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University of Southampton

Researching strategies for risk reduction in sexual behaviour

by Denise Kirkland

submitted in partial fulfilment of the requirements for the degree of
Doctor of Philosophy

Department of PSYCHOLOGY
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ABSTRACT

FACULTY OF SOCIAL SCIENCES

PSYCHOLOGY

Doctor of Philosophy

RESEARCHING STRATEGIES FOR RISK REDUCTION IN SEXUAL BEHAVIOUR

by Denise Kirkland

This thesis is based in two parallel strands of research.

The first is an exploration of the theoretical distinctions between two competing paradigms dominant in sexual health research: social cognition models and discourse theory.

The second is an exploration of the practical use of a discourse theoretical approach to research accounts from people in the 'forty-something' age bracket about their experience of developing new sexually intimate relationships.

Some developments in connectionist theory are used to explore some possible distinctions between implicit and explicit knowledge.

These distinctions are then used to explore the scope of the two paradigms and, drawing on findings from the practical research, to discuss some implications for sexual health research and intervention.

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Denise Kirkland, October 2000.

Introduction - Researching Sexual Behaviour

I returned to academia, thanks to a 'pay off' from the computer industry, in 1993 and elected to study sexual health out of various interests, though with no very relevant background in the topic, but also in no small part because it seemed an appropriate topic to keep me away from the computer industry.

Sexual behaviour does have other appeals as a research topic though! Apart from a 'natural' inclination to be interested in it anyway (which the research has led me to believe I share with many, if not most, other people) it is biologically 'fundamental' (in that the species could not continue without it, though I would resist many biological essentialist arguments which have arisen from this), social (in that, at least at this fundamental reproductive level 'it takes two') but also strongly cognitively mediated (and see '*A personal standpoint*' below).

The opportunity to carry out research in this area was available since the Centre for Sexual Health Research was in the process of being established at Southampton University, primarily in response to the demand for research in this area generated by concerns about the potential impact of HIV. The research topic was agreed as 'researching strategies for risk reduction in sexual behaviour', encompassing concerns about relevant theory and methodology, as well as conducting some relevant research.

The next decision was to select an appropriate research approach and Chapter 1 seeks to explain why I adopted a social constructionist perspective in preference to anything based on social cognition models, the other dominant paradigm in this topic area, despite my technical, realist, reductionist background.

But there are many social constructionist methodologies, each with some subtle distinction in its epistemological foundations. In Chapter 2 I explore

some of these methodologies in an effort to discover something of what is different about each, and in the end what they have in common, and to explain why I eventually adopted a primarily discursive, though still somewhat eclectic, methodology.

In Chapter 3 I summarise exactly what that means for the present research and discuss other issues which contribute to the shape of the two studies on which the rest of the thesis is based, which are introduced in Chapter 4.

These studies represent something of a break from most research in this area, which tends to focus on 'young people', by instead focusing exclusively on people in the (approximately) 'forty-something' age bracket. In Chapter 4 I also draw on some of the data collected to explore the nature of these data and their strengths and limitations, since these have implications for how some findings reported in Chapters 5 and 6 should be understood.

There I have combined discussion of the findings from the two studies since each set of data tends to contribute different, but overlapping, perspectives on some common themes.

In Chapter 5 I explore the extent to which the interviewees' accounts reveal any sexual health risk in their lifestyles, as well as their (usually lack of) perceptions of such risk. More discursively I trace some of the events and discourses which appear to underlie such perceived 'invulnerability'.

In Chapter 6 I explore some of the (more or less) active engagement in activities which contribute to increase or decrease in sexual risk: from pragmatic issues about condoms, through to the role of language: from again pragmatic issues of terminology, through uncertainty about ability to engage in *any* discussion about sexuality, to some discursive themes and fragments which appear to inform *some* of this uncertainty.

In Chapter 7 I summarise some of the discursive 'themes and fragments' which have emerged, and some of their implications.

In Chapter 8 I revisit themes introduced in the earlier chapters regarding the relevance of alternative methodologies, and discuss how this is relevant to research findings. I then summarise some findings particularly relevant to sexual health intervention, before discussing how some problems in the research of sexual behaviour seem particularly intransigent, and the implications of these for the present research.

In Chapter 8 I also suggest that the theme developed in Chapter 1, about distinctions between 'implicit' and 'explicit' knowledge, might be used to reconceptualise the relevance of the contribution of each chapter to the thesis as a whole.

A personal standpoint

A social constructionist approach requires some attempt to be reflexively aware of issues which *motivate* research, and to be as explicit about these as possible. I have already indicated a little relevant personal history. What follows here is an attempt to explain why I consider this topic intrinsically interesting.

In some ways sexual behaviour is a topic 'par excellence' against which to test any theory of social psychology. The behaviour is 'social' in that in its more 'conventional' forms it is generally enacted by two players - however, unlike any other behaviours¹, it is never enacted in public (except for very recent developments in mainstream media) so we have no 'model' or opportunity of 'imitation' on which to draw².

¹It might be argued that defecation is a similar exception, but this behaviour is shaped with so much care and attention by primary carers in the very early years of our life that the issues seem quite distinct.

²There is perhaps a question as to whether this is atypical for humankind, arising from living conditions peculiar to 'advantaged' groups, especially since the seventeenth century (ie most people living in 'the west' today). It may even contribute to the current rise in 'sexual problems'. However, it *is* the case for most people, now.

On the other hand, (and here a sociobiological functionalist argument seems partly tenable) probably because it is essential for the continuance of the species, it seems mediated by sufficient physiological processes (including many complex hormonal interactions) to be *generally* accomplished 'successfully' (at least in respect of procreating the species) despite this lack of previous observation, or much else in the way of relevant 'information'.

Yet again, that the potential outcome of sexual intercourse is a child, a new member of a community and for some years an unproductive one, is an obvious (if simplistic) potential explanation of why sexual intercourse seems to be considered a behaviour of immense social consequence, and is perhaps one of the most strictly socially regulated behaviours.

Similarly, for all that sexual 'drives' are generally considered to be (and are often experienced as) very powerful, we are expected to maintain them under some kind of control. Failure of control (for example 'exhibitionism', 'flashing', 'rape') are subject to social sanctions of increasing severity. There are various indicators that this control is considered 'cognitive', not least that more 'private' 'loss of control' is often excused, or justified by, appeal to a socially acknowledged cognitive 'control reducing' context (for example 'I had too much to drink').

There are many angles to this notion of 'loss of control' and they appear to me entangled with issues around 'sexual risk taking', or 'failure to negotiate safe sex', which are central to this thesis topic of 'strategies for risk reduction in sexual behaviour'.

I am interested in this research topic intellectually because it seems to offer the focus and opportunity to explore a point of complex interaction between the individual and the social, the biological and the cognitive. I am able to pursue this research topic because the advent of AIDS in the early nineteen eighties led to social aspects of sexual behaviour becoming a topic that

society needs to understand better (since no biological 'fix' seems imminent), so the topic became 'acceptable' - to public funding bodies, and therefore, and more relevant here, within academia. I am interested in the topic 'emotionally' since 'sexuality', and failures to manage sexual encounters to their own satisfaction, is a source of distress to so many people that any advance, however small, in our understanding of the subject seems a worthwhile enterprise.

Chapter 1 - Competing paradigms in sexual health research

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'whereas the primitive mind dreads the forces of nature, the scientific mind dreads the power of thought' (Moscovici, 1984, page 3)

It is a shared assumption of many, though not all, psychologists that the way we think affects our behaviour and this is an underlying premise of the present thesis, along with the assumption that 'what we say' provides some kind of access to 'what we think'.

Although the thought-behaviour link is not generally contested an adequate 'explanation' of any linkage has proved elusive. For some it is only the structure of the brain that is considered relevant to this link, but for many it is in some way the 'content', and perhaps the organisation, of the 'mind'. Alternative theories regarding this linkage are sometimes complementary, but are more often characterised by paradigmatic (in the Kuhnian, 1962/1970, sense) failure to discuss, much less resolve, differences.

The thought-behaviour link is relevant to the present research in underlying the interpretation of the extent to which 'ways of talking' relate to 'ways of doing' and the implications of any such relationships for safe(r) sex. Two, in many respects competing, paradigms for researching the thought-behaviour link have been dominant in sexual health research: Social Cognition Models (SCMs) and 'social constructionism'. The purpose of the present chapter is to explore these competing approaches in order to justify, or at least explain, the approach adopted here.

Social cognition models include a range of specific models such as the Theory of Reasoned Action (TRA, Fishbein, 1967, Fishbein and Ajzen, 1975), the Theory of Planned Behaviour (TPB, Ajzen, 1985, 1991), and the Health Belief Model (HBM, Rosenstock, 1974) as well as more recent moves to 'integrate' them (eg Norman and Conner, 1996, Fisher and Fisher 1992). However Martin Fishbein (1967) has perhaps most clearly explained the rationale for such an approach, so his Theory of Reasoned Action will be taken as representative for the present discussion, though alternative models

will be touched on as relevant.

Social constructionist approaches have typically used qualitative text analysis but otherwise tend to be more diverse. Like many 'users' of SCMs, social constructionist researchers are not always explicit about their theoretical underpinnings. However in part because the theoretical development of its use within psychology is relatively recent and traceable, but perhaps more especially because it calls for the most 'constructive' interpretation of texts (consideration of what has *not* been said as well as what *has* been said), 'Discourse Theory' (Henriques et al., 1984, Potter and Wetherell, 1987, Parker, 1992, Yardley, 1997) will be taken as representative of this approach for the discussion in the present chapter. More detailed consideration will be given to some distinctions between this and other text analytic approaches in the next chapter.

Initial reviews of a few papers which used a 'models' based approach to investigating the social psychology of sexual behaviour (eg Breakwell et al, 1991; Richard et al, 1995; Rosenthal et al, 1991; van der Pligt et al, 1993), and some critiques (favourable and otherwise) of this approach (eg Abraham and Sheeran, 1993; Conner, 1993; Ingham, 1993; Abraham et al, 1993) revealed a number of recurring themes:

- 1) a tendency (deriving it transpires from the original formulation of the Theory of Reasoned Action: Fishbein, 1967a, b, c and Fishbein and Ajzen, 1975¹) to study *intent* rather than *behaviour*,
- 2) the apparent simplicity of particular models, versus the plethora and complexity of suggested 'improvements' and modifications,
- 3) the limited, and sometimes apparently arbitrary, nature of the 'test items',

¹Fishbein, 1967a, b, c and Fishbein and Ajzen, 1975, are generally cited as primary texts, but note that the expression Theory of Reasoned Action is not evident in either.

- 4) the relatively low percentage of variance accounted for in any of the studies,
- 5) an apparent pattern that the larger the study, the less variance was accounted for,
- 6) above all, that the smaller, more focused, and more the test items were based on careful pilot work, then the better the apparent 'fit' of survey sample responses to the model (eg King, 1982 (cited in Abraham and Sheeran, 1993) where 83% of future attendance and non-attendance at a *specific* clinic was accounted for - the highest reported claim of 'fit' for a model I have discovered, but note this is not a sex related behaviour).

Consulting Fishbein (1967, 1993) revealed that, in particular the last of these observations, is precisely what is predicted - unfortunately some of these key issues have been overlooked in subsequent research. Here a small selection of social cognition model research is reviewed, drawing primarily on the TRA, and more specifically a collection of papers examining *The Theory of Reasoned Action: Its Application to AIDS-Preventive Behaviour* (edited by Terry et al, 1993), but consulting additional material as appropriate: first to trace the genesis of these limitations and illustrate how they are inherent in the TRA. Because Fishbein set out to map and measure 'how it is' with beliefs, attitude etcetera at the point of intending to behave, he has excluded by definition many of the concerns of applied research, especially intervention.

I will also discuss some limitations inherent in the design of 'cross-sectional' research with the TRA, and that in particular proposing use of the TRA, in the context of large scale surveys, with the stated objective of addressing '*the need for more universally applicable theories to guide the development of global solutions to HIV and AIDS prevention*' (Lewis and Kashima, 1993) is to have misunderstood the insights of the theory in question.

A further concern about the research organised around SCMs was that it seemed, at best, only incidentally to deliver much 'insight' into the evident difficulties people experienced in adopting safer sex strategies such as condom use.

