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

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

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Keywords

Barebacking, gay men, condom use, health promotion and education, promiscuity, resistance, risky health practices, transgression, unsafe sex.

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Abstract

The aim of the present paper is to summarise key responses to Crossley's (2004) article, 'Making sense of barebacking: gay men's narratives, unsafe sex and the 'resistance habitus' (*BJSP*, 43, 225-244) from members of the British Psychological Society's (BPS) Lesbian & Gay Psychology Section. These responses are assembled into four main themes: (1) Terminology, including descriptions of sexual behaviour in ways that are inaccurate and pejorative, (2) Representations that endorse culturally dominant stereotypes of gay men as hedonistic, promiscuous, morally irresponsible and interested in sex rather than relationships, (3) Methodology, particularly the use of autobiographical and fictional accounts as reliable sources of data about HIV risk, (4) Ethics, especially the infringement of the dignity of participants in research. We welcome attempts to address the continuing problems of HIV/AIDS but recommend that authors and editors enter into dialogue with colleagues who are members of sexual minority communities as part of the research process.

Introduction

We thank the editors of the British Journal of Social Psychology (*BJSP*) for inviting this response to Crossley's (2004) article, 'Making sense of barebacking: gay men's narratives, unsafe sex and the 'resistance habitus' (*BJSP*, 43, 225-244), which was published by previous editors of this journal. The tone and content of the paper

prompted concern among many members of the British Psychological Society's (BPS) Lesbian & Gay Psychology Section. This Section's members include voluntary sector representatives who work in health promotion settings, as well as academics and other professional psychologists. Members voiced concerns through such media as the Section's listserv discussion list, e-mails to the Section committee, and informal personal communications. Some felt that the decision to publish Crossley's (2004) article was discriminatory on the grounds of sexual orientation. Following these discussions, three responses to Crossley's article were published in *Lesbian & Gay Psychology Review* (Barker, 2005; Langdrige, 2005; Langdrige & Flowers, 2005; Riggs, 2005a). The aim of the present paper is to summarise key responses, and to highlight other considerations that Lesbian & Gay Psychology Section members feel should be addressed by future academics who either write or edit articles concerning minority sexual communities. Whilst we cannot reflect the views of the entire Section membership, we have attempted to distil four main themes: (1) Terminology, (2) Representations, (3) Methodology and (4) Ethics. First we will provide a brief summary of some of the major issues.

Crossley's barebacking and 'resistance habitus'

Flowers & Langridge (this volume) have presented several concerns which were shared by the Section membership. For example, texts 'chosen to specifically illustrate the issue of gay men's "resistance"' (Crossley, 2004 p.228) and the limits this provides any interpretation or subsequent generalisability. The narratives chosen are used to represent 'the failure of gay culture to address questions of moral choice and responsibility' (Crossley, 2004: 241, emphasis added by Flowers & Langridge, this volume). Promiscuity is presented as an HIV risk behaviour, barebacking as unprotected anal intercourse (UAI), without attention to non-equivalence of these terms in HIV's epidemiology. Additionally, the Section responses noted the absence of a heterosexual equivalent to 'barebacking'. Langridge & Flowers (this volume) rightly stress the ongoing maintenance of condom use by the majority of gay men across the western world and the grassroots, community-led health promotion which has enjoyed numerous successes (Kippax & Race, 2003).

For her data source Crossley (2004) turns to commercial autobiographical and fictional accounts (e.g., Rofes, 1998; White, 1998) which she describes as 'an essential source of in-depth insight into how gay men have thought, felt and behaved

(sexually) in the context of varying social conditions' (p.228). Each text is analyzed by separating it into three historical periods which Crossley calls: 'Pre-AIDS: From repression to liberation', 'The era of AIDS: From "liberation" to death' and 'The 'backlash': From repression to "liberation" again ... or ... repetition?' Psychoanalytic techniques are proposed to uncover a reliable explanation of UAI that is beyond its practitioner's conscious awareness. To explain the continuance of UAI, Crossley deploys a cultural history in which gay men resort 'to the 'paranoid-schizoid' position (seeing things as 'all good' or 'all bad') when faced with anxiety-provoking situations which pose a threat to self' ... 'Post-AIDS' gay men find themselves once again swinging to the other side of paranoid-schizoid pendulum where promiscuous sex is once again all good with a consequent risk to health' (p.239). The implication of Crossley's argument is that transgressive sexual practices may be so entrenched in gay culture that they are not only seen as a positive part of resistance, but that HIV-related dangers are 'forgotten' when men engage in unprotected sex. Crossley (2004) concludes the article by drawing out the applied consequences of her analysis for health psychology, stating that this field 'desperately requires a perspective which encourages people to reflexively consider and debate the inextricably moral nature of the choices they are making in relation to various different kinds of health-related behaviours' (p.242). With this summary in mind, we now turn to the most pressing issues of concern this article raises for lesbian and gay psychology.

