, namely: "Tell me what happened with the birth?". Interviews lasted between one and three hours.

Fourteen home-birthers were white and two were black. The average age of participants was 33 years and all of the women (except one home-birther) were married or in long-term heterosexual³ relationships. One pregnancy was unplanned. All of the births unfolded according to plan and all home-birthers gave birth at home. Ethical approval for the study was obtained by the Psychology Department at the University of Cape Town and standard ethical principles of informed consent, confidentiality and the use of pseudonyms were adhered to. The interviews took place in English and were conducted, transcribed and analysed by the author.

Home-birthers were recruited with the cooperation of private midwives, as well as through advertisements in community newspapers and one national pregnancy magazine.

3 There are dangers present in childbirth research. One of the key problems is that most studies of childbirth (including this one) report only on the stories of heterosexual women and couples. As a result, heteronormativity is often subtly reproduced in childbirth studies and the heterosexual nuclear family is often naturalised and valorised. Like whiteness and middle-classness, the heterosexual identities of the women interviewed in this study remained silent, invisible and assumed in their birthing stories. There is a growing body of studies which is beginning to outline the experiences of queer women and couples during childbirth, showing the pervasive reproduction of heteronormativity in and through antenatal, childbirth and postnatal care and services (see Walks, 2009; Røndhal, Bruhner & Lindhe, 2009; Peel, 2010).

Because of the research interest in women who actively planned to have a home-birth or an elective caesarean section, the sample was biased towards white, middle-class women who could afford private healthcare.

To provide some context, it is important to note that childbirth in South Africa is sharply bifurcated, with middle-class, mostly white women, having access to private medical care, and poor, predominantly black women, attending state-funded obstetric units and public hospitals. According to national statistics, 83% of South African women give birth in the public sector and 6% enjoy high-quality private medical care (South African Demographic and Health Survey, 2007). Public sector figures for caesarean section rates range between 15 and 20 percent (Tshibangu *et al*, 2002). Private maternity care is, however, extremely medicalised, with caesarean section rates estimated at between 40 to 82 percent (Tshibangu *et al*, 2002; Rothberg and Macleod, 2005; Naidoo and Moodley, 2009). This is one of the highest caesarean section rates in the world.

Towards Embodied Analysis

Theorising the Embodied Subject – 'The Speaking Body'

The first step 'towards embodied analysis' was the search for a theory of the subject that would take corporeality seriously. This is a critical move but often overlooked in attempts to provide 'fleshier' methods of qualitative research (e.g. Sandelowski, 2002; Gillies *et al*, 2005). In the case of this project, the need to find an alternative theory of the subject was underlined by the realisation that childbirth research is dominated by individualist frameworks. Thus, most studies of birth experiences work within an implicit individualist theory of the subject, in which the self is seen as bounded, coherent, rational and largely disembodied. This is not conducive to the study of embodied and potentially contradictory birthing subjectivities (DiQuinzio, 1999). Indi-

vidualist models are also implicated in several problematic binaries (e.g., body/mind, self/other, individual/cultural), all of which impede adequate analysis or representation of embodied birthing subjects. As a result, qualitative studies of childbirth often represent 'ironed out' or 'smoothed over' (Stephens, 2004) versions of women's experiences, with little sense of the potential ambiguity, contradiction, 'fleshy' or plural aspects of birthing⁴.

My aim was to find a theory of the subject which was able to think subjectivity as both embodied and ideological. This is where the work of Julia Kristeva became indispensable. For Kristeva, subjectivity is 'a strange fold', situated like "an intersection or crossroads" between the practices of culture, discourse, ideology and the body (Boulous-Walker, 1998: 105). Fusing psychoanalysis and linguistics, Kristeva theorises bodies, subjectivity and language simultaneously. Central to her work is the poststructuralist argument that there is no subjectivity prior to or outside of language (Kristeva, 1986). Language here does not however simply refer to a separate system of words or meanings. Instead, language is *a signifying process* in which both bodily energies and social constraints become transfused and in which 'the speaking subject' is made and unmade (Kristeva, 1980). Kristeva's theory of subjectivity departs from other poststructuralist positions in arguing that language itself cannot be understood or approached apart from the 'speaking being' whose energy infuses meaning into language. The body is brought back into language by her insistence that bodily energies and rhythms are an integral part of the meaning-making process.

According to Kristeva, the signifying process is made up of two different orders: a semiotic mode and a symbolic mode. These 'modes' are energies or movements that are both nec-

4. The plural and contradictory aspects of birthing and mothering are beautifully depicted within the poetic and autobiographical texts of women writers such as Chesler (1979).

essary for the production of meaning and subjectivity (Kristeva, 1984). The symbolic is "clear and orderly meaning" (McAfee, 2004, p. 15), denoted by the grammar, syntax and logic of language, while the semiotic eludes definition. According to Grosz (1989, p. 43), the semiotic is: "the energies, rhythms, forces and corporeal residues necessary for representation". The semiotic is a constant undercurrent within the symbolic and provides the energy which converts static words into a sensual matrix of meaning and which threatens to disrupt univocality, coherence and symbolic logic (Boulous-Walker, 1998). Subjectivity and meaning-making are seen as constituted by the dialectical play between semiotic and symbolic modes.

In Kristeva's theory, both 'the body' and language are thus constitutive of the subject. The Kristevan subject literally "embodies a kind of lived contradiction ... [a] state of crisis" in which subjectivity is "poised between the practices of body, society and text (Boulous-Walker, 1998: 107). Subjectivity is thus necessarily embodied, contradictory, and polylogical. It is useful to think of the Kristevan subject as simultaneously an infolding of socio-cultural discourses, material contexts and ideologies, and an unfolding of bodily energies, desires, drives and rhythms. Kristeva's theory thus goes some way in troubling the binary between language/discourse and 'the body' which still dominates social theory and most qualitative research. Radically, she manages to insert 'the body' into language and language into 'the body' (Kristeva, 1984). Any clear cut distinction between 'the body' and discourse thus becomes defunct. Kristeva thus positions language in concrete bodies and reminds us that sensual bodily energies and rhythms (the semiotic) are an integral part of meaning-making.

How then did Kristeva's theory of the subject contribute to the process of developing a framework for 'embodied analyses'? In listening to the audio-recordings of the birth story interviews, I had felt strongly that there was somehow a 'voice of the body' that was crack-

ling in and through these tapes. I didn't know how to label it. Increasingly I began to see that:

Voices are alive. Meaning crackles in-between words: in breaths, rhythms, a myriad of laughs, pauses, spaces in-between, rising and lowering pitch, snapping fingers and guttural sounds (that are difficult to convert into conventional alphabetical letters). The dance between the interviewee and myself: my interruptions, my nervous laughter, my awkwardness –hanging – suspended in questions that trail off ... (Research journal, 16 August 2005)

Searching for ways to understand or think through this embodied 'crackling' or 'voice of the body', I began to read work by 'the French feminists' in the hope of getting a handle on the concept of *jouissance*⁵. The work of Kristeva (1980, 1984, 1986), with its emphasis on bodily or semiotic energies as an integral part of meaning-making, resonated strongly with my experiences in listening to the interview tapes, and gave me a theoretical grid within which to make sense of the poetic, affective and visceral force of the body within women's birth stories. It also provided a way of theorizing the "potentially disruptive meaning that is not quite a meaning below the text" (McAfee, 2004, p. 24), and approaching the 'fleshy' or sensual subjectivity in/of birth stories. Finally, Kristeva's theory provided a poststructuralist framework which, while highlighting the centrality of discourse, also returned 'the body' or 'the speaking being' to the centre of analysis. However, while providing a theoretical framework, a further challenge was how to turn this productive theory of the embodied subject into concrete methodological and analytic tools? I turn now to a brief discussion of transcription as a critical

5 According to Grosz (1989), the term *jouissance* is itself undecidable and refers both to orgasmic pleasure and "a more generally corporeal, non-genital pleasure" (pp. xix).

step in my research journey *en route* to developing embodied analytic tools.

*Transcription – Respecting
Embodied Tellings*

There is, of course, a considerable body of sociolinguistic work dealing with issues pertaining to transcription, particularly within the conversation analytic tradition (Jefferson, 1984, 1985; Hepburn, 2004; Psathas & Anderson, 2009; Hepburn & Bolden, in press). In this microanalytic tradition, all utterances, gestures, pauses, verbal and non-verbal actions are considered important and are fully transcribed (usually via the transcription system derived from the work of Gail Jefferson) with the broader aim of studying “talk-in-interaction” (Hutchby & Wooffitt, 1998, p. 13). Unfortunately, this rich body of work on transcription is often ignored by qualitative researchers working outside of conversation analytic methodologies (Oliver, Serovich & Mason, 2005; Hammersely, 2010), and transcription is still seen by many qualitative researchers as an unproblematic, a-theoretical and neutral process of replicating what is on the audio-tape (Lapadat, 2000). Qualitative analysts working within grounded theory (Charmaz, 2006), thematic analysis (Braun & Clarke, 2006), interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009) and critical discourse analysis (Van Dijk, 1999) have tended to take a denaturalised approach to transcription in which the substantive content, rather than the detailed intricacies of speech acts, is foregrounded (Oliver, Serovich & Mason, 2005). In the context of my project, the problem with a denaturalised approach to transcription is that it prunes out the embodied quality of talk and storytelling. My positioning within a Kristevan theory of embodied subjectivity, in which bodily eruptions in speech (in the form of intonation, pitch and rhythm fluctuations) are critical to analysis, meant that the dominant qualitative mode of denaturalized transcription became untenable. However, my research goals were also not compatible with conversation analytic frameworks and modes of transcription. I was not,

for example, interested in documenting the micro-analytics of birth storytelling interactions. Instead, my chief analytic interest was trying to capture the distinctive ‘ways of telling’ present in women’s stories about their birth experiences with the goal of potentially mapping alternative, subterranean story-lines. The unintelligible sounds, intonations and rhythms often pruned out of transcriptions were thus repositioned as central to analysis and as an integral part of ‘fleshy’ and embodied meaning-making.

My admittedly idiosyncratic approach to transcription (see Table 1 over page) was thus directly structured by my analytic and theoretical interests, or as Jefferson (1985, p. 25) calls it; “what we might want to attend to”. I favoured a ‘naturalistic’ style in which utterances, sounds and idiosyncracies of speech style were transcribed as fully as possible (Oliver, Serovich & Mason, 2005). At the same time, my approach to transcription was geared towards readability, unlike the orthographic transcription favoured by conversation analysts which can become difficult to read (Hepburn & Bolden, in press). I also tried to respect the rhythms of speech as much as possible and did not impose artificial regulation by adding in ‘full-stops’ and other grammatical devices. My goal was to try and represent as much of the embodied, lively, ‘breathy’ (semiotic) qualities of speech as possible. Respecting participants’ embodied tellings by trying to transcribe as much of the messy and lively qualities of their utterances as possible, was a critical methodological move which later enabled an analytic focus on ‘ways of telling’ as a key interpretative device.

*Poetic Devices as Tools of
Embodied Analysis*

While a mode of transcription respectful of embodied tellings was critical to my project, I still had to find ways of transforming Kristeva’s theory of the embodied subject into concrete methodological strategies. This was not an easy task. Coming from a background in discourse analysis (Parker, 1992) and rhetorical

Table 1: Guide to transcription notation

*	Undecipherable words/phrases
(*)	Short pause
(***)	Very long pause
(...)	Words omitted
You(r)	Completion of word in round brackets
[doctor]	Explanatory material in square brackets
Massive	Words or phrases spoken loudly
...	Speech trails off
#	One person talks over the other
{whisper}	Words that are whispered
[<i>soft</i>]	Words spoken softly italicized in square brackets
<i>Good thing</i>	Words spoken slowly for effect
<i>Tiny</i>	Words spoken slowly, loudly and with emphasis
↑Oh my word↑	High pitched words
then it happened	Low pitched, deadened words
<u>Definitely</u> (bold and underlined)	Words spoken loudly and with emphasis
<u>No</u> (underlined)	Words that are emphasized
I really want to	Words spoken fast
^^Oh my word^^	Words spoken with laughter in voice
OH NO	Words that are shouted out

analysis (Billig, 1987) meant that I was familiar with deconstructive textual analyses. However, these methodologies can become somewhat 'discourse determinist', and do not provide a particularly useful framework for the examination of embodied subjectivities. I needed to find analytic and representational strategies that would enable an exploration of women's birthing subjectivities as embodied, plural and potentially contradictory.