Much greater insight was evident in more 'qualitative' research, for example the Women's Risk and AIDS Project (WRAP) reported by Holland et al. (eg 1991, 1992a, 1992b, 1994) and Ingham's ESRC funded study² of young peoples' understandings of sexual health risk (eg Ingham et al., 1991, 1992, Woodcock et al. 1992).

However my technological 'realist' background found me initially somewhat sceptical about the intellectual standing of this (apparently) primarily descriptive, if extremely persuasive, material. So rather than 'accept that it works and get on with it' I found it necessary first to explore the theoretical basis, and something of the genesis, of this alternative approach. This chapter is in some respects a trace of some of that exploration, and a justification of that initial, rather more 'intuitive', selection of research paradigm.

Only towards the end of this research have I realised that I have adopted a somewhat 'particular' interpretation of Discourse Theory. This is apparent in subsequent chapters, and is in many respects made explicit in the review of alternative approaches to text analysis in Chapter 2. This particular interpretation arises from broader sources than can be fully explored here, but is primarily informed by reading of extracts from, and accounts of, the work of Foucault (eg Rabinow, 1984; Eribon, 1989/1993) and issues this raises for psychology as discussed in Henriques et al. (1984). Nonetheless the most often referred to sources here, especially in respect of

²Grant no. XA44250012 to R.I.

methodology, are Potter and Wetherell³ (eg. Potter and Wetherell, 1987; Wetherell and Potter, 1992).

I again draw on the constructionist demand for reflexivity to include a little more autobiography, here to provide some illumination of my research perspective and 'stance'. Though perhaps a more 'honest' reflexion is to acknowledge its purpose as a 'warrant' for some of my subsequent critique.

My reading of theory of 'ways of thinking' is, perhaps inevitably, heavily influenced by five years working with primarily 'rule based', but towards the end 'neural network' (connectionist), 'knowledge based' technology, in a technical and application consultancy role to a range of leading UK industries. This included working on 'knowledge elicitation'⁴ in a range of domains of expertise from insurance underwriting, through scheduling and ticket pricing in the airline industry, to loading pallets of biscuits in HGVs (Heavy Goods Vehicles). I draw on this experience to develop Eiser's (1994) discussion of connectionism and so highlight three further considerations of what it may (and may not) be possible to explore in terms of 'ways of thinking'.

After the critique of SCMs and this consideration of how connectionist theory might further inform the problem, I will introduce some concepts of social constructionism, and more particularly Discourse Theory - not as a solution to *all* the problems, but as a different way of theorising 'ways of thinking' that encompasses complexity and contradiction and, perhaps above all, some theoretical insight into our 'potential for change'.

³This influence was undoubtedly increased through my experience tutoring on the first offering of the Open University Social Psychology Course (D317, 1996) which is suffused with Wetherell's notion of social construction.

⁴That is: working with the experts in some industrial field to assist them make their 'implicit' knowledge 'explicit', in particular in a form that will permit it to be operationalised in a computer system of some kind.

In particular I will argue, from a discourse theoretic perspective, that survey studies based in SCMs such as the TRA provide more or less 'predictive' (using the terminology of the paradigm, which I will also question) results depending on the extent to which they survey a 'coherent' social group, who, for the behaviour under examination, share a single but dichotomous 'discourse' about that behaviour, and where this discourse has been uncovered in the pilot investigation for the survey in question, and reflected in the test items on the questionnaire.

From this I will argue that it should prove more fruitful to focus on improving the more 'open' and 'qualitative' approaches adopted in 'pilot studies' in order to surface this stage of the research to the forefront. Discourse theory affords just such an approach, though it raises problems of its own.

A more detailed treatment of some of the 'discourse theoretical' issues is developed in the discussion of text analysis, in Chapter 2.

1.1 Social Cognition Models (SCMs)

'Social Cognition Model' is a relatively recent term used as an 'umbrella' for a range of models in social psychology which seek to identify discrete 'components' of mind and how they interrelate to contribute to observed, primarily social, behaviour. The term can be applied, for example, to Argyle's model of social skills, or Tajfel's theory of social identity and it is not clear why these have not been adopted more for sexual health research. However in this application area the TRA, TPB, HBM and social learning theory are more in evidence, possibly because they focus most directly on the role of attitudes and beliefs in (in this case health related) behaviour.

Since it has the longest history, clearly articulated theoretical underpinnings and a broad literature in this area the TRA is explored as an exemplar, however this is partly to illustrate some limitations of this kind of research in the exploration of potentially 'risky' sexual behaviour.

It might be thought (certainly by discourse theorists) that Potter and Wetherell (1987) had adequately addressed the limitations of attitude theory research from a discursive perspective. However the TRA was mentioned only briefly there (*ibid.* pages 53-4) and, as Potter has noted when returning to the topic in 1996, Ajzen (in this case using the TPB) has been able to report better predictions of behaviour than would be anticipated from earlier attitude-behaviour research, including accounting for 61 per cent of variance in undergraduate attendance at a blood donation session (Potter, 1996, page 134).

This suggests considerable 'explanatory power', and contributes to the appeal of such models in health related behaviour research.

I will return to this data and Potter's (1996) comments on such models later, but here I want to explore what health researchers look for from the TRA,

compared with what its author more reasonably claims for it.

The genesis of the TRA is found in research in 'attitude theory': some of the earliest explorations of the thought-behaviour link. Much of this literature is collected in Fishbein's (1967) *Readings in Attitude Theory and Measurement* and, although the name 'Theory of Reasoned Action' does not appear there, the last chapter contains the first outline of the TRA model.

1.1.1 Antecedents

Fishbein has more recently conveniently summarised his early impressions of the literature in this area:

'As the number of studies reporting the failure of attitude to predict specific behaviours grew, there were an increasing number of calls to eliminate or ignore the attitude construct ... as a factor underlying behaviour. Unfortunately, there were no real suggestions for other general constructs that could account for substantial amounts of variance in a given behaviour. Just as traditional measures of attitude and values often failed to predict specific behaviours, so too did measures of personality and a host of demographic variables. In fact, even in animal experiments where the investigator has total control over the animal's environment, where she or he can directly manipulate needs or drives (eg. by varying the number of hours of food or water deprivation) and where he or she can vary both the amount and the schedule of reinforcement the animal receives, one could usually account for only about 10% of the variance in the animal's behaviour. Thus, there was a growing consensus that behavioural prediction was very difficult, if not impossible.' (Fishbein, 1993, p xix.)

Fishbein elected to pursue 'attitude' (his strong focus on measurement and

prediction will be considered later) and his 1967 collection of key papers (from a variety of authors) illustrates the varying and contested scope of the term 'attitude' over the preceding three decades. Allport's 1935 review ranges from the introspection based work of the Würzburg school where '*Often an attitude seemed to have no representation in consciousness other than a vague sense of need, or some indefinite and unanalyzable feeling of doubt, assent, conviction, effort, or familiarity*' (Allport, 1935/1967, page 4) to '*other writers .. more physiologically inclined, [who] subsumed attitudes under neurological rubrics: traces, neurograms, incitograms, brain patterns, and the like*' (ibid., page 5). Yet Allport argues it was the psychoanalytic school which revitalised the concept of attitude in a form relevant to social psychology: '*which deals above all else with full-blooded phenomena. For the explanation of prejudice, loyalty, credulity, patriotism, and the passions of the mob, no anemic conception of attitudes will suffice*' (ibid.).

From his wide review Allport concluded that the '*essential feature of attitude*' was '*as a preparation or readiness for response*' and proposed a synthesised definition: '*An attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related*' (Allport, 1935/1967, page 8).

However by 1967 Fishbein found a dominant multi-component, multi-dimensional conception of attitude, '*which is said to have affective (evaluative), cognitive, and conative (action) components*' (Fishbein, 1967a, page 257) though he argued this was not clearly taken into account in contemporary research where '*people who construct "attitude scales" rarely maintain that their instruments are measuring three components; instead, they usually contend that their scales indicate people's evaluations (pro - con) of objects or concepts. Thus, although "attitudes" are often said to include all three components, it is usually only evaluation or "the affective component" which is measured and treated by researchers as the essence*

of attitude' (Fishbein, 1967a, page 257) explaining, for Fishbein, why so little correlation was discovered between measures of attitude and behaviour.

Allport's '*attitude as a state of readiness*' became Fishbein's '*conative*'⁵ component, or '*behavioural intent*', with attitude representing only the affective component, and the cognitive component being equated with belief (Fishbein and Ajzen, 1975, page 12). This search for '*cognitive components*' was clearly informed by the '*box model*' cognitive research dominant in the nineteen sixties and seventies.

Rather than seeking ever more complex models of attitude, Fishbein argued that beliefs and behavioural intentions '*can best be viewed as determinants or consequents of attitude*' (Fishbein, 1967c, page 491). This changed the nature of the investigation from the relationships between attitude and behaviour, to the interrelationships amongst attitudes, beliefs, behavioural intentions, and behaviour (Fishbein, 1967c, page 479), which in turn led to the development of the TRA.

1.1.2 The Theory of Reasoned Action (TRA)

Fishbein's primary concern was '*how does belief impact behaviour?*' (Fishbein, 1993). Having determined that the relationship is not direct, as evidenced above, and from the '*repeated failures to predict behaviour from traditional measures of attitude (ie Thurstone, Likert, Guttman and semantic differential scales)*' (*ibid*, page xv), it occurred to him that the most immediate way to predict what people were about to do would be to '*ask them*' about as specific a behaviour as possible, as near the time of the behaviour as possible. The response to such a question is, in the model, recorded as behavioural *intent* and has been found to be quite well

⁵This is somewhat consonant with the late twentieth century usage of attitude as a '*stance*', as in '*he's got attitude*'.

correlated with behaviour 'as one might expect, people turned out to be very good predictors of their own behaviour' (Fishbein, 1993, p xix). However, as Fishbein goes on to acknowledge: 'although this 'solution' to the behavioural prediction problem does lead to accurate prediction, it is not very satisfying psychologically!' (ibid).

This shifted the problem to whether, and how, belief might predict intent. Fishbein had already explored the 'expectancy-value' model, showing that the affective component of attitude is related to *evaluation* of beliefs, rather than beliefs directly (Fishbein, 1967b). He then drew on a model of 'propositional control' of verbal response, attributed to Dulany, which includes an expression of an individual's normative beliefs, and their motivation to comply with those norms (Fishbein, 1967c, page 488). In the formula we now recognise as the TRA Fishbein reinterpreted Dulany's original model, simplifying the mathematical expressions, and labelling the affective attitude as 'attitude' and the normative component as 'subjective norm':

$$\begin{aligned} (\text{beliefs} \times \text{evaluation}) &\rightarrow \text{attitude} \\ &\quad) \\ (\text{significant others' beliefs} &\quad) \rightarrow \text{intention} \rightarrow \text{behaviour} \\ \times &\quad \rightarrow \text{subjective }) \\ \text{motivation to comply} &\quad \text{norm }) \end{aligned}$$

The model captures something of the individuality of the interaction of beliefs, evaluations and subjective response to social norms - the various dimensions or factors ('cognitive components') we can conceptualise of ourselves and others which may contribute to behavioural intent, and intent has some correlation with behaviour (though as we will see below this correlation varies somewhat with the behaviour under consideration).

The model helps interpret some of the complexity of interaction between

belief and behaviour which we occasionally hear in accounts from people around us:

- A) [belief and evaluation] 'I'd like a piece of that carrot cake, it looks really tasty.' [implied: and will eat it]
- B) [negative evaluation] 'They say the film is very funny, but that sort of thing is not my cup of tea.' [implied: so will not go to see it]
- C) [subjective norm] 'I know it's not far to walk, but they say it's not very safe along there after dark.' [implied: so I should not (and will not) walk]
- D) [negative motivation to comply] 'I'm not going to the opera just because *she* thinks it's a good idea.'