Terminology

Throughout, Crossley (2004) uses terminology to describe sexual practices in ways that are inaccurate and pejorative. Flowers & Landgridge (this volume) discuss the nonequivalence of UAI and barebacking in depth. Barebacking has specific cultural meanings (see also Ridge, 2004; McManus, 2005). It is a term that may not apply in all UAI contexts, communities or even for individuals on different occasions. We question the project of attempting to find one generalisable psychological explanation for all instances of UAI or all forms of any other sexual practice(see Barker, forthcoming, 2006). Langdridge and Flowers (this volume) also note that Crossley (2004) fails to account for heterosexual UAI, potentially reproducing the common myth that anal sex is only practiced by gay men. Although barebacking is acknowledged to have 'interpersonal and psychological *meaning*' for gay men'

(Odets, 1995, p.189, cited in Crossley, 2002), this implies that UAI has no meaning for heterosexual practitioners, or that such meanings are transparent or 'non-psychological'. Crossley not only elides the distinction between a particular cultural practice and a general category of sexual activity, her elision leads to a selective scrutiny of gay men's sexual practices. This is a heteronormative move (see Riggs, 2005a; Peel, 2001).

Crossley's (2004) singular terms such as 'the gay community', 'gay culture' or 'gay circles' imply cultural homogeneity, shared identities and common understandings that can be identified and described. We suggest the use of plural terms ('communities', 'cultures' etc.) to acknowledge a range of identities, agendas and groupings (see Barker, forthcoming 2006 for a discussion of this in relation to bisexual communities). Crossley (2004) fails to fully consider what UAI does or does not mean in varied gay communities, or to recognize that she was focusing only on certain communities of gay men. For example, she concedes that her argument 'does not mean that all gay cultures or all gay men necessarily exhibit or manifest such resistance' (p.228), acknowledging, on the one hand, that gay culture is not monolithic, but, on the other, implying that resistance is either visibly or invisibly present in all gay men. In so doing, she also transgresses standards for non-heterosexist research by confusing individuals who were actually sampled (in this case a few authors writing for a commercial audience) with gay men's communities as a whole (see also Herek, Kimmel, Amaro, & Melton, 1991).

(2) Representations

There are, therefore, reasons to be concerned about Crossley's (2004) representations of *both* social groups and sexual practices. These representations seem to endorse 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 (see also Simon, 1998). The psychoanalytic conclusions in the article risk depicting gay men as pathological. Indeed, the removal of homosexuality from the American Psychiatric Association's Diagnostic and Statistics Manual (DSM) depended upon listening to gay men's and lesbians' accounts of their own experience rather than psychoanalytic accounts, a move that Crossley's article reverses (Kutchins

& Kirk, 1997). Nor are psychiatric politics of homosexuality irrelevant to more contemporary concerns. Oblique references to ego-dystonic homosexuality remain in the DSM-IV-R, and the high numbers of borderline personality disorder diagnoses given to gay men evidence an enduring tendency to misinterpret gay men's sexual behaviour as psychopathology (Hagger-Johnson, forthcoming, 2006).

Of course, gay men who engage in UAI are not alone in experiencing risky behaviours, or in sometimes weighing long-term consequences of unhealthy behaviours as less pressing than immediate pleasures: consider unplanned pregnancies, high fat diets, smoking, and dangerous sports, for example. Crossley (2004) needs to guard against the possible interpretation of gay men as somehow distinct and extreme in their engagement in risky behaviours.

Crossley's (2004) article seems rooted in a moral stance which assumes gay men's sexuality to be implicitly unhealthy and immoral with respect to normative heterosexual standards. Potential criticism of this stance is warded off when she signals her intention to help stop the spread of HIV within gay communities. Crossley's misuse of gay men's narratives thus allows her to imply that gay cultures are structured through excess, and that this excess introduces a kind of death mentality into gay men's sexual practices. 'Excess' is a relative term, and Crossley misses the crucial point: that moral standpoints developed from the experiences of particular gay men may not accord identical values to death as those dominant accounts of morality and sexual health that Crossley presumes to be normative. O'Donnell (2001, p. 9) suggests that the rise of barebacking is 'seen to mar the goodboygay (sic) image which has been achieved over the past decade through an appreciation of the gay community's heroism in the face of adversity.' Crossley's moralizing about death and gay excess speaks to this with a lack of understanding of sexual practices which would 'risk' this positive image, or which may start from an account of morality that would not accord significant value to life, conceptualized here as moral, healthy and safe (Riggs, 2005b). The suggestion being made here is different to Crossley's claim that gay men possess some form of 'death wish' that manifests itself in barebacking. Rather, the point is that barebacking must be understood as a practice that is negotiated both within a context of heterosexism (that devalues gay men's relationships and identities in general), and in relationship to a range of gay communities that have developed particular frames of reference and meaning since the onset of the AIDS epidemic (Kippax & Race, 2003). To attempt to read