This is where the voice-centred relational method or 'listening guide' developed by Carol Gilligan and colleagues became critical to my project. With roots in psychoanalysis and relational psychology, the listening guide is a psy-

chological method of qualitative analysis that focuses on notions of voice, resonance and relationship and aims to explore the inner psyche or individual subjectivity (Gilligan et al., 2003). The self/psyche is, however, not assumed to be univocal or coherent within this methodology. Instead, the listening guide conceptualises subjectivity as comprised of multiple and often contrapuntal (contradictory) voices. The method involves a series of sequential 'listenings' that are designed to enable the researcher to 'tune-in' and distinguish different voices embedded within narratives. These 'listenings' involve (a) listening for the plot (and one's own responses to the interview, narrator and narrative), (b) listening for

the 'I' voice and (c) listening for contrapuntal voices (Gilligan et al., 2003). The second step in analysis, namely listening for the 'I' voice, became methodologically important in my aim of developing embodied analyses. Listening for the 'I' voice entails systematically highlighting the narrator's 'I' voice throughout the transcript text. Each use of the word 'I' together with any "seemingly important accompanying words" (Gilligan et al., 2003: 162) are underlined with a coloured pencil. The researcher then constructs 'I poems' by pulling out all of these 'I' voice phrases and positioning them on separate lines to approximate a poem. These 'I poems' enable the researcher to create/convey "an associative stream of consciousness carried by a first person voice" (pp. 163), and places the shifting and potentially contradictory *subjectivity* of the narrator at the centre of analysis.

In my own analysis, I constructed 'I poems' as well as other kinds of pronoun poems (highlighting pronouns such as 'they', 'she', 'you', 'we' and 'it'). Drawing on the narrative work of Frank (1995), who identifies the repeated use of an 'and then ... and then ... and then' style of telling as characteristic of what he terms 'chaos narratives', I also followed the use of this phrase where relevant. In some cases, I used this material to construct longer narrative poems in which sections of interview data was represented in poetic form. The use of 'I' poems, pronoun poems and more worked-up narrative poems offered novel, poetic and analytic strategies whereby the *subjectivity* of the interviewee could be highlighted, traced and poetically represented. The use of poetic forms to represent interview data is of course not new or limited to the listening guide methodology. Other researchers have experimented with research poetry (Richardson, 1997; Gannon, 2001; Poindexter, 2002). Furthermore, given that narrative researchers are generally interested in narrative data as a whole, it is not surprising that several have departed from conventional methods of representing interview data (i.e., cutting and pasting isolated chunks of talk as 'extracts') and have played with poetic styles

of representation (see Gee, 1985; Reissman, 2008).

The use of the listening guide and its associated poetic devices was critical in the development of 'embodied analysis' because it allowed me to foreground the shifting subjectivities and multiple, contrapuntal voices of participants. Conventional methods of representing interview data do not, in my view, allow the complex, shifting and potentially contradictory subjectivities of participants to be adequately represented.

Towards Embodied Analysis

In this section, I give some brief examples to show how the theory-method strategies discussed above enabled the emergence of embodied birthing stories in my analysis of South African women's home-birth stories. Overall, women told home-birth stories as an interplay between a hegemonic medicalised narrative and the fleshy, lived bodily-emotional experience of birthing, which emerged as story lines of disruption to the dominant narrative. Below I focus on the fleshy story lines of disruption that emerged when women told childbirth, showing how the theory-method strategies outlined in the paper facilitated embodied analysis.

Fleshy Eruptions: Constructing Embodied Subjects

While the dominant narrative structuring women's stories of their home-birth experiences was a medicalised 'clockwork' version of childbirth (see Chadwick, 2009), women also told subversive stories. These stories tended to be 'fleshy', and offer complex portraits of embodied birthing subjectivity. In these stories, the birthing woman was often reproduced as *an embodied self*, empowered and knowing. For example:

Rachelle: Did you know that this was it [labour]?

Lorna: I had a very strong feeling, because it was, they were regular and they

were getting stronger (R: hmm) every hour they were getting stronger, and I was actually, I was walking and I'd stop and I'd ask, I would start, my legs were starting to buckle (R: hmm) and I'd stop and I'd breath, and I wasn't even timing it because I knew that they were getting closer and closer...I could feel them [contractions] getting stronger and stronger, so I knew that, I was, it was getting close now (...) I came through here [to lounge] and, cause everything was set up here, came through here and I just, I got a contraction and I just, I squatted and my waters broke (...) when I felt the pressure, when I felt his head coming down, said 'I need to turn around' and as I turned around I just went down and I was in Nick's [partner] legs and I could feel his head coming down.

Without even mentioning 'the body', it is evident from the above extract that Lorna is constructing an embodied birthing subjectivity in which she is active, empowered, knowing and fully sensate. This is even more graphically illustrated by pulling out the 'I' voice statements within this extract of talk. For example:

I had a very strong feeling
 I was actually
 I was walking
 I'd stop
 I'd ask
 I would start
 I'd stop
 I'd breath
 I wasn't even timing it
I knew
 I could feel them
I knew
 I was
 I came
 I just
 I got a contraction
 I just
 I squatted
 I felt the pressure
 I felt his head
 I need to turn
 I turned
 I just went down
 I was in
 I could feel

Lorna tells her 'I' as a moving, feeling, knowing, needing and thinking embodied subject. There is little sense of any division between a 'body' and a 'mind' – instead, the birth process is told from the perspective of the embodied self. She speaks of being guided by "a very strong feeling" in monitoring her labour and does not play the clockwork medicalised game of deciphering her contractions according to an external system or timetable – instead she speaks of focusing on how she felt and says: "I wasn't even timing it because I knew".

There was also often a strong sense of embodied pleasure present in the way women *told* childbirth. The semiotic, joyous birthing body at times seemed to become transfused into women's talk. For example:

Mandy: ... I just pushed *incredibly hard* on the third contraction, and then pushed her out (laughs)

Rachelle: Just like that?

Mandy: (With laughter) Ja [yes], and everyone got quite a fright because they weren't expecting it, it's so funny (...) and the she [midwife] was going, 'Yes, that's right, there she's crowned, OH SHE'S COMING, OH NO, HER HEAD'S OUT, HER HEAD'S OUT (R laughs) OH GOD, YE(s) (both laughing)

Infusing Mandy's talk in this extract is a powerful sense of joy and pleasure. At one point she virtually parodies orgasm in the rhythm of her telling: "OH SHE'S COMING, OH NO, HER HEAD'S OUT, HER HEAD'S OUT, OH GOD, YE (s)". The birthing body-subject emerges here as powerful and potentially ecstatic. Other women tried to convey this sense of joy by invoking metaphors of birthing. For example, for Erina, giving birth was "like *dancing*":

Rachelle: What did you like best about the birth?

Erina: When I was in the bedroom and the lights were low and the music was playing and (*) it was like *dancing*, it was a (*) it was nice (*) ja, I was bobbing around the room and (*) ja [yes], that was, that was nice.

Importantly, the sense of embodied pleasure potentially evoked by home-birthing was rarely directly expressed by women. Instead, it emerged 'between the lines' in the fleshy ways in which words, sounds and phrases were told. For example:

Janet: Ja [yes] it [the birth] was *really good* (R laughs), **in fact I really* (chuckles) *want, want to have another one now** (R: really?) *to see if I can do it all again* (excitement and laughter in voice)

Rachelle: That's fantastic (J chuckles)

Janet: Ja [yes], it was, it was a **good** birth.

When I asked if there was anything 'orgasmic'⁷ about their births, most of the women denied any such connection. Mentioning the word 'orgasm' seemed to elicit a 'narrow' heterosexist definition of 'orgasmic'. Thus, although Jolene could "see *why* they [other birthing women] would get to that conclusion" she was adamant that 'orgasmic' was something bound up *with sex*, and thus was sharply distinct from birthing. Other women were more open to this interpretation, although also denying it in the end. For example:

Rachelle: ...they've actually got this whole site where a lot of women have written stories and they claim that there's a *pleasurable* aspect to birth #

Angela: Ja, one of my mom's friends told me that she had two orgasms while she was giving birth (R: okay) I didn't feel it, well maybe I didn't stop and allow myself to feel it, but I wasn't even thinking about it, no ↑ *I didn't*, no ↑ *I didn't*, no ↑ *I didn't* (R laughs) no, I didn't find it pleasurable I don't think, I mean it was hard work (R: ja) it really was.

While on the surface reading of (the symbolic meaning of) this extract Angela rejects the idea that she experienced anything orgasmic or pleasurable during birthing, there seems to be another level of meaning which emerges through the rhythm, pitch and repetition of the language *as spoken*. Thus, the repetition and sounding rhythm of the words, "no ↑ *I didn't*, no ↑ *I didn't*, no ↑ *I didn't*" hint at an uncontainable and 'other' kind of meaning *riding between* symbolic lines. In the way in which this phrase *is told*, it actually comes close to approximating the guttural, high-pitched and rhythmical bodily sounds that often accompany orgasm.

While reproducing the birthing woman as an embodied subject at one with and often enjoying the fleshy birth experience, at other points in their narratives women constructed birthing subjectivity as fragmented and undecidable. There was therefore not one form of birthing embodiment reproduced in women's narratives. Instead, home-birth stories evoked multiple kinds of embodiment and often danced between paradoxical modes of subjectivity. Women thus veered between an embodied self and a split subjectivity; birthing was narrated as both out-of-body and in-body, an experience of disconnection and a profound process of merging and connecting. For example, birthing was often constructed as encompassing both sides of the binaries outlined in Table 2 over the page, therefore rendering the boundary lines between these terms undecidable.

Identifying a story line of birth as undecidable was facilitated by my use of poetic devices or 'pronoun poems' in which I found that all of the women, at some point in their narratives, invoked something that they referred to as the 'it'. For me, this was an analytically interesting aspect of their birth stories. However, it was often difficult to ascertain exactly what women meant by this term. The precise meaning of this 'it' was therefore itself *undecidable*. For example, the 'it' could mean several things: pain, the birthing body and/or the birth proc-

6 This mode of questioning was triggered by my discovery of several Internet sites (e.g. <http://www.unassistedchildbirth.com/ecstasy> and <http://www.unassistedchildbirth.com/orgasmic>) containing women's stories about 'orgasmic childbirth' and 'childbirth ecstasy'.

Table 2: Binaries evoked in narratives of birthing

life _____	death
self _____	other
material _____	spiritual
animal _____	human
connection _____	disconnection
inside _____	outside
pleasure _____	pain
here _____	there
one _____	two
out-of-body _____	in-body
body _____	mind
sense _____	non-sense

ess itself. Present in most of the home-birthing stories was therefore something which I called (following the listening guide) a voice of the 'it'. This 'voice' conjured up an alien, uncontrollable, all-powerful force radically *other* to the 'I' (or the 'me'), which came to colonise or infiltrate the birthing body-subject during childbirth. Often this 'it' became personified and 'did' things to the birthing subject that were beyond their conscious control. For example:

Stephanie: The active labour was **incredibly** powerful, I was just, I had waves and waves of contractions, incredibly painful, one after the other for hours, um, it was like, I, it was nothing like I could **ever** have anticipated, um, and it, it just carried me, you know, so there is no sense of objectively viewing this experience that I was in, it just absolutely **took** me and I came out the other side of it, um, having lived through something I could never have anticipated.