Fishbein argues that behavioural intent is *predictable* from attitude and subjective norm. Attitude is determined from the *sum* of interactions of belief x evaluation for *salient* characteristics, qualities or attributes of an object/behaviour. Subjective norm is determined from the sum of normative beliefs of significant others x motivation to comply. At an individual level this helps model how changing a *belief* about something may or may not contribute to a change in behaviour. For example, in A) if the speaker came to believe the cake didn't taste good, then s/he may not eat it (though other factors may also be salient, for example whether s/he is very hungry, or believes it is in some way 'good for you', etc). In B) there is clearly no point in emphasising how funny the film is to persuade the speaker to change intent to watch it - rather it will be necessary to change his/her evaluation of watching a funny film, or find another attribute of the film which the speaker *does* value (location, serious underlying plot or whatever might appeal to *this* person). In C) it is not the physical *possibility* of the walk that is at issue, but rather the perceived *safety* and expectations of others about what one should, or should not, do after dark which must be addressed to change

behaviour intent, and in D) a possible over-ride might be the view of a more salient 'other' than the 'she' in the account.

At this level the model has some utility in enhancing the rhetoric of persuasion. Whether at an individual level or in sexual health campaigns we observe attempts to persuade others to join in an activity, all the while using arguments that miss the point of the original objection. In this way the model is relevant to skills training for 'safer sex', from how to persuade a partner to comply with our wishes, through schools based education to media campaigns.

However the model has several important limitations, especially in its application to sexual health research. These are partly inherent in the model and its presentation, and are partly due to the use of an individualistic model for 'cross-sectional' research, as explored in subsequent sections.

1.1.3 Limitations

*'My hand slipped up her skirt
everything slipped my mind ...'* (Springsteen, 1995).

That the Theory of Reasoned Action has limited application to behaviours that are inherently often *unreasoned* has been well rehearsed (eg Ingham, 1994, Ingham et al. 1992, Lewis and Kashima, 1993), though the arguments presented often relate to 'alternative rationalities' rather than a consideration of 'cognitive control' being absent, abandoned or suppressed. If these latter considerations are valid they present a problem for any research method which seeks to explore behaviour via a cognitive route such as language. Kashima and Gallois's (1993) plea for a '*social psychological theory ... able to account for behaviours that are not under complete volitional control*' (ibid., page 219) then presents a major challenge which will be reconsidered in the concluding chapters.

Arguments such as Lewis and Kashima (1993) that the TRA might usefully be employed exploring aspects of sexual behaviour that are under volitional control are only valid to the extent that volitional precursors modify any non-volitional behaviour. However it is not clear how one can identify the extent to which any action is volitional or non-volitional in a way that would facilitate an alternative application of the TRA. Any major effect of volitional precursors might be expected to lead to rather more variance being accounted for in existing studies.

However here I want to set these problems of non-volition aside and explore some limitations inherent in the TRA which undermine any expectation of its *predictive* (rather than *explanatory*) utility either at the individual level or, more especially, when applied to any larger 'populations' or 'sub-groups'.

1.1.3.1 Specificity and Correspondence

When first developing the TRA Fishbein was explicit about several points of detail which have important implications for the application of the theory to problems in social psychology.

First, following Dulany, he emphasised that 'behavioural intention' as used in the theory is the *immediate* antecedent of overt behaviour (Fishbein, 1967c, page 488).

Secondly, again following Dulany, Fishbein is emphatic that the model is applicable to a *specific* behaviour, rather than some 'act *"in general"*' (ibid). It is the '*attitude toward performing a given behavioural act, and is not an attitude toward a given object, person, or situation*' and relevant beliefs are '*beliefs about the performance of the act, and not beliefs about the stimulus object or the situation*' (ibid., page 489).

Finally the theory '*recognizes the importance of situational variables, norms,*

and motivation as factors influencing behaviour (ibid., page 490). For example a person's beliefs about the consequence of a behaviour may vary if it 'is to be performed with respect to someone he likes [rather] than with respect to someone he dislikes' (ibid.), or in a public rather than private situation (ibid.).

Because of this specificity or '*close correspondence*', and because Fishbein is measuring '*the immediate antecedents of overt behaviour*', then '*near-perfect correlations*' can be obtained but only '*when one considers an individual's intention to perform a specific act in a specific situation*' (ibid., page 488).

This emphasis persists. When reviewing the often weak, rather mixed findings of studies reported in Terry et al. (1993) Fishbein directs the reader to '*consider whether there is (or is not) correspondence [in the measure of constructs] between beliefs, attitudes, norms, intentions and behaviour, and then compare the results of studies with 'good' or 'poor' correspondence*' (Fishbein, 1993, page xxii.)

Yet if one can only model the inter-relationship of *specific* attitudes etc with *specific* behavioural intent and thence *specific* behaviour, implicitly one cannot expect from that model to make either general predictions about some one person's behaviour given some knowledge about his or her general attitudes, or predictions about the behaviour of a group of people given knowledge of some general group '*characteristic*'. And if only a *specific* model is possible, as Fishbein has argued, then there is an implication that *general* prediction will *not* be possible.

Further, by concentrating on the situation of intent immediately prior to behaviour, the TRA incorporates 'context variables' within attitude and subjective norm, and excludes them as separate concepts of the model - yet these differential effects of context 'all else being equal' are amongst the concerns that social behaviour theorists would most like to interpret.

By emphasising issues of specificity and correspondence Fishbein has implied many limitations to the predictive scope of the theory, even perhaps to what it may ever be possible to predict about behaviour. But he has not made these limitations explicit. Yet they seem to preclude the possibility of achieving much of the predictive power sought either by earlier attitude theorists or by many contemporary sexual health researchers (see eg Kashima and Gallois, 1993).

Some of the limitations and their implications are explored in more detail below.

1.1.3.2 Which behaviour?

In sexual health research 'condom use' has been explored as one, amongst several possible, safe(r) sex behaviours. 'Saying no' is a safer strategy, but if someone is going to have intercourse 'protection' is essential. Similarly settling for one, or very few, partners reduces risk, but if intercourse is unprotected with those partners then risk is not eliminated. Therefore 'use a condom' has seemed a preferred safe sex message.

However Fishbein (1993) argues that "*condom use is not a single behaviour but a behavioural category*". He goes on to cite a number of distinctions, for example condom use with a new partner, or with an existing partner. Interestingly he suggests that '*while using a condom is a behaviour for men, it is a goal for women*' noting that '*this implies ... that intentions to 'use a condom the next time I have sex' should be a better predictor of*

men's condom use behaviours than of women's condom use behaviours' (Fishbein, 1993, page xxiv).

Again we can see how use of the TRA can help focus on the complexity of social behaviour. However, this example raises some further concerns. Fishbein suggests that

'while it is appropriate to develop interventions to increase men's intentions to use condoms, interventions directed at women should focus on increasing their intentions to engage in behaviours that will increase the likelihood that their partners will use condoms (eg. increasing their intention to ask, or tell, their partner to use a condom; increasing their intention to hand their partner a condom before undressing or getting into bed).' (Fishbein, 1993, page xxiv.)

Notice that he does not suggest that women should be encouraged to increase their intention to use femidoms, which, by analogy, could be considered a behaviour for women (and a goal for men?) The shift in the feel of this alternative argument challenges the simple *goal/behaviour* distinction. Pressure, resistance and lack of empowerment (Holland et al, 1992) seem as likely to undermine a woman's intent to use femidoms as her intent to ask for, or demand, use of a condom.

Some of the more discursive issues relevant here (for example unequal power in relationships, etc) will be discussed in more detail later. Here I want only to demonstrate that the specificity which Fishbein advocates is not always easy to achieve. In the case here even the behaviour/goal distinction is somewhat blurred.

The assumption of the TRA is that specific, salient, and measurable instances of each of the relevant concepts can always be identified. What it does not capture is the contradictions and uncertainties which encompass

some of our less directed behaviours - perhaps especially prevalent in situations such as teenage sexuality, or indeed at any age the tentative nature of embarking on any new relationship, let alone a potentially intimate sexual relationship. A goal of 'condom use' may be, or seem to be, in direct conflict with a goal to 'please my partner', or a goal to 'present myself as a certain kind of person' (say, someone who looks to their partner to take the sexual lead).

1.1.3.3 Process/Change

A strength of the TRA, as discussed above, is that it shows that to effect change in behaviour is not just a question of changing 'a belief', 'an evaluation', an 'affect', or 'an evaluation of other's expectation' or 'motivation to comply' but that it is necessary to evaluate this constellation of topics to identify potential salient point(s) of intervention.

However by concentrating on the situation of intent immediately prior to a specific behaviour the TRA model excludes how the particular constellation of beliefs, attitudes, norms etcetera came about. It is a static model of factors contributing to behavioural intention, and thence behaviour, but is not a process model. In particular it does not specifically address the issue of change, yet this is the ultimate concern of most *applied* research which uses the TRA. With sexual behaviour we are interested in 'whence' the differences in behaviour, but with the assumption that 'thence' it will be possible to promote change.

In his 1967 volume Fishbein had no space to address behaviour change (Fishbein, 1967, preface, page v), speculating briefly about some complexities of *attitude* (rather than *behaviour*) change (Fishbein, 1967b, page 397) then commenting only that the

'little evidence there is to support any relationship between attitude

and behaviour comes from studies showing that a person tends to bring his attitude into line with his behaviour rather than from studies demonstrating that behaviour is a function of attitude' (Fishbein, 1967c, p477).

In 1975 Fishbein and Ajzen returned to this theme, reviewing extant findings from that literature against the new model (Fishbein and Ajzen, 1975, pages 387-509). Outlining principles of change they again emphasised specificity, this time of behavioural criteria:

'which can vary with respect to behaviour, target, situation, and time ... Clearly, to be maximally effective in changing a behaviour (or behavioural index), an influence attempt must be directed at the intention to perform that very behaviour or behavioural pattern. That is, the intention and the behavioural criterion should correspond exactly in terms of their levels of specificity. For example, if the change in behaviour is to be observed in a given situation at some point in the future, the intention at which the influence attempt is directed should be the person's intention to perform the behaviour in question in that situation and at the specified point in time. The lower the correspondence, the less a change in intention can be expected to affect overt behaviour.' (Fishbein and Ajzen, 1975, page 405.)

They suggest determinants of change must consider primary 'underlying' beliefs and 'proximal' beliefs, and that '*The effects of an influence attempt on change in beliefs, attitudes, intentions, and behaviours depend, in that order, on an increasing number of intervening processes*' (Ibid, page 408) since the determinants form hierarchies (eg belief, attitude, intent, behaviour) with more precursors accumulating at each stage in the hierarchy.

They conclude that no '*simple systematic effects on change in inferential beliefs, attitudes, intentions, or behaviours*' (ibid, page 409) can be expected

from intervention. Dividing the extant literature in this area into 'active participation' (interpersonal contact, role play, counter attitudinal behaviour and choice) and 'persuasive communications' their main finding from each is that the manipulation is either non-predictive or predicted effects were not found.

For example with interpersonal contact:

'The situation entails a large number of informational items, i.e., a large number of object-attribute links. ... although the person can obviously not observe each and every item of information to which he is exposed. ... new descriptive beliefs about himself, about other people, about the consequences of his own or others' behaviours and about his environment [may be acquired] ... The effect of these changes on any particular dependent variable, however, is an empirical question. ... the proximal beliefs attacked in an influence attempt need not be related to the dependent variable under investigation. That is, changing proximal beliefs may have impact effects on relevant external beliefs, thereby producing unexpected changes in primary beliefs and dependent variables.' (Fishbein and Ajzen, 1975, page 412, my emphasis.)

And from forced choice experiments in dissonance research:

'Generally speaking, studies dealing with changes following a decision have found neither consistent nor significant effects, although auxiliary data analyses sometimes have led to apparently significant findings.' (Fishbein and Ajzen, 1975, page 446, my emphasis.)

Despite this recognition of the complexity of change they then explore complex mathematical and graphical demonstrations of the effects of interactions between various factors, using them to demonstrate the

impossibility of *predicting* the impact of any particular intervention or manipulation on any one individual (see Fishbein and Ajzen, 1975, pages 439-444, 461-474, 484-488).

More recent developments in modelling complexity, such as the theory of deterministic chaos and neural networks / connectionist theory, provide further arguments as to why, to the extent attitude change and behaviour change may be linked at all, the relationship is unlikely to yield any predictive model even if some of the processes are deterministic (see *Appendix A* for some references and further elaboration of this point).