barebacking in psychoanalytic terms without adequately understanding and elaborating these intersecting histories runs the risk of contributing to the pathologisation of gay men's sexuality (Riggs, in press).

We also question Crossley's (2004) representations of two other forms of sexual behaviour: casual sex and SM. Crossley, like many other commentators, frequently slips between portraying unprotected sex as risky and portraying promiscuity *per se* as dangerous. Crossley writes about 'the fact that promiscuous sex did result in death for so many gay men' (p.233) and the 'devastating consequences of "promiscuous" sex amongst Western gay men' (p.241). These arguments imply that if gay men were less promiscuous this would lower their HIV risk (see also Hunt *et al.*, 1991; Kitzinger & Peel, 2005; Xiridou *et al.*, 2002). 'Promiscuity' is a problematic and, again, relative term that does not simply refer to a number of sexual partners but has long been recognized as carrying pejorative connotations in the context of HIV transmission (e.g. Oppenheimer, 1988). To quote one gay community proverb, 'promiscuous is when someone has had one more partner than you have'.

Crucially, 'number of partners' is not a reliable measure of HIV risk status, but must be considered in combination with condom use, partner type, relationship status, sexual practice and HIV testing information in order to examine sexual risk. This point was emphasized in the Section responses and by Langdridge & Flowers (this volume). Crossley's (2004) claim that barebacking should be a targeted mode of HIV transmission would benefit from a consultation of the epidemiology of HIV transmission in relation to these variables. Among gay men and other men who have sex with men (MSM), several studies show that HIV transmission most often occurs within longer-term relationships (Xiridou *et al.*, 2003). There are several possible reasons for this, none of which are addressed by Crossley (2002, 2004):

- UAI is more common with main partners than with casual partners (Flowers *et al.*, 1997; Xiridou *et al.* 2003) and condom rates are higher with casual partners than with main partners (Hagger-Johnson & Whiteman, under review). This is a robust finding which extends to heterosexual relationships (Flowers *et al.*, 1997)
- Rates of HIV testing are low, yet condom use is often discontinued in relationships prior to knowledge of a partner's HIV status (Flowers *et al.*, 2001; Flowers & Church, 2002; Flowers *et al.*, 2003; Hart *et al.*, 2002; Knussen *et al.*, 2004)

- There are high rates of partner change and sex with casual partners in addition to main partners among gay men (Bringle, 1995). Negotiated safety techniques (Kippax & Race, 2003), which were developed by health promoters to address this reality, emphasize safer sex with casual partners more than primary partners (Coxon, 1992; Flowers *et al.*, 1997)
- Different meanings are 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; Willig, 1999)
- Public sex and cruising cultures are characterized by a relative infrequency of penetrative sex, lowering likelihood of unprotected sex and thus HIV-related risk (see Langridge & Flowers, this volume).

Again, these findings point to the problem of conflating the particulars of barebacking with the more general category of UAI. SIGMA researchers (e.g. Hunt *et al.*, 1991; 1993; Wetherburn *et al.*, 1991) have produced a large body of gay men's sexual health research which uses the concept of 'penetrative sexual partners' (PSPs) as a more accurate indicator of levels of risk, delineating sex acts where penetration does or does not occur. Crossley (2004) might have attended to such distinctions if she had looked to a wider range of gay men's narratives. Coxon and McManus' (2000) analysis of the SIGMA diaries (Coxon, 1988) found that of 2,182 gay/bisexual men, 60% of those who engage in anal intercourse (AI) do so once or twice a month. However, a small group engage in AI far more frequently, such that one tenth of the individuals are involved in half of the acts of AI that are reported. The few gay men who have very high numbers of casual partners do this for a number of complex reasons, but the concentration of highest-risk AI is primarily in the relatively infrequent acts of a relatively large number of gay men (rather than in the very frequent acts of a few as Crossley's analysis implies).