The 'it voice' was also elusive, slippery and vague, bubbling up in women's stories and hinting at the limitations of language and story-telling in relation to the birth experience. When trying to articulate the subjective ex-

perience of birth-giving, women often struggled to find words and often fell back on cryptic 'it voice' phrases which often left only a lingering sense of absence, pointing to the inevitable gap between linguistic representations and fleshy, lived experience (Grosz, 1989). For example:

Angela: On Thursday night I went into labour and I was in intense labour for 10 hours (*) and ↑ it was quite an experience ↑ (R laughs) (A laughs). He was born at half past nine (R: okay) from half past eleven to half past nine was (*) intense (*), it was hard work, you know, um (*) ja [yes], and I mean labour in itself changes you, it's, it's, ^^it's really quite something^^ (both laugh)

The power of a disruptive 'it voice' is further highlighted by pulling out and isolating 'it phrases' in the form of pronoun poems. For example, consider this 'it poem' drawn from Lizette's birth story:

I mean
it's just
it is what it is
it was fantastic
it was *fantastic*

like the most dreadful experience
and the most fantastic
it is
it is
it is
it's like *nothing* that you can
there's no logic
or there's no
it just doesn't belong
to this world
I mean
it doesn't make sense.

Here we can see the relationship of the 'it voice' to a marginalised yet disruptive story line of birth as an undecidable and paradoxical experience threatening to collapse assumptions regarding rational agency and control. While (as I have already illustrated) at times home-birthers constructed themselves as embodied subjects in/through their birth narratives – as empowered, knowing and fully present – at other times, more fragmented and contradictory forms of subjectivity were invoked. The complex subjective experience of childbirth – as split, integrated, knowing, out-of-control, empowered, paradoxical and undecidable – disrupts, interrupts and exceeds individualist and phallogocentric models of the self. Birth was thus constructed as a dance between contradictory forms of subjectivity in which the birthing woman emerged as concretely embodied, intersubjective, unified, multiple and fragmented. Birthing subjectivity was reproduced as a complex, shifting and contradictory *movement* rather than a static core. This is best illustrated in the form of a narrative poem, given below, which hopefully shows the shifting and paradoxical movement of birthing subjectivity as voiced in the story of Janet:

and then
I had a **really, really** big contraction
um
and my waters broke
it was like
you could **see** it actually break
it was so forceful
it was like a (*)
like a jet stream in the bath!

then
the next contraction
I just had this incredible pushing
I just
it knocked me **back**
it was so **intense**
it was just this (*) push...
the intensity
the pain intensity just went *through the roof*
the intensity just suddenly went 'pew'

I said
I said to Simon [husband]
"Phone Tina [midwife] this baby is coming!"
I could just feel
this incredible pushing force
it absolutely knocked me
I was on my back
the force of it
it was (**)
it was these **huge** waves of pushing
just
it wasn't **me** pushing
it was such a force
it was like
I say
the intensity of pain
it just went 'pew' *through the roof*

I said to Simon
"this baby's coming!"
I could actually
I could actually feel the vulva expanding
I knew
this baby was really coming

I was
I was
I was so overtaken
by these contractions
that were coming
coming
coming
this baby that was coming

Representing parts of Janet's story in poetic form allows the shifting and paradoxical movement of birthing subjectivity – which veers from a knowing and embodied self to a self 'overtaken' and overwhelmed, infiltrated and fragmented by an alien 'it-like' force – to become readily apparent. Instead of 'smoothing-over' contradictions, embodied analytic tools thus enabled me to 'tune-in' to

potentially subversive undercurrents in women's narratives and 'hear' aspects of birthing (pleasure, undecidability, contradiction) that are often marginalised and silenced within hegemonic cultural narratives and most qualitative analyses of childbirth.

Conclusion

Developing methods of qualitative analysis which facilitate a focus on embodiment is important and challenging. The search for 'fleshier' methodologies is particularly important for feminists and other critical researchers as a means of trying to 'do' research which disrupts normative boundaries and which subverts authoritative knowledges and discourses. This paper has outlined my attempt to develop and play with 'embodied analyses' within the context of a research project exploring the embodied subjectivities produced in women's home-birth stories. It is important to note that the findings of this paper are limited by the sample used: that is, middle-class, heterosexual, predominantly white women choosing to have a home-birth⁷. More research is needed which employs similar analytic techniques to study the birth discourse of women from different class, race and sexuality positions who experience different kinds of childbirth (i.e., hospital birth, caesarean section). This paper has illustrated the presence of subversive story lines in women's home-birth narratives. It must be reiterated, however, that women's home-birth narratives nonetheless remained dominated by a medicalised, clockwork discourse (see Chadwick, 2009). It is likely that women's stories of medicalised hospital births would be even more dominated by biomedical discourses. Further research is needed which employs alternative and poetic tools of embodied analysis to explore whether there are story lines of disruption present in narratives

of more conventional, medicalised birthing experiences.

I have argued in this paper that rethinking the theories of the subject within which we work is the first step towards more embodied modes of research. A Kristevan theory of the embodied subject in which the divisions between 'the body' and discourse are broken down, was outlined as the departure point for my own project. This theoretical framework guided my approach to transcription in which the embodied tellings of participants were respected and regarded as the primary source of qualitative 'data'. Using poetic devices drawn from the listening guide enabled alternative ways of representing and playing with transcript texts and facilitated an analytic process of 'tuning-in' to different voices and subversive currents within women's stories. Taken together, these theoretical-methodological strategies enabled the development of 'embodied analyses' in which 'ways of telling' became a critical part of interpretation. My journey towards 'embodied analysis' remains experimental, tentative and far from definitive. More critical research is needed to develop, expand and improve on this attempt to develop 'fleshier' modes of qualitative analysis.

Acknowledgments

I would like to thank the two anonymous reviewers for their comments and suggestions on earlier drafts of the paper. I would also like to acknowledge the postdoctoral funding provided by the National Research Foundation in South Africa which facilitated this research.

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7 See Chadwick & Foster (forthcoming) for a more detailed examination of the positionality of the sample used and the intersection(s) between birthing choices and white, middle-class femininities in South Africa.

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'AREN'T MEN ALSO INVOLVED IN CHILDBEARING?': RENDERING THE MALE REPRODUCTIVE BODY VISIBLE TO RESIST GENDER INEQUALITY

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Abstract

Extensive work has been conducted on constructions of the female body as risky, particularly in relation to reproduction (Martin, 1987; Rich, 1976; Ussher, 2006). In contrast, the male reproductive body generally remains invisible (Oudshoorn, 2004). The analysis presented in this paper explores debate in 285 online responses to an article about gender-based differential pricing of health insurance. One of the discursive strategies drawn upon to defend this differential pricing is through familiar constructions of women's bodies as 'at risk' due to reproductive potential. However, this justification for inequality is resisted within the corpus through explicitly rendering the male body as similarly 'at risk' of reproduction. By examining how both women's and men's reproductive bodies are made visible, this paper explores discursive practices around how gender inequality is (re)produced and resisted. In particular, we can see how rendering the male reproductive body visible works in this context to resist practices that disadvantage women relative to men, and expand the responsibility for reproduction beyond women and individual, to society as a whole.

Key words: inequality, risk, discrimination, reproduction, bodies

Introduction

The construction of women's bodies as risky and dangerous, especially with regard to reproduction, has been noted by many researchers (e.g., Martin, 1987; Rich, 1976; Ussher, 2006). The ways in which such constructions of risky bodies are invoked to disadvantage

women, relative to men, have also been widely articulated. As well as (re)producing gender inequality, equating of 'other' men's bodies to women's bodies has also been used to oppress some men, particularly non-heterosexual, non-white men, thus reinforcing the dominance of hegemonic masculinity (Bordo, 1999; Connell & Messerschmidt, 2005).

One of the ways in which gender inequality is maintained is through the continued heightened visibility of women's¹ bodies in almost all contexts (Bordo, 2004). This visibility is magnified in the case of the reproductive body. Pregnant and post-natal women particularly experience the maternal body as a subject of increased scrutiny in public, the workplace, health care, social occasions and even the home (Ainsworth & Cutcher, 2008; Breheny & Stephens, 2009; Gartrell, 2011).

When men's bodies are visible, they are usually invoked to reinforce culturally dominant modes of masculinity. For example, in Crawley's (1998) work on the 'vicarious masculinity' in sailing, it was noted that women were excluded from consideration as serious competitors due to their less powerful bodies. The claim that men's bodies are inherently physically superior allows the maintenance of ine-

1 The literature reviewed in this paper has typically focused on heterosexual men and women and in the data under analysis heteronormativity is also displayed by commenters. However, we argue that the reproduction of gender inequality is disadvantageous to all men and women regardless of sexuality.

quality by rendering all women's bodies as inferior to all men's. In the context of the present paper, however, in some instances male bodies can be invoked for the purpose of resisting gender inequality. Specifically, in the data examined in this paper male bodies were rendered visible within the context of reproduction, an arena in which they are rarely seen, in order to argue that gender differentiated treatment (inequality in health insurance pricing) was illegitimate. Making male reproductive bodies visible had an additional effect too; it widened the circle of responsibility for care for pregnant women and children beyond the individual, to society as a whole, providing a further discursive mechanism for challenging social inequality.

The aim of this paper is thus to examine how men's and women's reproductive bodies are made visible and how they are invoked in ascribing or resisting gender inequality. We examine a corpus of online posts debating gender differentiated pricing of health insurance. This paper forms part of our larger project examining how specific acts are understood to be discriminatory (or not) (see also Hastie & Cosh, in press). Within this broader project, we examine naturally-occurring debate in which discrimination is ascribed or avowed. The data examined in the present paper not only allow for consideration of how specific acts are understood as (non)discrimination, but also offer a unique opportunity to explore how the reproductive bodies of both men and women are made visible, and how this visibility is contested in people's everyday communications. Accordingly, the dataset allows for the examination of discursive practices through which people construct and contest reproductive bodies and how such debate is used to resist or reproduce gender inequality.

Women's Risky Bodies

Extensive work has been conducted on constructions of the female body as risky (Martin, 1987; Rich, 1976; Ussher, 2006). Spelman (1982) highlights the ways in which women are portrayed as 'bodily beings'; as controlled

by emotions and bodily states rather than reason, in contrast to men. Such portrayals reinforce the notion of mind/body split. Ussher's (2006) work explicating the 'monstrous feminine' emphasises the ways that women's bodies are viewed as unruly, risky and requiring control throughout their lives, from menstruation, through pregnancy and mothering, to menopause. She emphasises how the "fecund body [is] positioned as a site of danger and disease...the body without boundaries which threatens the illusion of the contained, controlled, rational subject, and, as such, threatens stability and social unity" (Ussher, 2006, p. 6). The female body is usually explicitly or implicitly contrasted with the (young, adult) male body, which is the default standard all other bodies are held to (Young, 1984). Pregnancy, and reproductive functions more generally, are sites in which the body is constructed as particularly uncontrollable and, therefore, risky.

Despite the advances women have made in other areas, reproduction, as the most clearly gender differentiated social activity, is the area in which equality is least likely to be espoused (Smith, 2009). While the most common discourse may be towards egalitarian heterosexual relationships (Markens, Browner & Preloran, 2003), in the area of pregnancy, and also early childcare, emphasis is firmly placed on women as principally responsible and as primary care-givers (Ainsworth & Cutcher, 2008; Summers, 2003). For instance, men are often excluded from parenting literature, or relegated to the role of 'assistant' and 'supporter of the mother' (Sevón, 2012; Sunderland, 2000). Moreover, contraception is generally held to be a woman's responsibility, with the role of men's reproductive bodies typically rendered invisible in these contexts (Oudshoorn, 2004).

Discourses around pregnancy are often associated with 'risks': what activities, foods, environments and so on might be risky to the mother and/or foetus (Gross & Pattison, 2001)? Women's bodies are also constructed as 'at risk' because of the possibility of preg-

nancy, especially among young women and adolescents (Rich, 1976; Rúdólfsdóttir, 2000). Studies of adolescents, for example, suggest that they are aware of the 'riskiness' of sex because it can result in pregnancy (rather than the risk of sexually transmitted disease). This is cast as a particular problem when such pregnancies are seen as being risky for the girl's future; that her options will be limited, preventing her from becoming a 'productive' (educated and employed) member of society (Lamanna, 1999; McRobbie, 2004). This is consistent with prevailing neo-liberal ideology: The prominence of individual responsibility discourses, where all members of society must be seen to contribute in productive ways, which excludes sexual reproduction.