In any event in 1993 Fishbein is explicit that the TRA is *not* an algorithmic model of process (Fishbein, 1993, page *xviii*). This is clearly a limitation to the utility of the model in a research area such as sexual health, where there is a focus on safer sex intervention. Although McCamish et al. (1993) have drawn on the model *conceptually* (much as described in the introduction to the model above) when devising sexual health interventions, it is rarely applied in this way. As Gallois et al. (1993) comment in their epilogue:

'One important behaviour that receives surprisingly little consideration is the change to safer sex. None of the studies reported in this book examined this behaviour' (ibid., page 274).

Given the complexities of behaviour *change* outlined above, and the inadequacy of the TRA in addressing 'change', this omission seems less surprising.

Furthermore despite the complexity Fishbein and Ajzen discover in their attempt to reduce 'attitude behaviour change' to a computational model, they still fail to address the 'social and interpersonal dynamics' of change. They ignore for example the aetiology of the experience (was it sought out, or a surprise, or imposed, and who else was involved in the making of the

experience, and why?), and take little account of any effect of intra-personal processes: 'thinking over' a problem, or consciously puzzling about a contradiction or conflict.

Gold (1993) notes that Ajzen (1985), proposing his 'Theory of Planned Behaviour' (TPB) extension to the TRA,

'does list ... for example, the effects of strong emotions, and how the relative salience of the advantages and disadvantages of performing the behaviour may vary as the time to perform it approaches'. But Gold argues this is 'simply to justify introducing the construct of perceived behavioural control' - 'the theory does not direct researchers' attention to these factors as worthy of study and analysis in their own right' (Gold, 1993, page 246).

It was Fishbein's intention to develop a model which would focus and clarify attitude theory, but the complexity of processes of change, and the limitations of computational models of such complexity, perhaps challenge the utility of this parsimonious approach.

1.1.3.4 *Interim summary*

In summary, the Theory of Reasoned Action model seems to provide a useful framework for understanding and interpreting the inconsistencies in some of the earlier attitude research, and for highlighting the complexity of some of the factors in the complex inter-relationship between attitude, belief and behaviour. It is particularly helpful in emphasising that no correlation between any of the factors can be expected except where factors tightly corresponding to a very specific behaviour are considered, and even then, only when the other factors are measured at a time very close to the specific behaviour under consideration (and assuming a specific behaviour can easily be identified).

However, whilst the theory is of some limited help in understanding potential sites of change, it offers nothing in terms of the process of change. I want next to consider an anomaly in the way the theory has been tested and used.

1.1.3.5 Modal salient beliefs

Fishbein is explicit that

'a person's attitude toward an object is operationally defined by taking the product of the person's belief that a particular attribute is likely to accompany an attitude object and the person's evaluation of that attribute, summed across all salient attributes the person associates with the attitude object' (Fishbein, 1993, p xvii, my emphasis).

The above definition emphasises 'a person's attitude', '*the person's belief*', '*the person's evaluation*' and salient attributes '*the person associates ...*'.⁶ It seems odd then that the methodology most often used to test the TRA is a questionnaire administered to a group of people. But Fishbein 'wanted a model that could be used cross-sectionally' (Fishbein, 1993, p xvii), though whilst he is explicit about this in 1993, and it is *implicit* in some of the early writing, it is not discussed *explicitly* in the early texts.

Nor is there any discussion in the early texts of the importance of pilot investigative work to discover beliefs, attitudes etcetera specific to the behaviour of interest, although where occasional examples of such research are described the importance of specificity is emphasised. Similarly although the *concept* of modal salient beliefs is present earlier, it is only named and elaborated later:

⁶This is not an isolated extract, a similar emphasis can be found, for example, at all the references cited in 'Specificity & Correspondence' above, again suggesting an individualistic, person specific, model.

"modal salient beliefs; that is, those beliefs that were elicited most frequently (ie., were most salient) within a given population.' (Fishbein, 1993, p xvii)

But this notion of 'modal salient beliefs' introduces some difficulties.

Fishbein has earlier been clear that to predict intent one needs to elicit attitudes (directly, or via beliefs and evaluations) as close to the time of the activity as possible, and as specific to the particular instance as possible, thus acknowledging that even for one person attitudes, beliefs and evaluations can change over time. Similarly, which of these is most salient can change both over time, and from case to case (I might like to eat cake generally, but not if I expect to eat a substantial meal in an hour's time; I might decline a sexual liaison with one potential partner simply because 'I don't fancy him much', with another it may be more tempting, but other considerations, say the potential impact on a long term friendship, may be the deciding (ie salient) factor).

Fishbein has discussed the topic of 'salient beliefs' at length (eg Fishbein, 1967b, pages 395-396) concluding that *'the best estimates of attitude will be obtained when the estimate is based solely on a consideration of an individual's salient beliefs'* but also noting that *'it seems likely that only six to eleven beliefs are salient, that is, are in the individual's hierarchy, at any one time ... although an individual may have many beliefs about any given attitude object'* (ibid., page 395)⁷. From these and other points Fishbein seems eventually to conclude that a questionnaire with a few response items is valid to survey a population, as long as the belief statements are salient to the population and to the behaviour in question. Yet this seems to overlook the diversity of beliefs from which the *current* salient beliefs might be drawn for each respondent.

⁷As Allport has reported *'Each person possesses many contradictory attitudes, and for this reason his mental set at the moment of submitting to a scale may tell only a part of the story. Furthermore, attitudes often change, and an investigation made under one set of conditions may not for long present a true picture of the attitudes of any given group.'* (Allport, 1967 (1935), page 12.)

If what is salient can change for one person from case to case, then it seems unlikely that the 'most salient beliefs' will be the same for any two people, let alone a small group, and certainly not generalisable to a large population, unless it is a topic on which they share some strong, dominant, cohesive discourse. History suggests this was not too often the case even in the church dominated middle ages - it seems unlikely on any topic in these 'post modern' days, with the mass media presenting alternative interpretations of almost any topic daily, or even more frequently.

Fishbein acknowledges that

'switching from an idiosyncratic to a cross-sectional measurement model meant that some respondents could disbelieve that an object possessed or was associated with a given attribute.' (Fishbein, 1993, p xvii.)

He goes on to assert the importance of allowing response options such that the 'double negative' of disbelief of some subjects will be appropriately recorded, yet seems to have overlooked the potentially more important consideration that factors which are *salient* for many respondents may already have been *systematically excluded* from the response options if they were expressed by only a *minority* of the pilot sample (see also '*Social statistics and normative research*' below). Given this approach one might anticipate accounting for only a small proportion of variance in the responses collected. (Elliott et al., 1995, provide a useful literature review of some related points, and some relevant findings).

Given Fishbein's emphasis of specificity in so many aspects of the model this major compromise is surprising.

1.1.3.6 Cumulative research

Fishbein makes the move to modal salient beliefs in an attempt to find a model for 'cross-sectional measurement', and although he does not make the point explicitly this seems to be with a desire to provide a tool for applied research. In much research in this area there is a tension between 'testing the theory' and discovering information relevant to an applied research domain (such as sexual health). The distinction is often not explicit, but the fact that a study provides further support for the TRA does not necessarily imply that the results of the study will further understanding of, say, safer sex behaviours.

Reviewing the collection of papers in Terry et al. (1993) Fishbein is clear that

'of all the behaviours studied, I can think of no better use of the theory of reasoned action than for it to be employed in the battle against AIDS' (Fishbein, 1993, page xxi)

but he goes on to criticize much of that research for not taking account of many of the constraints of the theory, yet again without explicitly commenting that these aspects of the theory set limits to what is possible by way of cumulative research.

Lewis and Kashima (1993) had justified that program of research specifically to address concerns that

'problems of poor conceptualisation, inadequate elicitation research and a lack of a broad focus characterise this research [into HIV-related behaviour]. Moreover, the non-cumulative nature of much of the research undermines its general usefulness.' (ibid., page 37) and

'most of the intervention literature is atheoretical and non-cumulative, which seriously undermines its usefulness in planning future prevention strategies' (ibid., page 36).

They proposed that:

'the best option for organising the field of HIV-prevention research that emerges from the literature to date seems to be the theory of reasoned action' (ibid., page 46).

They acknowledged that *'the theory of reasoned action has its own problems'*, but perhaps minimised the impact of these for their project (as evidenced in part by Fishbein's critique). Again I will introduce some of these limitations of the TRA in cumulative and applied research by first exploring how they are inherent in the model and this particular approach to its use in 'cross-sectional' research.

1.1.3.7 Weighting

Fishbein's (more accessible) reinterpretation of Dulany's model omitted some detail, the most important being the inclusion in the formula of expressions of the weighting⁸ of the contribution of the various factors. These are not universal and must be discovered empirically in each application, which has critical implications for the use of the 'formulaic' version of the theory as a predictive tool. Fishbein continued to regard these weightings as important (eg Fishbein, 1993, page xxii) but since they are not included in the formula other theorists have tended to overlook their significance.

Reviewing the *'plethora of results'* reported in their book, Gallois et al.

⁸This is the weighting of the relative importance of attitude overall, compared with subjective norm overall, for the particular case. It should not be confused with the individual's evaluation of particular beliefs, or motivation to comply with particular norms, which contribute to the 'measure' of attitude and subjective norm respectively.

acknowledge that there are 'contradictory findings reported in different chapters' (page 274), attributing them largely to issues related to 'specificity' and 'compatibility'⁹. However, their discussion, in its call for ever greater rigour in applying the model, and for further developments of the model, helps to highlight how focusing on the method and attempting to produce 'cumulative' data has obscured critical implications of the theory. For example they complain that

'Neither Fishbein and Middlestadt nor Ajzen ... has made a thorough systematic effort to specify theoretically the behaviours or contexts where one variable or another is likely to be more important' (Gallois et al, 1993, page 272.)

This is true, but probably, at least in Fishbein's case, intentional, since he is quite specific that this cannot be theoretically specified:

'One of the major questions concerns the relative weights of the attitudinal and normative components as determinants of intention. According to the theory of reasoned action, the relative weights of these two components will vary as a function of both the behaviour under consideration and the population being studied ... Unfortunately, which component will be the most important determinant of a given intention and/or behaviour remains an empirical question.' (Fishbein, 1993, page xxii.)

So, rather than considering differences they found amongst 'Australian ethnic groups' (in the extent that attitude or subjective norm contributed to variance in behavioural intentions) as a limitation of the theory, Rigby et al. (1993, page 114) should recognise this finding as further confirmation of the TRA.

⁹By 'compatibility' Gallois et al presumably mean what Fishbein refers to as 'correspondence'. See section 1.1.3.1, above, for a discussion of the usage of 'specificity' and 'correspondence' in the TRA.

Of course this 'empirical question' dramatically undermines the possibility of collecting 'cumulative' data, even where the weights can be identified at a 'population' level¹⁰. However, as Fishbein commented when first reformulating Dulany's theory

'just as the weightings of the ... components may vary with the type of behaviour that is being considered, they may also vary for different individuals' (Fishbein, 1967c, page 491).

That is, since the underlying theory is 'individualistic' then the weights might also be expected to be variable for individuals within these groups, so intensifying the problem for would be 'cumulative' research (and for intervention).

1.1.3.8 Sub groups and Identity

Similarly problems associated with specificity emerge again at the 'group' level. Gallois et al. (1993) suggest exploiting the 'specificity' of the TRA:

'it may be possible to test subtly different behaviours in the area of safer sex, and to determine the most salient influences for each one' (Gallois et al, 1993, page 274) and

'there is still much room for research based on TRA/TPB that takes up the specific characteristics of a target group' (Gallois et al, 1993, page 275.)

They draw on 'intention to have unsafe sex', from Gold's (1993) research with gay men, as a behaviour which might be studied with other groups.

¹⁰There must be some question about the validity of Rigby et al.'s findings, since they failed to operationalise other variables specifically for each sub population, as required by the TRA - but see also the discussion of 'cost' below.

But Lewis and Kashima raise concerns about the potential cost to cumulative research raised by such issues of specificity:

'Some of the criticisms of the theory of reasoned action have ignored the expectation of variability in the prediction of the behaviour of different populations, or of different behaviours themselves. While it may be empirically and intuitively supportable to allow for variation in the role of behavioural or normative beliefs at a theoretical level, there is an issue of the practicality of a model that requires such specificity. Given the large number of sub-populations that need to be individually targeted, as well as the emerging differences between specific behaviours ... a question of time and resource limitations to research arises ...' (Lewis and Kashima, 1993, page 45.)