Also problematic is Crossley's assumption that alcohol, drugs and unsafe sex are linked in a readily discernable causal nexus. Crossley is dismissive of Rofes' (1998) challenging of the assumption that barebacking is necessarily risky, and that drug use and multiple sexual contacts, often with anonymous sexual partners, are a disaster for HIV prevention. In fact, Rofes (1998) was right to scrutinize the complex relationships between these variables (see Wetherburn *et al.*, 1993).

Finally, in relation to SM, Crossley (2004) presents practices such as fisting and piss-play simply as punishments for engaging in promiscuous sex. Pain and humiliation in SM scenes are not always given out as punishments; meanings around these behaviours may, alternatively, relate to endurance, breaking taboos, relinquishing control, or nurturance, for example. Again we would emphasize that the meaning of sexual practices within different communities cannot accurately be easily interpreted from a distance.

Most SM practitioners also draw a clear line between fantasy and reality (Beckmann, 2004), a distinction to which Crossley's article does not attend. Many who fantasize about forced sex or barebacking may not act out these fantasies in reality. Crossley (2004), like other health researchers, does not acknowledge that sexual fantasies rarely involve condoms. Her claim that unsafe sex is being eroticised because of its risk is therefore questionable. Research such as Crossley's (2004) that rely solely on publicly available representations such as published books are particularly likely to miss the complexity and variability of the relationship between textual fantasy and embodied practice. Fiction represents fantasy, yet Crossley (2002, 2004) seems to treat it as representative of gay culture. She explicitly makes the two equivalent when she calls on readers to 'consider the damaging implications of gay culture perpetuating such aggressive and objectifying narratives' (Crossley, 2001, p.63).

(3) Methodology

This leads us to question the validity of Crossley's (2004) data source: commercially produced novels and memoirs. As discussed by Flowers & Langridge (this volume), a limited number of gay men's fictional and autobiographical accounts cannot be regarded as reliable data on the prevalence of barebacking or the reasons for engaging in UAI (Crossley describes 'notable publications' (p.228) but lists only five texts). There is a similar issue in Crossley's (2002) research where 'Internet sources are drawn upon as a way of highlighting the way in which talk about 'barebacking' has become commonplace in gay circles' (p.51). It seems useful here to draw an analogy with a hypothetical researcher who selected sensational heterosexual pornography web sites and cited these as evidence of 'what heterosexuals do'. Would the Annabel Chong story (Williams, 2000) be legitimately cited either as evidence

that heterosexuals are resisting the safer sex message, or as an example of heterosexual culture? Crossley (2004) is critical of existing methods of sexual behaviour research, such as questionnaires and interviews. However, her own reading of the novels and autobiographies she cites might be different if informed by such research evidence. It is particularly striking that Crossley's *narrative analysis* (2004) fails to attend to the diary methods developed and validated by Coxon (1988; Coxon et al., 1993).

We argue for caution when 'researching the other' (Wilkinson & Kitzinger, 1996) and our Section members suggested that greater reflexivity on Crossley's (2004) part would have benefited the analysis. Indeed, some of the problems with Crossley's work may be due to her outsider perspective on gay men's sexuality and barebacking. This is not to suggest that 'insiders' accounts of sexual communities be methodologically or ethically privileged, nor understood as rhetorically unmediated (see Kitzinger, 1987). Rather, participant observations have long been a source of understanding of sexual practices in HIV/AIDS research (Bolton, 1991). The texts that mediate Crossley's understandings of sex between men, and to which she orients her reader, may obscure the complexities of the communities she is researching and the alternative moral standpoints within these.

(4) Ethics

Finally, we turn to the issue of ethics. Psychologists have an ethical obligation to ensure that they do not 'infringe the rights and dignity of participants in their research' (BPS, 2004). Nowhere is this more urgent than when writing about communities and practices that are easily stigmatized. It seems that Crossley is in danger of infringing the dignity of the gay men she writes about. For example, we question the way in which she uses Foucault's death as a rhetorical device to illustrate irony in the fact that Foucault doubted the existence of AIDS, then 'died of AIDS in 1984' (p.232). It is deeply problematic that an analysis which aims to draw our attention to the narrative construction of reality would imply that Foucault's death was a self-inflicted tragedy (see Halperin, 1995 for a critique of Foucault biographies). This is clear evidence that Crossley is happy to use narrative as a moralizing genre, and to elide the distinction between the narrative she produces and the life itself (see White, 1987).

We suggest caution before rejecting a ‘hermeneutics of meaning recollection’ entirely in favour of a ‘hermeneutics of suspicion’, a recommendation also made in several of the Section’s responses. In other words, whilst acknowledging the necessity of digging beneath the ways in which individuals and communities portray and explain themselves, it is important to still incorporate the participants’ own explanations in the context of wider cultural forces (e.g. McFadden, 1995; Willig, 1999). Otherwise qualitative researchers risk elevating their own claims to a realist status above the claims of their participants (Hammersley, 2003).