The Male Reproductive Body

In contrast to the seeming centrality of the fecund female body to women's identities, very little attention has been paid to the male reproductive body in research. Men's bodies are rarely discussed in contexts of reproduction, a seemingly feminine only arena (Bordo, 1999; Oudshoorn, 1994; Ussher, 2006). Instead, when they appear, male bodies are usually described in terms of action, such as sport or physical labour (Oates & Durham, 2004). The metaphor of the male body (and its attendant parts) as mechanical dominates within health care contexts (Gannon, Glover & Abel, 2004; Singleton, 2003) and particularly with regard to the male reproductive organ, the penis (Bordo, 1999; Wienke, 2005). This mechanical metaphor contrasts strongly with the notion of women's bodies as 'fecund' (Ussher, 2006) or 'leaky' (Gatrell, 2011), with natural and organic metaphors dominating.

Research examining men's health behaviours has been one arena in which men's bodies have been the focus of attention – socially and analytically. The problem of men's 'underusage' of health care has been well documented and it is likely that this is due to the threat such help seeking presents to (dominant notions of) masculinity (Courtenay,

2000). Concern for health, accessing health care and help seeking behaviours are typically seen as a solely feminine concern (Courtney, 2000; Oliffe, 2009). Thus, men not only demonstrate masculinity by avoiding health care services, but further reject and avoid feminine ideals and behaviours. O'Brien, Hunt and Hart (2005) reported "widespread endorsement of a 'hegemonic' view that men 'should' be reluctant to seek help" (p. 503). The exception to this is when the health problem itself represents a potential threat to masculinity, such as sexual performance or where one's body is an essential requirement for work (e.g., fire fighters). Hence, the only time it is generally considered appropriate to pay attention to the male body is when masculinity is threatened. Such discourse is often interwoven with neo-liberal, individualist ideologies, extolling men to maintain their own health (Singleton, 2003).

Infertility and assisted reproduction (AR) are sites where we might expect visibility of the male reproductive body. However, research suggests that even here, the focus remains explicitly upon the female body, as faulty and risky (Markens, et al., 2003; Oudshoorn, 1994). Throsby and Gill (2004) found that the widespread erroneous assumption that most infertility is due to the woman's (dangerous, defective) body was encouraged by both men and women undergoing AR. This served to protect threats to men's masculinity, either through silence when women were presumed to be the source of the 'problem', or active denial where there was a risk of men being labelled as infertile and therefore 'unmanly'. Hence, the male reproductive body was made visible only to reinforce hegemonic masculinity, further enforcing the notion of women's bodies as inferior. Men were aided in maintaining silence by their bodies being less central to AR processes, masking the male reproductive body through practice as well as discourse (Oudshoorn, 1994).

Because male infertility remains a hidden topic, even in research focused on infertility, the male reproductive body is rarely made

visible (Dempsey & Critchley, 2010). The topic of treatment for erectile dysfunction, for instance, typically focuses on sexual performance, with men's infertility remaining hidden from view (Thomson, 2008). Additionally, sperm donation, in contrast with egg donation, remains largely unproblematic and uncontested (Thomson, 2008). Discourse around sperm donation often produces notions of the egotistical male who spreads his DNA or the public masturbator, thereby reinforcing notions of hegemonic masculinity. Dempsey (2006) argues that debate around ART in Australia has centred on three themes: a) children have a right to a social father (in the case of lesbian couples or single women wanting access to sperm donation); b) ART violates natural law; and c) children have a right to know their biological origins. Thus, debate over ART is largely focused on accessibility to non-heterosexual couples, again overlooking the male reproductive body. Furthermore, sperm is primarily viewed as a genetic code, which does or does not pass on disease and risk to children.

Generally, then, the male body remains invisible unless being invoked to reinforce particular versions of masculinity. Even in the context of infertility, the male reproductive body is largely hidden, except when masculinity is threatened. Both the silence and use of the male body has been shown to reproduce gender inequality (and also to maintain inequality between certain categories of men). However, Oudshoorn (2004) demonstrates how a male contraceptive pill is regarded as radical precisely because it involves redefining reproduction to include male responsibility. This challenges traditional hegemonic discourses of masculinity; rendering the male reproductive body visible. In doing so, contraceptive technologies aimed at men resist the reproduction of inequality. This research examines another context in which male reproductive bodies are invoked that serves to resist, rather than reproduce, inequality.

Method

Data

The corpus for our analysis consists of 285 online posts to an article in the *New York Times: Women buying health policies pay a premium* (Pear, 2008). The article discussed gender inequality in US health insurance pricing, presenting evidence justifying and contesting the disparity, but clearly endorsing the argument that it was problematic. The article was published on 30th October, 2008, and responses were posted from 8.22am to 7.01pm that day (New York time). All responses were downloaded after posting had closed.

While visible to all members of the public, comments on online articles can only be made by registered members. Registration is free. Selected articles feature a prominent "Readers' Comments" text box, inviting readers to "Share your thoughts". Comments are moderated, with the frequently asked questions page indicating that "personal attacks, obscenity, vulgarity, profanity, commercial promotion, impersonations, incoherence and SHOUTING" (NYT, 2010) will not be tolerated. It is not possible to know how many, if any, comments were deleted by moderators. Comments were not edited however, thus these are the responses of members to the issues discussed.

Each post is limited to 5000 characters and appears with the time and date of posting on the website. Responses cannot be made in direct response to other posts, only in relation to the main article (i.e., there are no sub-threads). Posts are numbered by the chronological order in which they appeared. Display names are not used, as some are more specific than others as to demographics, and none are verified. All punctuation, spelling, and grammar are as posted, with the exception of '...' being used at the beginning or end of an extract to indicate additional text in original comment has been removed. Gender is only attributed where the commenter explic-

itly orients to it. This is treated as a discursive resource, rather than an indication of respondents' demographics (Stokoe & Smithson, 2001).

The criteria for posting on the website allow for anyone with access to the Internet and an email address to post their comments. The NYT is a very popular paper, and the most popular online newspaper, with over 18 million unique viewers of the online service per month (Reuters, 2009). However, the data most likely comes from NYT frequent readers, who tend to be more highly educated, wealthier, and older than the average US citizen. Gender is evenly split among frequent readers (NYT, 2009). It is also known that internet users tend to be younger, white, and are more likely to have children than the general population (Kraut, et al., 2004). According to Pew Research (2012), 78% of US citizens are internet users. Among internet users, 61% read online news, while 32% post comments on news sites and blogs.

Analytic Approach

A critical discursive approach to the topic of constructions of (non)discrimination is adopted in this research. We are concerned with how particular versions of the world are constructed within text and talk, and how these connect with broader, ideological discourses that serve to perpetuate or contest material and social inequality (Wetherell, 1998). Here particular attention is paid to the rhetorical features of these versions of reality: how they are designed to be robust to undermining by others, while also contesting counterarguments (Billig, 1996). Our analysis focuses on the ways that the gender disparity in health insurance pricing is constructed as justified, and how the legitimacy of these constructions is, in turn, contested. We argue that the culturally available discourses around (in) equality, and the arguments they make available, allow for the maintenance (or resistance) of discursive inequality, which, in turn, facilitates and legitimates social and material inequality.

Analysis and Discussion

A particular emphasis on women's reproductive bodies, the fecund body, was evident within the data, notably as justification for the pricing inequality in health insurance. Posters justified the cost discrepancy by drawing on a gender essentialism discourse; that men and women were biologically different and, in particular, that pregnancy was a uniquely female risk. In turn, this claim was resisted through arguments emphasising that individual women may or may not be at risk of pregnancy. Additionally, the reproductive bodies of men were made visible through recognition of their role in (heterosexual) pregnancy. This acknowledgment of generalised male risk of biological fatherhood consequently opened space for recognition of the societal benefits of reproduction, and to a lesser extent, women's caregiving. Thus, we can see how an act of discrimination can be justified, and resisted in multiple ways, all of which have differing consequences for social and material gender equality.

Pregnancy as a Female Risk

One of the arguments utilised by those defending differential pricing was that pregnancy was a uniquely female risk. As men did not face the risk of pregnancy, their relatively lower insurance prices were therefore justified and logical: "No other standard could be fair and equitable." (59); "It's just plain common sense" (62). These statements were generally treated as 'taken-for-granted'; their implications so obvious that they required no further elaboration (Wetherell & Potter, 1992).

Additionally, a statistically based argument was elaborated with women constructed as more 'risky' generally for insurance companies than men, due to pregnancy and higher health care utilisation. This higher 'risk' was also largely treated as self-evident and obvious, as previously, although here further elaboration on women's riskiness was included: "Women (especially young women) tend to have higher health claims costs than men, so they pay

more for health insurance." (83); "Insurance is priced to cover risk. While the cost of health insurance for women v. men seems out of line, the risk is higher." (170); "WOW...This is a shocking injustice! Companies are actually using real/historical data to determine the rates they charge." (207). Here the issue of differential pricing is removed from its social context, as to why women may have higher health care use, as well as overlooking that differential pricing has material consequences for women. Instead it is placed within a business context, where the 'profit motive' is paramount; hence differential pricing is acceptable as it has positive material consequences for corporations and shareholders. That their rights to make a profit are more important than women's to have affordable health care is portrayed as self-evident.

Other respondents expanded beyond the risk of pregnancy to construct the female body as more risky generally. This is seen in the following response:

I personally don't think there is discrimination going on for women (though I should state that I am male). A Woman's physiology and health needs are different from Men. I mean insurance companies charge different premiums based on age, weight, family history, etc. So why should the author expect that health care costs would be the same for men and women. Child bearing, and its lifetime affects [sic] on a woman's health alone warrant some premium (15).

This respondent suggests that, even apart from all the other factors mentioned, it is the fecund body "alone" that warrants higher premiums for women. Such claims are clearly consistent with the work of Spelman (1982), Ussher (2006), and others on the way women's bodies are constructed as dangerous and defective. It is not simply pregnancy, but the "lifetime [e]ffects" of having children that are at issue in this account. Rather than just being 'at risk' of pregnancy, women are also 'at risk' from having been pregnant, thus creating a burden that others should not have to bear. This argument reinforces the notion of

the reproductive body as defective (Young, 1984) and of childbirth as damaging (Ussher, 2006), which bolsters claims for the risks and consequences of pregnancy to be borne by women as a group. Inherent within the debate was a heteronormative view of reproduction: All women were treated as equally at risk of pregnancy (and its lifetime effects) and needing to shoulder the costs of pregnancy regardless of sexuality (and hence behaviour based, rather than biological, risk of pregnancy).

This construction of women as solely responsible for sexual reproduction is seen consistently in the literature on pregnancy, birth, and parenting. Much research has examined the medicalisation of motherhood; the ways in which women's bodies and behaviour, from preconception to parenting, are subject to monitoring and control through medical discourses (e.g., Marshall & Woollett, 2000; Malacrida, 2002; Rich 1976; Wall, 2001). In contrast, the male body's role in reproduction is typically hidden, as was seen in the claims above, where only (heterosexual) women's bodies were 'at risk' of pregnancy.

Pregnancy as an Individualised Female Risk

Generalised female risk was resisted, however, through individualisation discourses. Drawing on neo-liberal discourse, some argued for individual women who did not intend to, or could not, reproduce to be excluded from the pregnancy penalty in health insurance pricing. Typical of such arguments is that of Respondent 192: "I had my tubes tied at age 21. I knew I would never have children. So why am I penalized for the alleged costs of pregnancy or childbirth???" She draws on a particularisation characterisation (Billig et al., 1987), suggesting that differential pricing is unfair as it fails to recognise her individual circumstances. Other examples from the corpus include: "I decided at the age of 20 that I never want to be pregnant or give birth. Should I want kids someday, will my unfairly overpriced health insurance cover adoption?" (194); "I do not have nor will ever have

any children. Can I please get my higher health insurance money back?" (249); "So if I get my tubes tied, do I get a discount?" (206).