Aside from highlighting questions of resource to carry out the research the above description further highlights the problem of using groups as a basis for this cumulative research. Belonging to the sub-population 'homosexual men', does not *preclude* membership of other sub-populations, such as 'fathers', 'spouses'. Each of these 'sub-populations' may have their own patterns of beliefs, etc. Yet each kind of 'identity' or 'role' might be expected to have some implications for expectations, beliefs etc about sexual behaviour - so which is expected to influence the behaviour of our 'subject' who is a member of all three?¹¹ The problem seems to go beyond the cost

¹¹Social Identity Theory (SIT, eg Tajfel, 1978; Hogg and Abrams, 1988) is perhaps the 'models approach' which most attempts to deal with this problem. SIT proposes a model whereby each 'individual's' identity is comprised of a set of 'social identities' each of which is made up of a hierarchy of attitudes, beliefs, etc. SIT acknowledges that each 'social identity' may include beliefs, attitudes etc which conflict with similar attitudes etc associated with a different social identity (for example, my attitude to a topic as a lecturer may differ from my attitude to a topic as a student). To this extent SIT seems an advance on models such as the TRA. Social identity theorists (see Hogg and Abrams, 1988 for an overview) suggest that different attitudes and beliefs will come into effect depending on the social identity most strongly evoked by the 'context' of the current situation in which a person finds him- or her-self. However, aside from this invoking of 'context', SIT seems no better than TRA at addressing problems of 'change' in attitude/belief/behaviour of an individual, in particular how someone might deal with 'noticing' that they hold conflicting attitudes associated with different social identities. (On the other hand theorists have used this model to discuss issues of change in 'group identity'). More relevant to the current thesis there is relatively little SIT based research into sexual behaviour.

of conducting the cumulative research, to the need for a different *kind* of theorising about group influence.

This question of the inter-relatedness of individuals and groups also has implications for the theorising of social change, as Kippax and Crawford have commented:

'Social change may be generational; rather than merely being the sum of individual change, it may be the taking up of new and different practices by succeeding generations. Or it may result from behaviour change amongst only a small number of persons, provided that such persons are influential in relevant ways. What is needed is a theory or model which will capture both the social processes of change and the social nature of the change itself: a model in which people collectively appropriate and construct new meanings and practices.'

(Kippax and Crawford, 1993, p 256.)

The TRA, with its emphasis on specificity and correspondence of the variables contributing to a particular behaviour, at a particular time, by a particular actor points up (by excluding it from the model) the complexity and dynamism of social behaviour and the non-generalisability of attitudes, beliefs or intentions from one instance to another. It seems odd then that it is adopted as a model for cumulative research by researchers who hope to generalise about potential sites of intervention (change) with a variety of target groups. But again the TRA is perhaps helpful in identifying the inherent constraints on such a goal.

1.1.3.9 Cumulative evidence

A noticeable finding in the literature from model based research using a group survey method, is that the amount of variability accounted for is typically *inversely* proportional to the survey sample size. This is not

surprising given the emphasis of the TRA theorists on the *specificity* of the model. A similar case for greater validity when applied to specific cases can be made for many of the other SCMs. This inverse relationship between accounted variability and sample size is in evidence in literature reviews such as Fisher and Fisher (1992) and provides an alternative interpretation of the limited variance accounted in nationwide studies such as Reinecke et al. (1996).

Such findings become 'unsurprising' in the light of the limitations imposed by the theory, but present a particular problem for SCMs since part of their 'utility' claim is the ability to collect data from broader population samples more quickly and more efficiently than research using more qualitative methods. This of course links back to the 'resource limitations' concerns of Lewis and Kashima, mentioned above.

1.1.3.10 Social statistics and normative research

A further challenge to this approach to 'cross sectional' research, at least in the context of sexual behaviour, is the comparatively low incidence of 'unhealthy' outcomes. Incidence of under age teenage pregnancy is around one per cent or less. It is not the norm to get pregnant under the age of sixteen, and it is much less the norm (in the UK) to become infected with HIV. Although a more pervasive problem, it is not even the norm (in the UK) to become infected by other STDs. However more people expose themselves to risk than experience 'unhealthy' outcomes (see, for example, Chapter 5 '*Lucky escapes*') so there is no simple way to identify all those who place themselves 'at risk'.

However if cross sectional research using the TRA includes only 'modal' salient beliefs the most pertinent beliefs for those most 'at risk' may be systematically excluded, so undermining the relevance or utility of any data collected. An alternative approach of targeting those who have experienced

an unwanted outcome excludes the wider (but unidentified) group who have been so far 'lucky' (see Chapters 5 and 7 below), and the 'luck' may or may not be systematic. If the target group is underage teenage mothers, although occasional (very small) clusters occur, the incidence is not only small but distributed (one or two per school per year group), so a 'collection' of even twenty or so teenage mothers would not constitute a 'group' in TRA terms. There is similar diversity amongst attendees at GU medicine clinics. These theoretical limitations of the relevance of the TRA to such research are aside from difficulties with confidentiality and access, but these, unlike the theoretical limitations, can be overcome.

A further disadvantage of the normative focus of TRA based research is the tendency to report whether research supports the TRA, that is whether the responses to the *constellation* of test outcomes do or do not 'predict' a dichotomous outcome: participants do or do not 'intend to' and/or 'engage in' the target behaviour. But this explains little about how specific items contribute to the outcomes. It is possible to 'unpick' this constellation of data a little (by exploring the contribution of specific test items etc.) but this is rarely done, partly because it is somewhat atheoretical. Even when attempted there is a limit to what can be learned because of the format of the data collection. For example Moore et al. (1993) report being unable to explain from their data why seven young women who intended to use a condom and had one available did not use it.

A final concern is floor and ceiling effects in the data. Since 1990 knowledge of HIV and main transmission routes has been universal in most groups researched, so belief about HIV no longer discriminates (or can discriminate) between condom users and non-users. However increased use of condoms over the last two decades is usually in part attributed to the response to the HIV epidemic (eg Wellings et al., 1994, page 337) so it would be inappropriate to conclude that knowledge of HIV plays no part in electing to use condoms. Unfortunately the structure of the TRA model

obscures the possibility that knowledge of HIV may still be a *sufficient* reason for condom use for some participants. It may be *necessary* though not sufficient for condom use 'every time' for others, and it may not be necessary at all for those who use condoms primarily for their contraceptive properties.

The historical data leave us aware of the utility of teaching young people *about* HIV, but there is no way of discovering, through the TRA, whether other similarly 'universal' beliefs (or *misbeliefs*) contribute to condom use. We do not know what other, similar, information may be lost in these studies as floor or ceiling effects, and in particular we do not know what is happening to 'outliers'.

Quantitative methods can be useful, as evidenced here by frequent references to Wellings et al.'s (1994) '*Sexual Behaviour in Britain*'. However it is questionable how far quantitative methods can help further our *understanding* of behaviour, and in particular the reasoning processes and beliefs, attitudes and concerns that may contribute to the occurrence of a particular behaviour.

1.1.3.11 Targeting and Measuring Change

The way some of the previously described limitations of the TRA come together, and can undermine its potential as a vehicle for targeting and measuring change¹², become apparent when Fisher and Fisher suggest

'prospective research may be used to identify which elements in the model are most strongly inhibitive and facilitative of AIDS prevention [for the target population], and these may then be targeted for intervention.' (Fisher and Fisher, 1992, page 467).

¹²As opposed to suggesting change processes, which is discussed above.

This overlooks that the content of the various elements of the model for 'unsafe' behaviours may be quite different from the content of the various elements for 'safe' behaviours (the '*Which behaviour?*' problem). That is: the relevant elements may be just plain *different* rather than 'facilitative' or 'inhibitive'. What is required is not 'strengthening' or 'weakening' of particular beliefs but a radical shift to a set of beliefs which are *salient* to the preferred activity. The level of acknowledging a particular belief as true or false, or evaluating it as important of itself or not, is not what is at stake - appropriate evaluation of relevant beliefs must be both pertinent (salient) for this person and *more* pertinent than whatever would predispose an *alternative* behaviour.

Relevant evaluation of an intervention may then depend on tracking all the elements pertinent to the target behaviour as well as any competing behaviours relevant to one or more individuals in the target group. Any resort to modal data may further mask the effectiveness or otherwise of an intervention. Unfortunately at this point the elegance of the original model breaks down - to be sensitive it would become unwieldy, but any streamlining is likely to mask such effects as the intervention achieves. This limitation of the technique may contribute to some apparently disappointing intervention assessments, but equally could mask relatively ineffective interventions.

1.1.4 SCMs and Sex

We have already considered that for *sexual* behaviour the emphasis on volitional behaviour may be problematic, and explored that identifying a specific target behaviour might be difficult (see '*Which behaviour?*', section 1.1.3.2 above). This is even more the case in the context of heterosex, not only because of the variety of 'protection' available, but also because of pre-eminent concerns about contraception (see also Chapters 5 and 6 below).

A further major limitation of the TRA in respect of sexual behaviour is that risky sexual behaviours generally involve at least two participants, and it is not clear how outcomes can be predicted where each of the sexual dyad has a different pattern of beliefs, attitudes, subjective norm, behavioural intent and so on (see also Ingham and Kirkland, 1997a).

However general limitations of the TRA discussed above surface other considerations relevant to researching sexual behaviour.

The constraints of the model imply some pattern of correlation (prediction) may be found between elements of the model, but this will only account for any sizeable proportion of the variance in behaviour intention or outcome if all salient items are included, and only for a *times/ice* immediately prior to the behaviour. Of course the pattern may be more persistent for a very stable behaviour, suggesting there may be some potential for the TRA in specific application areas.

Indeed the 'predictive power' of the model is often best for regular, if not habitual, behaviours like blood donation (for example Potter's account of Ajzen's findings, Potter, 1996, page 134, mentioned in the introduction to SCMs above), where one might anyway expect a reasonably stable constellation of associated beliefs and values. However in such a situation past behaviour often accounts for more of the variance than do the TRA constructs (see Terry, 1993, pages 147-148). Fishbein has argued that the TRA has more 'explanatory power' in such a situation, and the blood donation example certainly suggests the study has tapped into some relevant pattern of beliefs. However, as discussed above (see section 1.1.3.10, '*Social statistics and normative research*'), it may still mask important elements which are lost as 'floor' or 'ceiling' effects in the data.

Making a similar point about specificity to those explored above Potter has proposed that '*there is a danger*' that '*when people are expressing their*

specific attitude in research studies of this kind, they are merely stating their behavioural intention in a different way (Potter, 1996, page 135). In this case one may merely have discovered stable 'ways of talking' associated with explaining or justifying a behaviour for a group, rather than what 'motivates' a particular behaviour (see also Chapter 6, *'Buying and carrying condoms'*, below).

These various points come together to illustrate the argument outlined in the chapter introduction here: survey based studies provide more or less 'predictive' results depending on the extent to which they survey a 'coherent' social group, who, for the behaviour under examination, share a single or, better, a clearly *dichotomised* way of talking or thinking about that behaviour, and where this discourse has been uncovered in the pilot investigation for the survey in question, and is reflected in the test items on the questionnaire.

Unfortunately, whatever the value of the TRA in exploring these *stable* behaviours, for sexual health intervention one of the most critical points is first intercourse with a new partner (since if that is unprotected later caution may be 'too late') which, even in the most 'casual' of sexual encounters, may be a particularly *unstable* moment.

A pilot study may surface interesting new information about beliefs and evaluations present in a target population, but the data collected through a TRA survey (rather than through the pilot study) seems to contribute relatively little in addition.

1.1.5 Fix the model ... ?

I would not like to imply that no one has raised any of these concerns before, though I have not found them organised in this way elsewhere, or linked in quite the same way to the fundamental criteria of the theory. More

often they have been identified in a somewhat 'piecemeal' way and associated with research proposing how the model might be 'fixed'.