Psychoanalysis has a long history of use as a hermeneutic of suspicion to pathologize gay men and lesbians; a history that Crossley (2004) fails to acknowledge. Psychoanalytic authority places the analyst in a privileged position and provides a repertoire for psychologizing refutations of the analyst’s position as ‘denial’. Crossley’s attribution of the ‘paranoid-schizoid’ position to gay men has deep cultural resonances within psychoanalytic thinking (see, for example, Lewes, 1988). Moreover, the pathologization of resistance in psychoanalytic theorising gives Crossley grounds to further psychologize critiques of her work that gay men, in particular, might offer. For the concept of the unconscious to be meaningful, Crossley needs to explain what she believes gay men are repressing in their descriptions of themselves and their behaviour. Her suggestion that gay male culture (presented here as a monolithic object) operates to repress qualities associated with the ‘work-ethic’, such as self-control, responsibility and the delaying of gratification, risks representing gay men as shallow, hedonistic, and one-dimensional beings. Crossley’s grotesque stereotype offers up a picture of gay men that seems well-positioned to sanction prejudice, as social psychological research is increasingly showing that sexual prejudice is expressed only when gay men and lesbians transgress common norms and values (Hegarty, Pratto, & Lemieux, 2004; Moreno & Bodenhausen, 2001; Vescio & Biernat, 2003).

Crossley’s (2004) article also puts across an outdated view of gay men’s sexual health promotion, discussed in detail by Flowers & Langridge (this volume). She cannot seem to reconcile her arguments to the idea that some people will, in full knowledge, make decisions about their own health which place them at risk (whether of pregnancy, heart attack, lung cancer or sexually transmitted infections). Nor does her own narrative acknowledge that safe sex was invented by gay men in a community context, and not by professional psychologists (Kippax & Race, 2003).

The suggestion in Crossley's (2004) paper that health promotion with gay men has failed is simply wrong, as is the theory that health promotion is responsible for increases in UAI. Even (Rofes 1998, pp. 245-246) whose writing is cited, noted that the increase in UAI in his own fantasy life has not led to an increase in unprotected anal sex in reality. Section members highlighted the uptake of condom use amongst gay men in response to the HIV epidemic, increases in HIV testing, and the complex variety of ways in which gay men have negotiated their sexual relationships, as examples of successful health promotion, predominantly developed and driven by gay men themselves (e.g. Kippax & Race, 2003).

Crossley (2004) offers no alternative proposal for health promotion. She clearly believes that gay men cannot themselves access the unconscious motivations for their 'unhealthy' behaviours, and require outside help to consider the moral implications of their sexual behaviour because of the tendency to 'resistance' and repression. This seriously devalues the important and successful HIV-prevention work undertaken over many years by gay men's community organisations.

Conclusions

The BPS Lesbian & Gay Psychology Section welcomes attempts to address the continuing problems of HIV/AIDS at a time when its challenges are often forgotten. Understanding links between pleasure and risk is also of great theoretical interest and therefore important to psychology as a discipline. When sexual orientation identities are linked to sexual behaviour, however, there is the potential for discrimination. When sexual minority groups are subjected to heightened psychological scrutiny and a hermeneutics of suspicion, then heterosexism can easily occur. When a small number of texts written by individuals for other purposes are taken as exemplary of the inner psychological nature of an entire group, *without regard for available published data*, essentialist stereotyping is the inevitable consequence. When 'regimes of truth' (Foucault, 1978) such as psychoanalysis are used without regard for the history of their uses in pathologizing a particular group, then the resulting scholarship can do little to push forward our knowledge of how humans are social with each other.

We have summarized four main objections to Crossley's (2004) article and agree with Crossley (2004, p.228) that 'the claims made by such an analysis are

limited'. To push beyond such limits we urge authors and editors to consider how their own knowledge about sexual minority communities is 'situated' (Haraway, 1991). This is not an argument that heterosexual people cannot do good psychological work with gay and lesbian people, as do many of the heterosexual members of the BPS Lesbian & Gay Psychology Section (see, for example, Coyle & Peel, 2004). Authors and editors would do well to consider the moral stance that they implicitly bring to such work, and their dialogue with colleagues who are members of sexual minority communities. Our request here is that scholars critically interrogate any presumption that the truth of sexual practice can easily be accessed from representations that are produced for other purposes, such as the incitement of fantasy, narrative pleasure, or commercial profit.

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