Individualistic arguments based on ideals of equity are commonly seen in resistance to programs aimed at addressing inequality, such as affirmative action and other targeted programs (e.g., Augoustinos, Tuffin & Every, 2005; Riley, 2002). These arguments are focused on individual behaviour, consistent with meritocracy and similar neo-liberal discourses. While they resist treating women as an undifferentiated group, they still serve to legitimate inequality between men and some women. Arguments highlighting the individual distinguish between women who do and do not intend to (or can or cannot) have children. Thus, it is up to the individual woman to bear the costs of pregnancy and childbirth, based on their 'choices', with minimal impact on others (including other women and men) and society as a whole. Such arguments are also seen in research on mothering, including pregnancy (Gatrell, 2011; Gross & Pattison, 2001; Marshall & Woollett, 2000), breastfeeding (Crossley, 2009; Wall, 2001), and care for children (Malacrida, 2002). As has been noted by many, especially those examining post-feminist discourses (e.g., McRobbie, 2004), these arguments assume that equality has been achieved: principles of equality can be 'taken for granted'. Thus, any inequality is primarily the fault of the individual: It is lack of hard work, effort or ability that prevents the woman, Black, Indigenous, homosexual or disabled individual from succeeding, rather than social, institutional and discursive mechanisms favouring inequality.

Additionally, the individual responsibility argument fails to recognise that women are not the only group 'at risk' of becoming parents. As we will see below, (heterosexual) men are technically as likely as any individual (heterosexual) woman to become a parent and, therefore, are equally as responsible for pregnancy as a group as women are.

While it was logically available, the notion of sexuality was not invoked in resisting some women's unique 'risk' of pregnancy. No respondents claimed that lesbian, transgender, asexual or abstinent women were also not at risk of pregnancy. The only individual exceptions cited were those physically incapable of or choosing not to have children (as seen above). It is the case then, that while women's reproductive bodies are visible in comparison in men's are not, women's sexual practices are assumed to take only one form: heterosexual vaginal penetrative sexual intercourse (in line with compulsory homosexuality; Rich, 1980).

Pregnancy as Male and Female Risk

The recognition of men's role in reproduction was used to challenge the legitimacy of the disparity in pricing. Most often, this was conveyed through rhetorical questions: "Correct me if I'm wrong, but aren't men also involved in childbearing and thus also responsible for paying the health care cost?" (117); "Who fertilized the egg???" (98); "But don't men bear half the responsibility for getting women pregnant?" (30). These formulations have an obvious, taken-for-granted quality also noted in earlier arguments on the obviousness of women's responsibility for pregnancy.² Hence, both sides relied on similar rhetorical strategies to make their arguments, but with opposing underlying discourses.

An extended version of this taken-for-granted type of accounting was seen where men's reproductive riskiness was explicitly linked to

² Such arguments generally assumed that men were involved in pregnancy rather than sperm per se. These counter arguments render men as directly responsible for pregnancy. Only two instances of an alternative were noted out of 285 comments: "Most of the time, artificial insemination excluded, women don't get pregnant on their own. (46)" "If a woman is not using a sperm bank" (200).

their responsibility for the costs of pregnancy and childbirth: "Wow. Last time I checked men had something to do with making babies. Of course this should be equalized!" (21); "Also, a woman by herself cannot get pregnant...she needs sperm! So men should bear half the burden of the cost...they helped create the child." (201). Respondents generally utilized plural nouns, invoking collective, rather than individual, level categories: "it is the men who are impregnating the women" (86). This contrasted with arguments about differential pricing for individual women, which relied heavily on personal accounts of choosing not to, or being unable to, have children through pregnancy.

Participants did not make use of a 'male sexual drive' argument to suggest that men were responsible for reproduction through their greater 'biological' need for sex. The male sexual drive discourse has been noted extensively in discussion of heterosexual (e.g., Braun, Gavey, & McPhillips, 2003; Hollway, 1984) and male homosexual (e.g., Baker, 2005; Slavin, 2009) sexual relations. Potentially, such a discourse was available to raise the argument that (heterosexual) women were 'at risk' of pregnancy from (heterosexual) men's uncontrollable sex drive. The failure to do so may be due to the removal of the sex act to some extent from reproduction, a process facilitated by the ready availability of an array of contraception within Western societies. This also, along with adherence to heteronormativity, fits with the failure to recognise women not engaging in heterosexual vaginal sex or that reproduction does not necessarily involve a male reproductive body, only his reproductive products (i.e., sperm).

Pregnancy as a Societal Risk

The recognition of men, as a collective, as responsible for reproduction (along with women) seemed to create a space for societal responsibility to also be acknowledged, however, in that society as a whole had interests in the production, and wellbeing, of children. A societal level benefit of reproduction was

invoked, such that even childless men and women were constructed as responsible for absorbing the (insurance related) risk of child-bearing of those who do/may reproduce. This explicitly flowed from the connection between men as collectively responsible for pregnancies: "1. Women generally do not get pregnant by themselves without the involvement of a man. 2. Women who get good prenatal care have healthier, smarter babies an enormous value to society the cost of which should be happily shared by everyone." (70). While the category of "a man" is singular, all others are clearly plural ("women", "babies"), invoking this expansion of concern beyond the individual couple to the benefits of adequate medical care for society as a whole. This contrasts with findings of previous research where both women themselves (Gatrell, 2011), and 'experts' advise individuals to take responsibility in managing the risks of their pregnancies, and the resulting effects on others (Gross & Pattison, 2001).

The following respondent also constructs reproduction as a societal benefit, in particular as "public goods": "And maybe it's time we as a nation had a *conversation* about public goods (children) and private costs (a higher insurance premium penalty for the one class of people who supply that public good)." (93). Correspondingly, Respondent 270 asks: "Weren't we all babies once? Didn't it benefit us all as babies, and as little boys and girls, to have healthy mothers? Where's the harm in all of us sharing the cost?". Here all members of society are drawn together in both benefiting from the production of new members, and from having been produced ourselves, appealing to both future-societal and individual-past justifications for equality of the genders in health insurance pricing.

Aside from recognition of the societal benefits of reproduction, there was also invocation of women's greater care-giving role, and how this contributed to society. One respondent drew on the double penalty of lower wages and the 'second shift' (Hochschild, 1989) experienced by women, to make this point: "This

is amazing. Not only are women paid less and are responsible for more of the caretaking duties for society, but they have to pay more for health insurance, too." (87). Significantly, care-giving is explicitly described as a societal benefit, which has been a key assertion of those espousing equality: women's work is different but also as valuable as men's work, if not more (Summers, 2003). However, evidence suggests that both unpaid work and work within female dominated industries and professions continues to be undervalued (England, 2010). Arguments such as the benefit of caregiving for society may be crucial to making the case for equality, by explicitly making the link between women's work and societal benefits, in both reproduction and care. Usually, societal-benefit arguments are only invoked to justify penalising those who are seen to be failing to take individual responsibility. Failure to be responsible for one's own actions is constructed as creating burdens for society as a whole (Breheny & Stephens, 2009; Wall, 2001). Here though, both reproducing and care-giving were invoked to resist discrimination against women on the grounds of childbearing. This argument further functioned to resist the claim that women were solely responsible for reproduction, through explicitly acknowledging (heterosexual) men's role in (conventional) pregnancy. If pregnancy (and childcare) risks are respecified as not just women's or individuals' (couples') concerns, but actually societal concerns, then the legitimacy of inequality in health insurance pricing is clearly challenged.

Those arguing that differential pricing was justified relied on familiar discourses of women's bodies as risky and dangerous, especially with regard to reproduction. However, the legitimacy of this justification was challenged: the responsibility of men for reproduction was recognised and invoked. Pregnancy (and to a lesser extent, childrearing) were recast as a joint risk for men and women, and in some cases, as the responsibility of society as a whole. Here, men's exclusion from the process of reproduction could

have been seen as a failure of individual responsibility, where individual (heterosexual) couples were urged to pay for the risk of pregnancy through their health insurance. The notion of individual men taking responsibility for their direct involvement would have been consistent with dominant neoliberal discourses, previously found to be aimed at women to take responsibility for reproduction and parenting, rather than relying on the state or others (Breheny & Stephens, 2009; Gross & Pattison, 2001). However, this argument was not taken up as one of individual men, but of men as a group. The argument that women as a collective category, rather than as individuals, should expect differential treatment possibly allowed for men as a collective to also be held accountable. In turn, this opened space for further acknowledgement of the interests of the broader society (women and men) in raising children, such that this should be a risk borne by all. Hence the initial group-based argument, that all women are risky, made it possible to mobilise a counterargument where men as a group, and subsequently society, were also responsible for sharing the risk of reproduction.

Conclusion

Within the dataset under examination, the role of the male body in reproduction was made visible, in contrast to usual practices. The visibility of female bodies, and concomitant invisibility of male bodies, often functions to reinforce inequality. The importance of identifying the invocation of the male reproductive body within this data is twofold. Firstly, it identifies a context where the male body is made visible generally that does not necessarily celebrate its physical prowess and dominance over women.

Arguably, impregnating a woman could be an instance of dominance, but in this context, reproduction is treated as a co-production. In contrast to dominant discourses where the role of men in reproduction is rendered invisible, here the role of men in reproduction is treated very 'matter of factly', as 'obvious'.

Secondly, while masculinity has traditionally been linked to sexual performance and, to a lesser extent, fertility, in this context taking responsibility for reproduction is treated as essential for masculinity (by those arguing against inequality). Usually, the male body is invoked when masculinity is threatened. Here it is made visible for the opposite purpose, to resist inequality, rather than (re)produce it. Thus, although the reproductive feminine body is highly visible, the male reproductive body rarely is. However, in making the male reproductive body visible in this context, pregnancy and reproduction remained tied to the body. Whether there are alternate ways of discussing reproduction that do not tie reproduction to the body, for instance in relation to non-birth mothers and sperm donors, would be worthy of future exploration.

The construction of reproduction as a co-production, to which men and women contribute equally, is obviously related to the context, where (in)equality of treatment (health insurance pricing) is being argued for on the basis of (un)equal risks (and responsibilities) to offspring. There are other contexts in which equal responsibilities, or 'rights', to children are argued for, and that is in the setting of 'Fathers' Rights' groups (Collier, 2006; Crowley, 2006). In the latter context though, the aim is arguably to further gender inequality (although advocates typically argue the 'pendulum has swung too far' in favour of women and that it is they who are experiencing disadvantage relative to women) (Boyd, 2006). Here though, we see such claims as resisting inequality of treatment, as we might instinctively expect such equal responsibility arguments would do.

The notion of men taking responsibility for reproduction has been seen in other contexts, but usually for the purpose of maintaining inequality (e.g., Crowley, 2006; Elizabeth, Gavey & Tolmie, 2012; Gatrell, 2007). However, in this analysis the use of such an argument allows for the refutation of unequal treatment, by making health insurance organisations responsible for covering care, rather than the

fathers themselves. Rather than exhorting men to 'step up', the ultimate consequence is to argue for others to take responsibility. This, in turn, opens up space for society as a whole to be held responsible for reproduction.

Ultimately, hiding the male reproductive body allows women's bodies to be regarded solely as 'at risk' of reproduction, thereby justifying unequal treatment that further disadvantages women relative to men. However, rendering the male reproductive body visible, by highlighting that men are also 'at risk' of reproduction bolsters claims that such unequal treatment is illegitimate. Hence, treating men and women as equally at risk of reproduction, not only supports claims for greater equality, it also potentially widens the net of responsibility for the costs of managing reproduction beyond women, and even couples, to society as a whole.

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Acknowledgements

We would like to thank a reviewer and the editor, Damien Riggs, for their helpful comments on an earlier version of this paper. Earlier versions of this paper were presented at

the Society of Australasian Social Psychologists' 39th Annual Meeting, Fremantle, Australia, 8 – 11th April, 2010 and the 12th International Conference of Association for Language and Social Psychology, 16 - 18th June, 2010 in Brisbane, Australia. We would also like to acknowledge the Kaurna people as the traditional owners of the land on which we live and work in Adelaide, Australia, and recognise their sovereignty over that land.