1.1.5.1 Arguments for further Constructs

Many proposed extensions to the TRA can, in part, be attributed to limitations in the scope of the theory. The first of these extensions was Ajzen's introduction of 'perceived behavioural control', in order to develop the Theory of Planned Behaviour (Ajzen, 1985) to account for some of the recorded disruption between behavioural intent and behaviour. Reviewing the many extensions proposed in studies reported in Terry et al. (1993) Lewis and Kashima note that these

'extensions to the TRA go some way to addressing the issue of non-volitional control of sexual behaviours by adding one or more variables to the models ... variables such as self-efficacy ... perceived behavioural control ... condom availability ...' (ibid., page 45.)

Fisher and Fisher (1992) proposed the integration of constructs from a range of SCMs into their Information Motivation Behaviour model, and Norman and Conner (1996) have proposed the development of a more complex multi stage model.

These modifications are usually presented in the interest of accounting for a greater proportion of the variance. However as Kippax and Crawford (1993) have commented it is impracticable to introduce sufficient variables, exceptions and qualifiers to be predictive on an individual basis (ibid., page 268). The associated question of cost was discussed above.

Noting the plethora of proposed further constructs¹³ in the Terry et al. (1993) volume Fishbein also argues against such a 'kitchen sink' theory as untestable (Fishbein, 1993, page xxi). However an alternative interpretation would be that, given this plethora and complexity, much of which has been spelt out by Fishbein in the extracts above, human behaviour is simply unpredictable.

1.1.5.2 'Beyond' further constructs?

Kashima and Gallois (1993) have also reviewed and summarised the challenges to the TRA reported in their book, again, at least nominally, from 'within' the paradigm. They evaluate each of the claims, sometimes drawing together evidence from more than one chapter, but of most interest here are some of the modifications they suggest are required in the application of the model. These include: information about *personal* salient beliefs (page 212); the *variety* of norms relevant to sexual behaviour, and in particular their implications for *persuasion* (pages 215-6); they describe the TRA as a *decision strategy* (page 222) and talk of its *causal structure* (page 223) of which it would be useful to identify the *boundary conditions* (page 226) yet tie this to a discussion of *opinion leaders* (page 223); and finally air the need to address '*the communication process between partners in the sexual encounter*' (*ibid.*).

They also emphasise the need to target *specific* behaviour (page 221), but we have already seen how difficult that is to identify in the context of safe(r) sexual behaviour.

These examples not only illustrate the, not uncommon, reading of the TRA as a causal, process (decision strategy) model, but illustrate the applied

¹³'calls to separately measure evaluation and affect, to include partner norms, behavioural norms, and personal norms, and, following Ajzen (1985, 1991), to add perceived behavioural control and/or measures of self-efficacy In addition, investigators have 'expanded' the theory by including past behaviour, perceived risk, and 'control conditions" (Fishbein, 1993, page xxi).

researcher's need for a broader model, which might accommodate, or at least inform, processes such as decision making and persuasion, be it by opinion leaders or sexual partners.

1.1.5.3 Content of the constructs

Whilst Fishbein is careful to talk about '*the factors underlying the decision*', rather than imply a process model, he is ultimately keen to highlight that the model has helped to identify some of these factors in the area of '*AIDS prevention work*' (Fishbein, 1993, page xxiv). However it is the pilot studies, and some associated theorising, that have *identified* these factors. Just as the weightings of the components of the model must be 'discovered empirically' so must all the *content* of any other construct in the model.

Fishbein acknowledges that the model has been open to the charge of being 'non-falsifiable' but defends against it arguing '*the theory would be falsified (at least in a given content domain) if a simultaneous consideration of appropriate measures of attitudes and norms failed to predict an appropriate measure of the corresponding intention*' (ibid. page xxiii). However since these 'appropriate measures' must be 'discovered empirically' presumably by demonstrably 'fitting' the model, the test becomes circular and given the plethora of possible attitudes, beliefs, evaluations, normative motivations etcetera one might select from in any 'content domain' then a 'fitting' constellation might eventually be discovered. However having 'fit' the model one may or may not have learned anything useful relevant to the behaviour. Moreover although Fishbein continues from his above claim of falsifiability '*To the best of my knowledge, this has not yet occurred*' (ibid.) it is certainly the case that the constellation of items tested in any instantiation often account for only a very small portion of the variance in behavioural intent.

Again though, I am not arguing that we should seek a more 'falsifiable' model, rather that this kind of criterion and usage may be unachievable, and

anyway inappropriate or irrelevant, in the present context.

1.1.5.4 Prediction and discrimination?

Many of the points raised above undermine the potential of the TRA as a tool for prediction and discrimination which, according to theorists working in this paradigm, are amongst their key objectives (eg Fishbein, 1993, page xvii; Abraham and Sheeran, 1993, page 22)¹⁴.

If Abraham and Sheeran are correct when they say that

'The utility of social cognition models depends critically upon their ability to differentiate between those who do and do not undertake specified behaviours' (Abraham and Sheeran, 1993, page 22)

then the utility of the TRA (and similar models) must be questioned, since it seems that whilst they may be useful in guiding us to ask relevant questions when trying to understand someone's behaviour, there is little evidence that they help us predict which individuals, let alone (as these theorists would prefer) which groups of people, will, or will not, undertake a particular behaviour.

On the other hand, there must be some question whether the form of 'prediction' demanded by Abraham and Sheeran is either what we really need, and, even if it might be desirable, whether it is possible.

In a summary of the same debate (about 'quantitative and qualitative methods in health psychology') this point is extended and Charles Abraham is reported as having argued that

¹⁴Some relevant issues in this area are illuminated, with hindsight, in earlier research into attitudes about race reported in Fishbein (1967). This topic is explored as a case study in Appendix B.

'it was necessary to establish the predictive validity of psychological explanations' and that to achieve this 'was seen to entail the classification of individuals in terms of characteristics derived from psychological theory ... the crucial point ... was ... the attempt to categorize individuals and determine the utility of such categorizations as behavioural predictors' (Abraham et al, 1993, page 16).

This seems to raise at least two pressing questions:

Firstly, *can we classify individuals in such a way as to establish 'predictive validity' for psychological explanations?*

Much of the research cited above seems only to have demonstrated that even quite complex classification seems to be at best only minutely predictive. Further, it is a little unclear whether recording someone's current constellation of belief and attitude responses quite counts as 'psychological classification'. Certainly attempts to use coarser grained, if more 'recognisable', psychological constructs such as extroversion-introversion measures seems to have had *no* success in predicting behaviour (*vide* the collection of papers in Fishbein, 1967)

Secondly, *need we classify individuals, or are there other approaches to psychological theorising?*

As LaPiere said at the end of his report of the mismatch between behaviour and attitude survey completion with regard to Chinese travellers

The questionnaire is cheap, easy, and mechanical. The study of human behaviour is time consuming, intellectually fatiguing, and depends for its success upon the ability of the investigator. The former method gives quantitative results, the latter mainly qualitative. Quantitative measurements are quantitatively accurate; qualitative evaluations are always subject to the

errors of human judgement. Yet it would seem far more worth while to make a shrewd guess regarding that which is essential than to accurately measure that which is likely to prove quite irrelevant.' (LaPiere, 1967(1934), p 31).

Fishbein's own comment from the nineteen sixties seems strangely apt:

'we psychologists have been rather naive ... we have attempted to predict some behaviour from some measure of attitude and found little or no relationship between these variables. Yet, rather than questioning our basic assumption that there is a strong relationship between attitude and behaviour, we have tended to blame our failures on our measuring instruments, on our definition of attitude, or on both' (Fishbein, 1967c, p477).

Perhaps if there is a relationship here it may be 'describable' but not 'measurable'? Or perhaps we should allow that the TRA does facilitate some measure of behaviour, but in such a constrained way that what is measured provides nothing usefully 'generalisable' or 'predictable'? (Though the model does provide a framework which can contribute to a consideration of concepts which might usefully be taken into account in more qualitative work, see also Kirkland, 2000.)

This is not to eschew Lewis and Kashima's (1993) call for more theory based research, but rather to argue that a radically different theory is required: one that will embrace such concepts as personal importance, social norms, decision strategies (and perhaps the lack of them), communication processes and 'techniques of persuasion' (between a couple, or by opinion leaders or educators).

In the next section I will explore some *quantitative* theory which I will argue provides further evidence why any search for 'quantified' prediction in this area is inappropriate, but then I will introduce some qualitative techniques

which, indeed like LaPiere's own techniques, promise rather more 'shrewd' and rather less 'guess'.

1.1.6 ... or accept the dynamics and unpredictability?

'Variability' in 'personal accounts' was amongst the reasons, early in the twentieth century, for moving away from considering this kind of information 'valid' psychological data. Combined with the impossibility of 'verifying' such data, it contributed to the distrust of the introspection methods of the Wurzburg school, alongside dissatisfaction with a method which could identify little more than '*a vague sense of need, ... doubt, assent, conviction*' and so on (reported by Allport, 1935/1967, see '*Antecedents*' above).

Behaviourist psychologists addressed this problem by attempting to exclude any consideration of thought processes from their theorising, and as a result discovered some interesting effects of reinforcement processes. However over a few decades it became apparent that this was not a sufficient explanation for all that was 'going on': their 'black box' inside the head seemed too often to disrupt such associative learning processes.

Early cognitive psychology theorists were motivated to explore something of what this might be. However since the discipline of psychology as a whole was still in some ways dominated by a distrust of introspection and subjective account, with the associated implications of variability and non-verifiability, it is perhaps not surprising that the cognitivists preferred to focus on what, if anything, might be persistent and unvarying about cognition.

Thus in the nineteen nineties Eiser (1994) found that '*for most of this century, the primary concerns of attitude theory have been simplicity, stability and consistency*' (ibid. page 243). In contrast he found, consonant with the critique of the TRA above, '*attitudes can be simple, stable and*

consistent, but they are not necessarily or easily so' (ibid. original emphasis).

However connectionist theory, a more recent development in cognitive research, provides a model which enables us to begin to understand some of the dynamism and complexity we find in 'attitudes', and thought processes more generally, and to begin to theorise them somewhat differently.

Eiser (1994) discusses how a connectionist model can illuminate processes such as the behaviourists' theory of the role of reinforcement in operant conditioning (page 202), as well as our ability to detect or 'discover' novel patterns (pages 202-3). This latter is particularly interesting since it could theoretically be applied from detection of patterning in novel 'perceptions' (we can identify something unusual we see as an 'animal', and recognise it as discrete from any other animal we 'know', even if we are not able to label it more precisely as, say, an aardvark) to detection of patterning amongst more abstract concepts or 'ideas'. In this way neural nets can capture something of the 'dynamic' nature of our minds, through 'change' (accumulation of new examples) and 'learning' (selective preference of these through reinforcement) to 'discovery' (of some new pattern).

Eiser seeks to emphasise how this 'interconnection' not only affects our intra-personal thought but, since we can also make our 'thoughts' available externally, for example through our sharing of 'propositional knowledge' via language (ibid. page 220), so this concept of an interconnected network extends externally. Beyond interpersonal communication, via recorded media, ideas may persist and interact, even beyond personal existence. Eiser is careful to emphasise that this sharing of propositional knowledge is not the same as sharing experience - an important distinction to which I shall return.

However Eiser ends by suggesting that, despite the multifarious state of our mind at any one time (consonant with the connectionist model), it is perhaps

the 'synchrony' detectable in any one mind that affords any 'co-ordinated awareness' or more organised thought. Moreover, it is our bounded but 'thoroughly' embodied experience, and associated relationship to other minds, which finally affords the emergence of consciousness, our human notion of 'mind' and sense of self (Eiser, 1994, Chapter 10). Though he does not draw on Mead, many of Eiser's arguments here are both consonant with, and reminiscent of, Mead's, 1934/1967, account that our notions of 'mind' and 'self' arise partly from our sense perceptions, but predominantly from our social interactions.

Here I want to develop three aspects of Eiser's account a little further, in order to discuss some implications for any approach to researching accounts of sexual relationship. These are some ramifications of: massive interconnectedness; implicit versus explicit 'thinking'; and the affective aspects of our embodied existence.

1.1.6.1 Interconnectedness, unpredictability and dislocation

Eiser emphasises the potential massive interconnectedness of human thought, and draws on deterministic chaos theory to argue that thought then becomes unpredictable. However he does not explore all the ramifications of this.