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INTENTIONAL HIV TRANSMISSION AMONG MEN WHO HAVE SEX WITH MEN: A SCOPING REVIEW

GABRIELA H. BREITFELLER AND AMAR KANEKAR

Abstract

Barebacking is a term often used to describe men who engage in unprotected anal intercourse. Amongst some HIV negative gay men, this sexual practice is used as an intentional mode of seroconversion. Such men are often referred to both within the literature and within gay communities as 'bug chasers', with those HIV positive men who seroconvert them through barebacking referred to as 'gift givers'. The present narrative review explored key points in various published studies related to the phenomena of bug chasing and gift giving. We carried out an extensive search of databases such as PsycINFO, CINAHL, Health Source: Nursing/Academic Edition and Psychology and Behavioral Sciences Collection using search terms such as: 'bug chasers', 'gay men', 'HIV', 'MSM', 'MSM intervention', 'MSM internet users'. Exploratory studies revealed several determinants of the desire for HIV seroconversion, such as a) fear and relief, b) risk-taking as eroticism, c) loneliness, d) group solidarity and e) political actions. Quantitative studies predominantly identify men who wish to seroconvert as young and white, compared to those who seroconvert them, who are typically older. Further research needs to be conducted to better understand issues related to intentional seroconversion.

Key words: men who have sex with men, HIV/AIDS, barebacking, 'bug chasing', 'gift giving'

Introduction

Since HIV was first identified in the United States in 1981, almost 33.4 million people worldwide have been diagnosed as HIV posi-

tive (World Health Organization, 2010). Men who have sex with men (MSM) have a particularly high rate of HIV transmission within the Western world due to the specific risks associated with unprotected anal intercourse. According to the Centers for Disease Control and Prevention (CDC, 2010a), over 300,000 MSM with AIDS have died since the beginning of the epidemic. MSM also made up more than two thirds (68%) of all men living with HIV in the United States in 2005, even though only about 5% to 7% of men in the United States report having sex with other men. As such, HIV/AIDS continues to take a high toll on the MSM population as shown in Figures 1a and 1b (over page).

The high rates of infections among MSM is of particular concern given the fact that the number of new HIV/AIDS cases among MSM in 2005 in the US was 11% more than the number of cases in 2001. It is unclear, however, whether this increase is due to greater numbers of MSM undertaking testing than in the past (thus resulting in the potential for more diagnoses), or to an actual increase in the number of HIV infections. Whatever the reasons, in 2005 MSM still accounted for about 53% of all new HIV/AIDS cases and 71% of cases in male adults and adolescents in the US (CDC, 2010b). As such, the CDC considers young MSM, specifically between the ages of 18 to 24, as at particularly high risk of HIV infection, as research shows that this group reports some of the highest rates of condomless anal intercourse, as highlighted in Figure 2 (over page).

The US National HIV Behavior Surveillance System, or NHBS, is a cross-sectional survey in which behavioural information is reported

by people at high risk for HIV infection. In 2010 it was found that nearly half of the young MSM participants who were interviewed engaged in anal intercourse without using a

condom (CDC, 2010c). Many theories have been proposed to account for such behavior, including the notion that HIV is no longer considered a death sentence (Northern Colorado

Figure 1a. Estimated number of cases in 2007 in the US (CDC, 2010a)

Transmission Category	Adult and Adolescent Male	Adult and Adolescent Female	Total
Male-to-male sexual contact	16,749	-	16,749
Injection drug use	3,750	2,260	6,010
Male-to-male sexual contact and injection drug use	1,664	-	1,664
High-risk heterosexual contact*	4,011	7,100	11,111
Other**	181	220	401

*Heterosexual contact with a person known to have/be at high risk for HIV infection.

** Includes hemophilia, blood transfusion, perinatal exposure, and risk not reported or not identified.

Figure 1b. Estimated number of cases through 2007 in the US (CDC, 2010a)

Transmission Category	Adult and Adolescent Male	Adult and Adolescent Female	Total
Male-to-male sexual contact	487,695	-	487,695
Injection drug use	175,704	80,155	255,859
Male-to-male sexual contact and injection drug use	71,242	-	71,242
High-risk heterosexual contact**	63,927	112,230	176,157
Other***	12,108	6,158	18,266

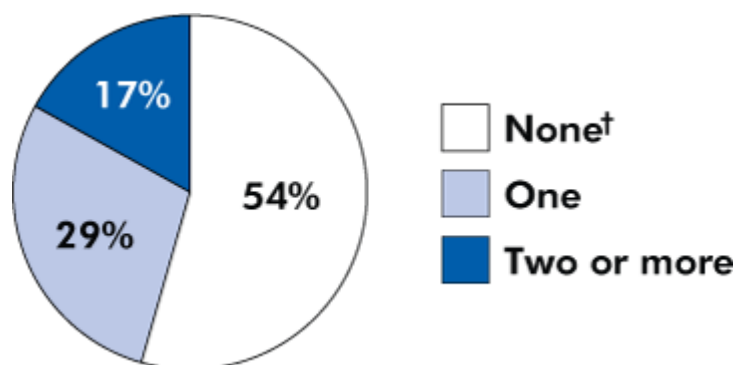
*Includes persons with a diagnosis of AIDS from the beginning of the epidemic.

**Heterosexual contact with a person known to have/be at high risk for, HIV infection.

*** Includes hemophilia, blood transfusion, perinatal exposure, and risk not reported or not identified.

Figure 2. Number of men with whom the young MSM interviewed* had unprotected anal intercourse in the past year (CDC, 2010c)

Most (89%) of the young MSM interviewed in NHBS reported anal intercourse with a male partner in the past year and nearly half (46%) had anal intercourse without using a condom (unprotected anal intercourse [UAI]), including 17% who had UAI with more than one male partner (Figure 1). Compared to young men who had UAI with only one male partner, those who had UAI with multiple male partners were more likely to have engaged in UAI with a casual male partner* (77% versus 16%).[†]



*2,181 men 18-24 years old who reported having oral or anal sex with another man in the past year, National HIV Behavioral Surveillance (NHBS) System, November 2003-April 2005. Excludes 5 men with unknown or missing information.
[†]Includes young men who did not have anal intercourse, as well as those who had anal intercourse but always used a condom (protected anal intercourse).

AIDS Project, 2008), while others contentiously suggest that barebacking is a form of rebellion to deny the everyday rules and regulations of what is considered acceptable (Crossley, 2004). In addition to these two theories for why high numbers of MSM engage in unprotected anal intercourse, is the research finding that some HIV negative MSM actively seek to seroconvert (AVERT, 2011). In research on HIV infection, 'bug chasing' is defined as seeking HIV infection through unprotected anal intercourse (i.e., barebacking). 'Gift giving', in contrast, refers to an HIV positive man who is willing to be the insertive partner in unprotected anal intercourse with a HIV negative man who desires to seroconvert.

Despite the fact, as indicated above, that some MSM may view HIV seroconversion as a

positive, rather than negative, outcome of unprotected anal intercourse, HIV/AIDS is still seen as a fatal and highly stigmatizing disease amongst the general population (McGavock & Treharne, 2011; Tewksbury & McGaughey, 1997; Weitz, 1991). As a result, the desire for HIV seroconversion may be perceived by many as incomprehensible. The purpose of the narrative review presented below is to explore key points in various published articles in order to provide an overview of 'bug chasing' (as a form of intentional HIV seroconversion) for the general reader.

Method

In collecting the materials for this article, an extensive search of PsycINFO, CINAHL, Health Source: Nursing/Academic Edition and Psy-

chology and Behavioral Sciences Collection databases were carried out. Search items included: 'bug chasers', 'gay men', 'HIV', 'MSM', 'MSM intervention', 'MSM internet users'. The inclusion criteria for the articles and studies reviewed were (1) limited to MSM; (2) publications in English; (3) publications in the time period of 1996 to 2008; (4) studies ascertaining HIV knowledge and risk to MSM.

The 6 specific articles examined in this review (from the broader sample of 105 articles identified) were chosen as they give insight into the range of studies undertaken on the topics of HIV seroconversion, bug chasing and gift giving. Though further studies are needed to progress the theories that are investigated within each article, the findings presented below are intended to give a succinct overview of the scope of current understandings of intentional seroconversion.

Findings

Before presenting an overview of the papers selected for discussion here, we first provide an overview of the accounts of 'bug chasing' provided across the literature. The first explanation provided by those who actively wish to seroconvert is fear and relief. HIV infection for this group is viewed as inevitable, so they take matters into their own hands regarding the issue (Sheon & Crosby, 2004). Individuals do not want to live in fear of when they will contract HIV, so they take that power back by actively seeking HIV infection. They state feeling relief once they are HIV-positive; that they can now pursue a life that they chose for themselves. Some of these individuals view HIV as a medically manageable virus and nothing more; decreasing the impact of what living with HIV can be like (Sheon & Crosby, 2004).

Risk taking as eroticism is the second explanation. Many MSM who wish to seroconvert feel that safe sex negates the possibility of impromptu sex acts (Ayling & Mewse, 2011; Gendin, 1997). This category of MSM who wish to seroconvert define their behaviour as

part of an erotic experience filled with excitement and danger (Ridge, 2004). Some individuals state experiencing a sexual charge when engaging in sexual activities with HIV infected sex partners (McCoy, 1997).

Loneliness and group solidarity is the third explanation. Many HIV negative men feel that they have been left behind, as their lovers or friends have moved on to a status that they do not share (Crossley, 2004). The loss of solidarity and a sense of community is overwhelming, particularly to a group of people who stand apart from the majorly heterosexual population.

The last explanation is that of political actions. MSM who wish to seroconvert may view their behavior as politically charged in response to the larger homophobic culture that has stigmatized gay individuals as a whole, and especially HIV positive gay individuals as outcasts (Crossley, 2004).

"Bareback Sex, Bug Chasers, and the Gift of Death"

Gauthier & Craig (1999), in their article titled "Bareback Sex, Bug Chasers, and the Gift of Death", examined and analyzed participant explanations for MSM who wish to seroconvert. Within the publication, bug chasing was considered a previously sociologically unknown type of sexual deviance (Bergling, 1997). One must note that barebacking is considered a form of sexual deviance in this paper.

The following explanations were focused on active MSM who wished to seroconvert, though many would also apply to the more passive-aggressive bare backers. Passive-aggressive bare backers are labeled as male individuals who do not use condoms consistently with their multiple male sex partners due to HIV transmission concerns being very low (Gauthier, & Craig, 1999). This group also does not get tested for HIV just for the sake of not wanting to know their HIV status.

"Click here for HIV"

Tewksbury (2006), in his article titled "Click here for HIV: An analysis of Internet-based bug chasers and bug givers," presented an examination of characteristics of men who engage in bareback sex for purposes of bug chasing and gift giving. His results yielded a profile of MSM who wish to seroconvert and MSM who wish to seroconvert other MSM, with demographics, appearances, sexual activity, preferences and degree of openness differences between the two groups. One of the primary ways that individuals sought HIV infection, and those willing to attempt to infect others, was by arranging sexual liaisons via personal advertisements and websites devoted to providing means for such individuals to meet.

Overall, MSM who wished to seroconvert had a mean age in the mid-30s and were predominantly white men. Forty-eight percent of all men reported themselves as interested and willing to engage in versatile sexual roles (i.e., fulfill both receptive and insertive anal intercourse roles) and one in four stated an interest in bisexual encounters.

When looking at MSM who wished to seroconvert other MSM, this group's mean age was nearly five years older than MSM who wished to seroconvert. Also, MSM who wished to seroconvert other MSM were significantly more likely than MSM who wished to seroconvert to have at least one body piercing. When it came to sexual activity variables, MSM who wished to seroconvert other MSM were less likely to report an interest in bisexual activities, less likely to report a willingness to accept semen deposits in their anus, and were more interested in depositing their semen in sexual partner's anus and mouth.

"Bug Chasing and Gift Giving: The Potential for HIV Transmission among Bare-backers on the Internet"

Grov and Parsons (2006), in their article titled, "Bug Chasing and Gift Giving: The Potential

for HIV Transmission among Bare-backers on the Internet", sought to better understand the intentional spread of HIV among the MSM population with Internet profiles. Their research suggested that only a minority of MSM engage in bareback sex. Similar to Tewksbury's (2006) study, Grov and Parsons' study featured the analysis of more than 1,600 profiles of men having specifically indicated that they were a bug chaser or a gift giver within a barebacking web site. These data were collected to explore the bug chasing and gift giving phenomenon and the extent to which it may have manifested.

Six different groups were created to categorise the sample of profiles obtained. The first group was the committed bug chaser. Ninety-two men (7.5% of total sample) indicated they were HIV-negative and seeking HIV-positive partners. Every one of these men indicated that they were bug chasers. The second group was the opportunistic bug chaser. Twelve percent of the total sample size of men indicated that they were HIV-negative and that their partner's HIV status did not matter. Of these, 87.9% of men also indicated that they were a bug chaser. Preferred sexual activity for this group ranged from versatile to anal receptive. The third group was the committed gift giver. Only five men in the sample indicated they were HIV-positive and were seeking HIV-negative partners. All five men indicated they were gift givers. Two of these men preferred anal insertive positions, two were versatile and the last identified as anal receptive. The fourth group was the opportunistic gift giver. Twenty-six of the total sample of men indicated they were HIV-positive and that their partner's status did not matter to them. Ninety percent of these men identified as gift givers. The fifth group was the serosorter. Although all men sampled indicated they were a gift giver or a bug chaser, behavioural intentions did not consistently match with bug chaser or gift giver identity. The sixth group was the ambiguous bug chaser or gift giver. There were six men (0.5% of the total sample) who did not know their HIV

status and were seeking negative partners. Five out of the six identified as gift givers.

"The Ultimate High: Sexual Addiction and the Bug Chasing Phenomenon"

Bancroft and Vukadinovic (2004) found that bug chasers become more risky in their sexual endeavors to maintain their "high". Following this, Moskowitz and Roloff (2007), in their article titled, "The Ultimate High: Sexual Addiction and the Bug Chasing Phenomenon," analyzed ways in which bug chasing might be considered a symptom of what is sometimes termed 'sexual addiction'. They defined bug chasing as an active process by which a person seeks sexual contact with others. Bug chasers do not passively wait for HIV seroconversion but openly seek contact with partners who are HIV-positive.

Moskowitz and Roloff (2007) examined three hundred personal advertisements abstracted from a barebacking website that had been recently visited by their creators. Of the three hundred profiles, 150 were selected in which the individual self-identified as being a bug chaser and the other 150 profiles were of those individuals who did not self-identify as a bug chaser but as a bare backer.

All individuals within the sample reported that they were HIV-negative. The group of MSM who wished to seroconvert ranged in age from 20 to 50 years. Bare backers ranged in age from 20 to 58 years. Twenty-four percent of MSM who wished to seroconvert other MSM lived in rural areas, 22% in mid-sized cities and 53% lived in major metropolitan areas. Barebackers were more likely to rate themselves as neither passive nor aggressive, whereas MSM who wished to seroconvert rated themselves passive.

Thirty-one percent of MSM who wish to seroconvert self-humiliated in their sexual presentation. Only 13% of bare backers used self-humiliating language. This measure supports a higher level of addiction-like tendencies within the group of MSM who wish to seroconvert.

On the behavioral measures, MSM who wish to seroconvert were more likely than barebackers to show interest in activities such as scatophilia, urination or exhibitionism. This suggested that the MSM who wished to seroconvert group were more prone to addictive behaviors. Although statistics calculated showing those who self-humiliate rank highest on the behavioural scale, and that MSM who wish to seroconvert are more likely to self-humiliate than barebackers, they provide support for the association between bug chasing and the notion of sex addiction.

"Serosameness' or 'Serodifference'? Resisting Polarized Discourses of Identity and Relationality in the Context of HIV"

Riggs (2006) focuses on working through differences within the gay community in his article titled, "Serosameness' or 'Serodifference'? Resisting Polarized Discourses of Identity and relationality in the context of HIV". Riggs stated that one's serostatus heavily influences one's sense of place within the gay community, so much so, that members within said community may often feel driven to change their serostatus in order to feel part of that community. Riggs posed that it would be more beneficial if individuals would recognize that being able to work through their differences, especially those of their serostatus, would strengthen and create support within their community.

Riggs (2006) went on to discuss how relating through serostatus is often the main focus of research conducted into barebacking from the white, middle-class gay man's perspective. Obviously, such a limited perspective can only produce incomplete results as it does not take into account varying ethnicities, socio-economic status and cultures. Riggs stated that having a choice to become HIV positive is mainly readily available to such a group of men due to access to healthcare and financial status.

Riggs (2006) also analyzed narratives from a documentary by Louise Hogarth, titled "The

Gift". The narratives within the documentary emphasized the positive benefits of HIV seroconversion, such as: "no longer feeling different to other HIV positive, gay men; no longer having to worry about seroconverting, and being able to relate to loved ones who are HIV positive through a shared serostatus. Such accounts feature serostatus as a defining feature of gay men's identities" (p. 431). Various narratives from the documentary center on the aspect of serosameness and how the individuals sought it out in order to feel as though they belong within their community, and household. Riggs stated that safer sex promotion has in many ways elevated HIV from being a serious health risk to gay men to being a central aspect of their identities. Though the individuals interviewed in the documentary do not speak for all gay men, their viewpoints are difficult to ignore. One individual interviewed stated that HIV divided gay couples in the sense that once one partner becomes HIV positive, their partner feels the need to seroconvert himself as well, to feel closer to his HIV positive partner.

"Responses from the Lesbian & Gay Psychology Section to Crossley's 'Making sense of 'barebacking'"

Barker et al. (2007)'s responses to Crossley's article titled "Making sense of 'barebacking'", delved into multiple problematic outcomes from the aforementioned article. Some of those outcomes were the idea that gay culture fails to address questions of moral choice and responsibility, the idea that unprotected anal intercourse (UAI) is only practiced by gay men (Crossley did not account for heterosexual UAI), and Crossley's use of the singular term, "gay community", which implied homogeneity, shared identities and common understandings. Crossley's article went on to do what has been previously described as "endorsing culturally dominant stereotypes of gay men as hedonistic, promiscuous, morally irresponsible, interested in sex rather than relationships, unable to control their sexual desires, and ultimately unhappy and lonely if not actually diseased and dying" (Simon, 1998, p. 62).

Barker et al. (2007) argued that, contrary to Crossley's (2004) arguments, studies showed that HIV transmission occurred most often within long-term relationships (Xiridou et al., 2003). For example, UAI was more common with main partners than with casual partners (Xiridou et al), rates of HIV testing are low, yet condom use was often discontinued in relationships prior to knowledge of a partner's HIV status (Flowers et al., 2001), there were high rates of partner change and sex with casual partners in addition to main partners among gay men (Bringle, 1995) and due to this outcome, emphasis on safer sex with casual partners was placed more than with primary partners (Coxon, 1992; Flowers et al., 1997). Also, different meanings were attached to UAI in relationships; discontinuing condom use can be a symbol of love and trust in gay and heterosexual relationships (Flowers, et al. 1997) moreover, public sex and cruising cultures were characterized by a relative infrequency of penetrative sex, lowering the likelihood of unprotected sex and thus HIV-related risk (Flowers & Landridge, 2007).

Furthermore, Barker et al stated that Crossley's (2004) data sources were few and based on a limited number of gay men's fictional and autobiographical accounts. The idea that some people, no matter how fully knowledgeable they were about the outcomes, and still chose to make decisions that will impact their health negatively, was also lost within Crossley's article.

Limitations of Previous Studies and Recommendations for Future Research

Gauthier & Forsyth's (1999) study was exploratory in nature and therefore many questions remain unanswered. In that particular study, characteristics of the bug chasing population remain unknown. The anonymity provided by the Internet made identification of these individuals for interviews very difficult. Also, demographic information could only be al-

cluded to from user profiles, which were not always available.

Tewksbury's (2006) attempt at identifying characteristics of MSM who wished to seroconvert and MSM who wished to seroconvert other MSM was very specific; however, that study did not seek motivation for the behaviours of bug chasing and bug giving. The sample was limited to one website and it drew from self-report data. Further research could focus on obtaining a larger population sample along with a range of information about both MSM who wished to seroconvert and MSM who wished to convert other MSM such as motivation of such behaviours.

Grov and Parsons (2006) argued that the magnitude of individuals identifying as MSM who wished to seroconvert and MSM who wished to convert other MSM may be growing. The authors concluded that previous research did not use a population sample that had the ability to check off a box within their profile whether they considered themselves to be bug chasers or gift givers. The data were collected from one U.S. bare backing website, so further studies could expand their findings by recruiting samples from various bare backing websites or through other means.

Moskowitz and Roloff's (2007) study was also limited by collection of data from a website that comes with unavoidable anonymity. Their study demonstrated that bug chasing is a real behaviour and not merely a passive phenomenon. A recommendation for decrease in HIV incidence can be in the form of interventions that disseminate that HIV is a dangerous and unattractive health condition. Yet here lies a problem. Using fear for an intervention does not necessarily yield lasting results. All in all, MSM who wish to seroconvert are an elusive group who do not necessarily openly share their desires to contract HIV. Finding ways to respectfully reach out to these individuals is a conundrum within itself.

Conclusion

No matter how many improvements arise through organizations, the bug chasing phenomenon is likely to continue to exist outside the doors of clinics, hospitals and doctors' offices. Bug chasing, whether viewed as a small percentage of MSM or a completely disastrous anomaly, affects every single individual who is currently sexually active and does not use condoms correctly or consistently. Only time and further research will be able to answer questions about increased incidence of HIV in the MSM population and how that increase will impact the rest of the world's health.

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BOOK REVIEW

RAKHI MEHTA

Tremblay, M., Paternotte, D., and Johnson, C. (Eds.) (2011). The lesbian and gay movement and the state: Comparative insights into a transformed relationship. London: Ashgate. ISBN 978-1-4094-1066-9.

This book examines how lesbian and gay movements impact and are impacted by the historical, political, legal, social and cultural scenario prevailing in fifteen countries around the world. The book is a must read for people working in the social sciences, politics, law, and NGOs, as well as people interested in the gay and lesbian rights movement. The chapters are written by political scientists or sociologists investigating this area, and all provide answers to two basic questions, namely how has the state influenced the gay and lesbian movement and how has the movement impacted the state. The chapters are well organised, each beginning with a positive tone highlighting the success of the movement in that country. To quote from the chapter based in Argentina, for example:

On December 28, 2009, Freyre and di Bello finally wedded in Ushuaia city becoming the first same sex couple in Latin America to have contracted marriage. These dramatic events represented the beginning of important victories in the struggle waged by Argentina's LG movement to challenge the traditional definition of marriage, a struggle that culminated with the reforms of the civil code approved by the Argentina congress in 2010 that allowed for gay marriage nationally.

Such an introduction generates curiosity in the reader's mind as to what must have led to the beginning, struggle, and success of the movement, all of which is explained in the later part of the chapter.

The historical background or the beginning of the lesbian and gay movement within the respective countries covered in the book, when viewed as a whole by the reader, provides clear insights into the diversity existing among the various countries. For example, in Belgium the lesbian and gay movement began when the country merged with the European Union, thereby exposing it to the status of the movement within Europe. In India it was a legal protest against Section 377, whilst in the Netherlands it emerged because of religious and class liberalisation. These examples emphasise the cross-cultural perspective of the study of lesbian and gay movements.