He suggests a useful analogy of the 'connectedness' of our minds becoming individually, and semi permanently, patterned over time - rather like traces of a long gone river bed as a permanent 'valley' in the landscape (page 224). He also discusses how patterning in the net from one dimension may have an effect elsewhere. But when he likens this to pages in a book of maps each representing some different aspect of the same geographic area, he does not draw our attention to the implication that a change invoked by interaction in one dimension may massively disrupt a process elsewhere: when we 'turn the page' to another map it may have changed beyond

recognition.

(Notice that this account is reassuringly consonant with Fishbein and Ajzen's meticulous accounts of the variability and 'unexpectedness' of change processes (eg Fishbein and Ajzen, 1975, page 412) discussed earlier, see section 1.1.3.3, 'SCMs: *Limitations: Process/Change*' above.)

So, as we are sauntering down the valley of a comfortable old way of reasoning that has served us well, we may suddenly encounter a precipice, something has changed so that this conceptual pattern no longer 'works'. This perhaps illuminates how we may suddenly recognise some contradiction inherent in our thinking, or the disruption of the sudden reinterpretation of an 'old' memory in the light of new information: as when a partner is revealed as having been 'cheating'. It perhaps also reveals something of the 'dis-location' of such an experience. However I will argue subsequently that such 'dislocations' can be particularly revealing of otherwise often 'implicit' aspects of thinking.

1.1.6.2 *Implicit / explicit thinking*¹⁵

Working in the insurance industry in the early nineteen nineties, it was at first puzzling that, despite using the best available knowledge elicitation techniques, co-operative 'expert' underwriters seemed often unable to explain their reasoning in a way that could be captured in logical rules and operationalised in a computer program - though they could put together a perfectly reasonable justificatory case for any individual pricing decision.

When 'neural network' (connectionist) technologies were applied to the same

¹⁵Thinking' and 'thought' are not entirely felicitous labels for discussing the 'implicit' processes I am considering here, since the word 'thought' more often entails at least some degree of 'intentionality'. However alternative words from cognitive psychology (such as Fishbein's 'cognitions' and 'connations') all have their own loadings which worsen the problem. So I stay with 'thought' but (quotation) mark it to 'problematis' it.

problem they seemed often to achieve 'as good as', and sometimes better, 'prediction' of insurance risk (based on tests against historic records) than 'expert' underwriters (those who historically had outperformed their peers by realising greater profitability for the company in the 'risk management' problem of balancing pricing against cost of subsequent claims). However this technology could not be implemented in the insurance market because the neural networks could 'do' the reasoning, but could not 'explain' the reasoning, and insurance companies are required to 'justify' their pricing.

The neural networks produced their results by sorting thousands of cases on the basis of whatever data (treated as input parameters) was available from the historic records. Records were sorted into 'categories', and this process could be repeated on many different levels through coarser or finer grained connection adjustments in the network. Interestingly underwriters could 'explain' some of the 'sorts' produced¹⁶, though not others. Nonetheless since the records were sorted by 'fine tuning' of the net, rather than by 'rule', even where the sorts could be explained the technology could not be used.

More relevant here, this exercise revealed something of why the underwriters could not always explain their reasoning. Much of their 'success' was undoubtedly due to the tacit knowledge gained over many years. Just as with the neural network technology, there was no straightforward way to make 'explicit' this 'implicit' knowledge which contributed to their fine tuning of prices, and hence to their marginally better performance than their peers¹⁷. Unlike the neural network technology, the expert's pricing justifications of course did not need to be complete, merely convincing.

¹⁶Some they 'recognised' as dependent upon criteria they already used, others provided novel insights into potentially useful criteria.

¹⁷Similarly it is unclear how one might elicit the implicit knowledge that was leading their less 'expert' colleagues to 'under perform' - though in retrospect it would have been interesting to try!

Moreover, in this example 'implicit' knowledge suffers some of the characteristics of the '*vague sense of need, ... doubt, assent, conviction*' which Allport (1935/1967) attributed to the Wurzburg school's account of 'attitude' - suggesting that their analysis may have been amongst the more accurate, even though 'anti-relativist' psychologists have found it frustrating.

For social psychology, connectionism then elucidates some of the difficulties inherent in understanding 'how people think', and therefore some limitations as to what it may be possible to learn about how 'the way we think' may affect 'what we do'. However this connectionist theory explains very little of how such 'implicit' processes might map to our 'explicit' thinking, reasoning and communication. Nonetheless this clarification of some of the distinctions between implicit and explicit thought processes may help us improve our approach to both collecting and analysing relevant information.

Eiser perhaps seeks too much from connectionist theory with his leap to language and propositional knowledge, even with his delightful example of Beethoven's 'action at a distance' on his piano playing. Once it is 'codified' through the black marks on a sheet of paper it is at least in principle available to other minds, but that is only part of the story. In part this is because whilst connectionism illustrates how we may detect categories, it offers little insight into how we attach a label to them, how we 'name' them. Nor does it illuminate anything of our 'serial reasoning'. Yet these are the processes that enable us to communicate. I cannot transfer my total 'net' of experience to someone else, as exemplified in the insurance example above¹⁸. Indeed Eiser makes this same point when he comments that '*it would be the vainest of conceits for me to say that I thereby have Beethoven's thoughts ...*' (Eiser 1994, page 221).

¹⁸Harré and Gillett (1994, chapters 5 & 6) have discussed some similar considerations of neural networks and 'fuzzy logic, but they use an unattributed and rather deterministic example of a network, and rather fudge, or overlook, these naming and serialisation problems.

As Eiser has indicated, we are susceptible to 'top down' processes. Labels are provided by others (from 'ma' 'da', through 'red' 'green', to abstract concepts like 'abstract concept'). These are all *socially* derived and explicit, yet hook into and shape some 'fuzzy' neural network kind of substrate.

Whilst connectionism illustrates that at a primitive level these 'associations' might be developed through some process such as the reinforcement of operant conditioning, it does not explain how slightly more skilled language users can 'learn' a new term from a simple definition, or one or two examples. Still less does it elucidate how anyone is able to string the words together to produce such an example. (Though it perhaps explains something of why it is such a *struggle* to present a coherent argument here).

Moreover we are able to *reason* quite differently when we have access to new symbols (my own piano playing is much enhanced recently through reading an account, heavily dependent on 'symbolic' representations, of the jazz theory of chord structure and relationships). This 'other kind' of explicit, serial, reasoning is evidently available as an internal process, as well as being a key route to external communication. Indeed it may be the key to gaining 'cognitive control' in those behaviours which are volitional (see section 1.1.3, 'SCMs: *Limitations*' above).

Both the insurance industry example and the music examples illustrate how 'explication' or making our ideas or knowledge 'explicit' facilitates *sharing* ideas, though not completely *transferring* them. Indeed to share ideas we generally have to use language, or some similar form of 'symbolic' representation, which is very different from the inarticulate 'pattern match' or pattern detection of connectionist models, though these too seem an essential component of our *internal* thought processes.

Finally, although as yet we have no very satisfactory theory or model of the *explicit* reasoning process from cognitive research it seems unlikely that solving that problem will address concerns about specific 'content' of mind.

Connectionism illustrates how other patterns (other 'thoughts') may 'interfere with' some (intervention) pattern which cogently argues for condom use, but connectionism will not help us identify what those 'interfering' patterns are. This parallels the way the TRA model helps researchers think about what questions may be relevant in a pilot study, but cannot help identify whether all the relevant questions have been asked, or all the potentially relevant answers given (see eg the discussion of floor and ceiling effects in section 1.1.3.10 '*Social statistics and normative research*' and section 1.1.5.3, '*Content of the constructs*' above).

Again interesting antecedents can be discovered for this distinction, since Wundt made a clear divide (in the late eighteen hundreds) between psychology as a laboratory science and social psychology. He differentiated the study of how people think from what people think about, then pursued them in parallel, but using distinct methodologies. He produced ten volumes of '*Volkerpsychologie*' (Farr, 1984).

However connectionist theory helps clarify something of the kind of 'thinking' that is implicit and how it might relate to what we can make 'explicit' (to ourselves or to others). This sets some limitations and challenges to research concerned with how we think, let alone how that relates to what we do.

1.1.6.3 *Body and affect*

It is only in a passing summary, when he seeks to identify what makes humans discrete from computers or robots, that Eiser mentions our experiences of '*body, of movement, of physical growth and pain and tiredness, of hormonal fluctuations, of hunger and sexual desire*' (Eiser, 1994, page 240). In sum these are many of the processes related to our human need to sustain our bodies and to procreate but, though Eiser clearly desires some such more fundamental distinction between humans and

computers, he does not draw these out. However it is perhaps because these needs are 'fundamental' that they are associated with the more affective aspects of our embodied existence which he does include.

This raises a further consideration relevant to 'thinking' and sexuality since 'affect' seems generally to effect a massive hormone release, which bathes our 'neural networks', or at least large portions of them, in neuro transmitters which disrupt their more usual processing. At least some of this physiological process seems related to some 'state' shift in our 'processing' or, in more human terms, may shift our focus of attention. (This relates to some concerns raised by Gold, as discussed above, see section 1.1.3.3, '*Process/change*', and in Chapter 3). Of course this implies that the affective effects on our thinking may be the most diffuse, so the most difficult to make explicit or interpret, whether we are trying to account our own experience, or research the experience of others.

1.1.6.4 Summary

In summary I have argued that a connectionist model can help us to understand and theorise some of the complexity, dynamism, and unpredictability which undermine the utility of the TRA as a tool for applied research, but it also makes explicit some of the challenges inherent in that research.

Connectionism can clarify some of the issues, for example illustrating a possible source of some of the 'dis-location' we can experience in our thinking. It also provides a model of associative learning and 'pattern matching' which illustrate how these processes can occur independently of any 'explicit' knowledge or reasoning. But by doing this it highlights the disjunction between implicit and explicit 'thought'.

This disjunction also sets constraints on explicit (propositional) knowledge:

that is on what we can describe or explain of what we think. For example it illustrates how 'explication' can never deliver all the nuance of some underlying thought pattern. It helps illustrate some implications of the observation that our *shared* knowledge, Eiser's 'propositional' 'external' thought, is typically explicit.

We clearly have the capacity to make some of our 'implicit' thinking 'explicit' which implies that we have some facility with two distinct processes 'internally', but connectionism does not provide a model of that process of explication, or of any other 'internal' processes related to explicit knowledge, or indeed of the organisation of explicit knowledge internally or externally. However it does, as Eiser has pointed out, illustrate why we cannot 'have' Beethoven's mind, or experience, and therefore why this 'explicit' encoded data (spoken, written, picture, irrespective of medium of transmission) will necessarily be interpreted (or 'understood') subtly differently by every 'reader'.

Above all the relevance of connectionism to the present research is in helping to clarify some distinctions between what may be implicit and what may be explicit in our motivations, thinking and reasoning. It highlights that it is only the 'explicit' which is readily accessible, but that in making something explicit we *necessarily* lose much of the subtlety and nuance of the original. It also provides a potential model to account for why such limitations seem even greater when 'affect' affects our thinking!

1.1.6.5 Implications

There are a number of epistemological considerations that are illuminated by all this. When modernist psychologists come up against processes which are dynamic and uncertain but seem to recoil, sure that 'it cannot be like that', a connectionist model illustrates how it *can* be like that. This brings with it the necessity to theorise in a way that includes the uncertainty, rather

than a way that seeks to explain it away.

The implicit / explicit disjuncture nicely illustrates the Saussurian / Lacanian theorising of 'sliding' in meaning (see Chapter 2, '*Conversation analysis*') and helps to illuminate the conundrum that, whilst our thought seems massively constrained by language, yet it also seems to go beyond language.

At a more pragmatic level connectionism provides some illumination of why some disruptions in our patternings of meaning can be so disorientating and, conversely, a possible model of how affect, via hormonal processes, can be so disrupting to a wide range of 'thought' processes.

The more pragmatic implications for research methodology are that it will be inappropriate to seek stable categories, or consider 'meanings' too permanent. The only 'ready access' is to the more accessible 'explicit' accounts, but it is then important to remain aware that they only provide a 'relative' account of a more subtle, complex, dynamic substrate of implicit 'meanings'.