The book also deals with the question of how the state impacts on the lesbian and gay movement, which makes for an interesting read for both students of politics and law, as the chapters beautifully bring out the interplay between the law of the land and the quality of government in power, both of which effect lesbian and gay movements. For example, in both Argentina and Belgium, important alliances have been formed between state actors and activists of the movement, transforming the relationship from a conflictive one to a cooperative one. In Brazil, though laws in favour of lesbian and gay movements have been passed, the government shies away from implementing them, whilst in Netherlands the state has been very accepting and liberal, yet society still puts restrictions on lesbian and gay people, as the authors suggest:

Although the Dutch claim that they accept gays and lesbians, this acceptance remains problematic. While 95 percent may say that they have no problems with homosexuality, 45 percent said they dislike seeing two men kissing in public, insults like 'queer', 'gay',

'homo' and 'sissy' are still prevalent in school yards.

Each chapter is followed by a conclusion which clearly sums up the main issues discussed within it. On the whole the chapters are well researched, and wherever there is a lacuna it is clearly outlined so that future researchers can work on these areas. The language used is lucid and connects the paragraphs in a clear flow, thereby not disrupting the chain of thoughts of the reader. The length of the chapters is appropriate, extra jargon is avoided, and the placement of examples and research studies is appropriate. Each chapter opens a new vista for the reader, bringing out the unique political, legal and social diversity of various countries around the world in terms of lesbian and gay movements. I strongly recommend this book to any reader interested in the various aspects of lesbian and gay movements, as instead of being based on hypotheses or possible theories about lesbians or gay men, the book talks about the practical aspects of lesbian and gay movements, and thus provides a fresh perspective and perhaps new ideas for further research in this field, which is the need of the hour.

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BOOK REVIEW

JOANNE BAKER

Doan, P. L (Ed.). (2011). Queering planning: Challenging heteronormative assumptions and reframing planning practice. Farnham, UK: Ashgate. 294 pp. ISBN: 978-1-4094-2815-2.

Petra Doan's edited book *Queering Planning* (2011) provides a timely exploration of planning and development from the perspective of lesbian, gay, bisexual and transgender (LGBT) communities. It situates itself as the first published volume with such an emphasis in the discipline of planning. Its central focus hinges on the claim that the needs and interests of LGBT communities have been neglected and marginalised by the planning profession; particularly in comparison to other discipline areas such as urban studies, sociology and geography which have more robust literatures about sexuality and space. Therefore, the authors of this book argue, it is important to consider how heteronormative assumptions operate and impact in planning.

The contributors to this edited collection are academics predominantly located in the United States and Canada, with three chapters from contributors writing from Australia and the United Kingdom. Thus, the book has a strong North American emphasis and will be of strongest interest to readers in that urban, geographical and cultural context. It is a book primarily pitched to an academic audience (particularly the first section on theory), but should also be of interest to practitioners in the planning profession.

Queering Planning is bookended by introductory and concluding chapters from the editor, Petra Doan, who also contributes a theoretical chapter on planning and the 'tyranny of gender'. The body of the book is organised into

four sections which consider 1) planning theory and practice, 2) governance and political issues, 3) the regulation of sex industry/work and 4) a reflective section in which authors of some seminal works in this area reflect on progress (and stasis) towards the meaningful incorporation of LGBT concerns into planning. Overall, the book makes the strong case that, although the interests and needs of LGBT communities are not insignificant social concerns, they continue to occupy an at-best peripheral presence in planning and development decisions, despite the planning profession now being more aware of the importance of diversity and inclusion. This argument is effectively and engagingly set up by Ann Forsyth in the opening theoretical chapter. She also makes the important point that lesbian, gay, bisexual and transgender communities are ethnically and economically diverse, an idea that is revisited through the book. Gail Dubrow's chapter considers the importance of preserving aspects of LGBT history that are expressed through the built environment in order to prevent its omission and misrepresentation. This history also includes the recognition of places of homophobia such as mental institutions. The chapter by Sue Hendler and Michael Backs offers a challenge to binary, essentialist and heteronormative thinking through the integration of queer theory with planning theory. Katrin Anacker's contribution to the section on planning theory and practice extends the reach of the book by considering the presence of LGBT communities in the suburbs, long associated with heterosexual nuclear families.

Opening the section on governance and politics, Andrew Gorman-Murray analyses the impact of the scales of urban governance in Aus-

tralia. He makes the argument that planning occurs in a complex and overlapping system of local, state and federal government systems and uses two specific case examples which illustrate the constraints and possibilities of stakeholder participation in such systems. Tom Chapman continues the discussion of stakeholder influence (from religious conservatives and progressives) through his consideration of an anti-discrimination ordinance in the tourism-focused state of Florida. The media and government-driven rhetoric about 'creative cities' is explored by Tiffany Muller Myrdahl who writes from the Canadian context. She draws on an interesting tension which punctuates the concerns of the book. Where LGBT communities *have* been recognised and paid attention to, this can be exploitative and does not guarantee tolerance or safety. Furthermore, the valuing of some forms of visible difference result in the exclusion of others.

The section, *Regulating Sex in the City*. Considers on two case examples of how aspects of the sex industry are regulated using planning decisions and processes. Phil Hubbard discusses how planning regulations have been used to regulate adult businesses in the United Kingdom. James Prior and Penny Crofts draw on the example of the regulation of the sex industry in Sydney, Australia and argue that where the language of morality and criminality has historically been used to regulate the sex industry, planning regulations and processes now play a significant role in facilitating this.

The final section of the book, 'Reflections and Conclusions', draws together the writers of foundational publications; Sy Adler, Johanna Brenner, Michael Frisch, Larry Kopp and Mickey Lauria. Each author reflects on their earlier work and what has happened in the intervening years. In conjunction with Doan's editorial synopses and concluding comments, this provides for a logical and satisfying conclusion to the book. This book does what the first dedicated publication about a neglected area should do. *Queering Planning* will please

those seeking a volume that covers pertinent historical context and a comprehensive overview of current issues with respect to heteronormativity in planning practice. Improvements are recognised, for example the achievement of some formal rights and greater recognition of the creative potential of LGBT communities. While there may be less rigidity and explicitly assumption-based practice, planning practice clearly lags behind formally articulated rights. Indeed, the achievement of legislative protection and recognition can obscure the continuation of homophobic and heterosexist assumptions. In the final analysis, planning largely remains a technology of heteronormativity, which is adjusting to changed social, cultural and academic expectations slowly.

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A special issue of *International Journal of Multiple Research Approaches* volume 7 issue 3

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Deadline for Papers: 01 March 2013

Over the past three decades, the international explosion of scholarship in the areas of gender, sex and sexuality has created new fields of inquiry and approaches in the cross-disciplinary fields of the humanities, social, and natural sciences. Innovative methodologies have emerged to address the thorny issues of researching identity and subject positions, practices and activities. Yet despite this, there is still much to be done in the development of mixed methods approaches to the study of gender, sex and sexuality, in addition to further attention being required as to what constitutes best practice in terms of qualitative and quantitative research in the field.

This issue invites work that examines 'methodology' in gender, sex and sexualities research. We seek essays that elaborate experiences of both theoretical and empirical approaches to research on gender, sex and sexuality. Studies that have employed qualitative and quantitative, as well as mixed method approaches are welcome. We are particularly interested in essays that expose the challenges, emerging issues and solutions in combining innovative approaches and evaluation programs. Work may be submitted - in the format of a case study, literature review, research note or research article - for the following sections of focus for the special issue:

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TIMELINE

Abstracts to Editors: October 15, 2012

Manuscript submissions: March 1, 2013

Peer review and revision: March 2013 - July 2013

Final manuscripts for publication: August 31, 2013

Publication: November 2013 (cover date December 2013)

COUNSELLING AND PSYCHOTHERAPY RESEARCH CALLS FOR EXPRESSIONS OF INTEREST – SPECIAL SECTION

Counselling and Psychotherapy with Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer (LGBTQ) Young People

Counselling and Psychotherapy Research invites submissions for a special section focusing on research into counselling & psychotherapy practice, professional education, theory, or psychosocial issues specific to LGBTQ young people (the World Health Organization defines 'Young People' as those in the 10-24 age group). The purpose of this special section is to provide systemic, culturally informed and interdisciplinary insights into key issues affecting LGBTQ young people, as well as innovative methods that assist counsellors and mental health professionals to conceptualize and intervene at the individual, family, community, or broader systemic/ecological level.

Expression of Interest Proposals must: 1) be no more than 2200 words, 2) be research-based papers (quantitative, qualitative, case-study, research commentary), 3) include an abstract of no more than 250 words with keywords, 4) follow the journal's Instructions for Authors:

<http://www.tandfonline.com/toc/rcpr20/current>

Prospective authors are also encouraged to include a 1-page cover letter outlining how their submission addresses the criteria for this special section. All proposals will undergo an initial editorial review and those selected will be invited to submit a full manuscript of no more than 4500 words in accordance with the journal specifications, which will then be subject to full peer review.

All proposals must be sent as an email attachment to either of the guest editors, Dr. Markus Bidell (mbidell@hunter.cuny.edu) or Dr. David Mair (d.j.mair@bham.ac.uk). Please contact either guest editor if you have specific questions or need more information. The deadline for proposal submission is 21 December 2012.

Preparation, submission and publication guidelines

Types of articles that we typically consider:

A)

Empirical articles (6000 word max)
Theoretical pieces
Commentary on LGBTI issues and psychology

Research in brief: Reviews of a favourite or troublesome article/book chapter that you have read and would like to comment on

B)

Conference reports/conference abstracts
Practitioner's reports/field notes
Political/media style reports of relevant issues

Book reviews (please contact the Editor for a list of books available & review guidelines)
Promotional material for LGBT relevant issues

The Review also welcomes proposals for special issues and guest Editors.

Each submission in section A should be prepared for blind peer-review if the author wishes. If not, submissions will still be reviewed, but the identity of the author may be known to the reviewer. Submissions for blind review should contain a title page that has all of the author(s) information, along with the title of the submission, a short author note (50 words or less), a word count and up to 5 key words. The remainder of the submission should not identify the author in any way, and should start on a new page with the submission title followed by an abstract and then the body of the text. Authors who do not require blind review should submit papers as per the above instructions, the difference being that the body text may start directly after the key words.

Each submission in section B should contain the author(s) information, title of submission (if relevant), a short author note (50 words or less) and a word count, but need not be prepared for blind review.

All submissions must adhere to the rules set out in the Publication Manual of the American Psychological Association (fifth edition), and contributors are encouraged to contact the Editor should they have any concerns with this format as it relates to their submission. Spelling should be Australian (e.g., 'ise') rather than American ('ize'), and submissions should be accompanied with a letter stating any conflicts of interest in regards to publication or competing interests. Footnotes should be kept to a minimum. References should be listed alphabetically by author at the end of the paper. For example:

Journal Articles: Riggs, D.W. (2004). The politics of scientific knowledge: Constructions of sexuality and ethics in the conversion therapy literature. *Lesbian & Gay Psychology Review*, 5, 16-24.

Books: Kitzinger, C. (1987). *The social construction of lesbianism*. London: Sage.

Edited Books: Coyle, A. & Kitzinger, C. (Eds.) (2002). *Lesbian & gay psychology*. Oxford: BPS Blackwell.

Book Chapters: MacBride-Stewart, S. (2004). Dental dams: A parody of straight expectations in the promotion of 'safer' lesbian sex. In D.W. Riggs & G.A. Walker (Eds.), *Out in the antipodes: Australian and New Zealand perspectives on gay and lesbian issue in psychology* (pp.393-416). Perth: Brightfire Press.

References within the text should be listed in alphabetical order separated by a semi-colon, page numbers following year. For example:

(Clarke, 2001; Peel, 2001; Riggs & Walker, 2004)

(Clarke, 2002a; b) (MacBride-Stewart, 2004, p. 398)

Authors should avoid the use of *sexist*, *racist* and *heterosexist language*. Authors should follow the guidelines for the use of non-sexist language provided by the American Psychological Society.

Papers should be submitted in Word format: title bold 14 points all caps left aligned, author 12 points all caps left aligned, abstract 10 points italics justified, article text 10 points justified, footnotes 9 points justified.

All submissions should be sent to the Editor, either via email (preferred): damien.riggs@adelaide.edu.au, or via post: School of Psychology, The University of Adelaide, South Australia, 5005.