Since what is explicit constrains meaning through the social 'shaping' of our thinking through language, it will be helpful to seek some way to theorise that. However it will also be useful to seek techniques that may penetrate, by any means, through what is explicit in order to further illuminate what is implicit.

1.1.7 Where next?

The critique of the TRA combined with the insights afforded by a connectionist analysis provide some indications why an SCM approach to researching 'strategising' in sexual relationships may not be very helpful. However they also set some very testing criteria for any research program.

Freud provides one of the few accounts which, at least in its essentials, recognises the presence of body and society in mind (psyche) with a notion of ego managing the interactions. Furthermore he has some space for 'non explicit' thought, an emphasis on the 'shaping' role of primary carers, and the persistence of patterns laid down in early infancy all of which are compatible with the connectionist account explored above.

However Freud is inclined to 'take for granted' the 'social' and, perhaps also because of the time consuming requirements of the psychoanalytic process, there is no substantial body of work based on his insights addressing problems of *social* psychology (though see below for an account of some moves in this direction).

I will return to psychodynamic theory from time to time when considering some limitations of alternative approaches.

However, as mentioned in the introduction, the other substantial body of extant research into sexual health and risk taking adopted a qualitative, broadly social constructionist, text analysis approach, drawing to some extent on the insights of discourse theory. Since the literature based in this approach offers useful insights into the 'real life' problems considered, I will now introduce it, and briefly explore some of its strengths and limitations, both in comparison to an SCM approach and in comparison to some of the criteria surfaced by this brief connectionist account.

1.2 Social Construction

Although early in the nineteenth century mainstream psychology moved away from taking any serious account of social processes as *constructive* of psychological processes, some of Wundt's insights persisted, notably through the work of G H Mead in Chicago. Although nominally acknowledging some of the behaviourist claims, in his undergraduate lectures Mead maintained a focus on the interactions between 'Mind, Self and Society' (Mead, 1934/1967) going so far as to argue that it is in our very interaction with the social that we develop a sense of self at all.

He also argues that our access to words (and therefore ultimately language in a fuller sense) is through social interaction organised through 'gesture' (which may be anything from a gross bodily movement to the production of a subtly modulated sound). Through shared use, a gesture can first become associated with some particular thing¹⁹, but can eventually come to 'stand for' that thing. That is, it can become a 'symbol'²⁰. This is potentially a part of the process necessary for the shift from implicit to explicit thought discussed above. Mead argues that once we have some capacity for symbol manipulation we will develop a symbolic representation of the 'other'. He calls this the 'internalised other' and argues that hence we develop some symbolic 'objectified' representation of our 'self'.

Very briefly these are some of the key concepts underlying 'symbolic interactionism'. It follows from this that much of our thought and thinking, particularly any that is 'explicit' rather than 'implicit' may be, even will be, heavily influenced by ideas we draw from society around us. However Mead

¹⁹Through something like the associative learning processes discussed above, where the 'gesture', or sound pattern, becomes associated with other features of the shaped concept.

²⁰This could perhaps develop through the 'laying down' in our network of a 'copy' of the gesture - perhaps initially just a discrete separating out of the 'other' producing the gesture - a version of Mead's 'internalisation' process but which, at least in principle, is consonant with connectionism.

in his account rather 'takes society for granted', and his 'society' is rather 'western' and 'modern' and 'perfectible'²¹. Possible alternative social values are simply not considered²².

Nonetheless some account of social variability re-emerged in the symbolic interactionism research tradition, eventually reappearing in French sociology and psychology. There, in the mid twentieth century, as Farr has noted, "*attitudes*" and "*stances*" are [theorised as] *socially negotiated and are usually studied by means of a content analysis of the messages diffused by the various media*" (Farr, 1984, page 133).

An early route²³ through which this social constructionist approach became known to the English speaking community, and eventually reappeared in British psychology, was the work of Moscovici (eg 1963, 1973), in particular his 'social representation theory' (see Farr and Moscovici, 1984).

Moscovici has described social representations as:

'cognitive systems with a logic and language of their own ... They do not represent simply 'opinions about', 'images of' or 'attitudes towards' but 'theories' or 'branches of knowledge' in their own right, for the discovery and organisation of reality ... systems of values, ideas and practices with a two-fold function: first, to establish an order which will enable individuals to orientate themselves in their material and social world and to master it; secondly to enable communication to take

²¹Not unlike Hegel, another rather 'absolutist' progenitor of contemporary social constructionism who might be quite horrified by some of his 'relativist' offspring.

²²Something after the manner of the 'racial superiority' and inevitable 'fatal impact' discourses explored by Wetherell and Potter, 1992, page 124, and all perhaps inherent in the hegemonic patriarchal discourse of the last two or more centuries which sought, amongst other things, social stability, or perhaps stasis in the interests of dominant groups.

²³There were of course many other precursors, for example Harré and Secord (1972) drew on Goffman's (1969) 'dramaturgy' to develop their more psychologically focused 'role/rule' theory and Gagnon and Simon's (1973) discussion of 'schemas and scripts' was particularly pertinent for sexual behaviour.

place among members of a community by providing them with a code for social exchange and a code for naming and classifying unambiguously the various aspects of their world and their individual and group history.²⁴ (Moscovici, 1973, page xiii, cited in Farr, 1984, page 133.)

Social representations are concerned with what is represented, how it comes to be represented, and how the representations change. Moscovici's major research explored the impact of Freud's work on psychoanalysis in changes in French culture - he used this as an exemplar of the more general claim that '*any new theory or the application of any previously unknown technique might, potentially, have a similar impact in changing the culture within which it is conceived*' (Farr, 1984, page 130).

However social representations theory maintains a primary interest in the 'representation'. For the present research I will turn to discourse theory, which takes more interest in the use and effects of such '*systems of values, ideas and practices*'. Meanwhile Freud's reputed comment to Jung on disembarking in New York '*We are importing the plague*' (reported in Farr, 1984, page 131), nicely illustrates that the innovators of novel concepts might be reflexively aware of the potential change they initiate.

1.2.1 Discourse Theory

In the discussion of Social Cognition Models I emphasised the limitations of any determinist predictive model of behaviour or behaviour change. However, deterministic chaos mathematics can be used in some circumstances to predict *boundary* conditions of change and an '*envelope*' within which change may take place (for an example in fluid mechanics, see Appendix A). Generally it seems improbable that even this much would be

²⁴Moscovici (1984) provides an exceptionally clear more extended account of social construction.

achieved in the far more complex arena of human behaviour. However human behaviour *can* be predicted in any context of sufficient coercion and control, as in what Goffman has called a 'totalising institution' (Goffman, 1968).

Foucault's experience in just such 'totalising institutions' (the psychological / psychiatric unit in the Hôpital Sainte Anne, and psychological services with the Paris prison service, see Eribon, 1989/1993) contributed to his development of a very different way of theorising the relationship between ways of thinking and ways of behaving²⁵.

He argued that such institutions constituted boundaries of society where 'power' operated coercively, but that their influence was much wider. For example if evidence of 'insanity' constituted sufficient justification for someone to be restrained in a psychiatric institution, that in turn would be sufficient to motivate anyone in the target population to monitor their own and their neighbours' behaviours in order to extinguish any that might be mistaken as such 'evidence' (see eg. Foucault, 1961/1984). He argued that such processes operated through, and were mediated by, 'discourses' about concepts such as 'insanity'. Foucault's discourses, something like Moscovici's '*systems of values, ideas and practices*', thereby constrain what it is possible to say, or think, or do (Foucault, 1975/1977, 1976/1990).

In this way although Foucault begins from consideration of large scale social institutions, a long way from the 'structuring of mind' which is the starting point for SCM theorists such as Fishbein, his theory is nonetheless relevant to concerns about the relationships between 'what people say and think' and 'what they do'.

²⁵I am not suggesting that Foucault exploited developments in mathematics! However this mathematical model perhaps elucidates some of the structural insight of Foucault's theoretical development and may make it more accessible to *quantitative* psychologists.

Moreover Foucault (1961/1984) further observed that such 'discourses' were mutable, as exemplified by shifts in ways of talking about the 'insane' over previous centuries (for example from 'sub human' to 'sick human'). From this he argued that any discourse could be 'resisted', so that not only were people constructed and constrained by prevailing discourses (for example by being subjectively positioned as 'sick human') but they could also, through discursive means, challenge and contribute to the re-construction of any discourse (Foucault, 1988)²⁶.

On this account discourse theory already meets some of the criteria identified for the present research, such as a consideration of variability, mutability and change. Foucault's interest was primarily the social and political implications of discourse, and the associated 'possibilities' afforded people. Since any dominant discourse tends to be experienced as 'taken for granted' 'common sense' a relevant strategy here is to document this 'common sense' and thus demonstrate that things could be otherwise (a process often referred to as de-construction).

From this a premise of the present research would be that documenting 'ordinary talk' about sexual relationships might reveal those 'ways of talking' that contribute more or less to safe(r) sex.

1.2.1.1 *Subject and subjectivities*

For psychology however there is also a subtle shift, to a primary focus on the 'individual', and the implications for a 'person' of this notion that they use and are 'used by' discourses.

Henriques et al. (1984) were amongst the earliest researchers to introduce

²⁶This section is necessarily a gross simplification of Foucault's much more subtle and complex theorising. I seek here merely to surface some concepts which seem key to its subsequent adoption and development within psychology.

discourse theory into British psychology and neatly combined both the political and the psychological, using discourse theory to deconstruct the notion of an individual as 'a subject' in psychology, thereby exploring the concept of 'subjectivity' at the same time as challenging the very subject of the discipline. In part this was with the intent of shifting psychological theorising to address some 'moral science' issues, such as how to take account of 'minority' positions. (The previous bias in psychology towards research based on, and about, the white middle class male, a *relatively* homogeneous population, perhaps explains how a 'nomothetic' model held up for so long.)

Particularly pertinent to the present research is one of Hollway's contributions to that volume, where she explores the potential 'subjectivities' afforded by different discourses of sexuality. Analysing transcripts of interviews and conversations with a number of men and women who were all in heterosexual 'couple' relationships she identified three discrete, more or less organised, discourses about sexuality. These were: 'male sex drive', roughly premised on the notion that men 'need' sex; 'have/hold', roughly premised on the notion that women need to find a man to settle down and raise a family; and 'permissive', roughly premised on the liberalising notions of the early and mid twentieth century (see eg. Russell, 1936/1979) that sex is in general a good healthy pursuit and as appropriate for single women as for single men (Hollway, 1984).

Hollway illustrated how the 'subjective positionings' afforded by the different discourses were often contradictory. For example in the male sex drive discourse she argues the only position for a woman is 'object' of man's (temporary) desire, whereas in the 'have/hold' discourse a woman has a more active positioning, and seeks a more permanent relationship. Hollway also points out that these contradictory subjectivities can be 'in use' simultaneously. For example a woman may interpret the move into a new relationship in the latter discourse, but subsequently discover that her

partner understood it in the former. Not only can this present a dislocation in the woman's subjective experience, but in the context of the present research, if intercourse has occurred it may account for conflicting interpretations of the use, or not, of contraception or protection.

Subsequently and independently Wight (1996) identified very similar, though subtly different, discourses of sexuality in the talk of young men living in a housing estate on the outskirts of Glasgow. He found a very similar 'permissive' discourse, but a variant on the 'have/hold' discourse which he had labelled 'romantic', and in which men were perceived as more 'active' in pursuing such a relationship than allowed in Hollway's account. He also identified a variant of the 'male sex drive' discourse which he labelled 'predatory', since in the young men's accounts there was far more emphasis on competition and 'scoring', than on any 'biological necessity'.

The divergences in these discourses reinforce the notion of the 'relativity' in the accounting²⁷ of any behaviours, and so the 'relativity' of discourses. Yet the presence of such very similar discourses amongst quite disparate and geographically separated groups suggests they have some persistence and, contrary to the implications of some 'realist' critiques, have some kind of existence beyond the creative imagination of the discourse analyst.

Wight (1996) also provides a telling example of how different tags relating to young women ('slags' or 'nice girls') are associated with distinct discourses. It illustrates how the young men can use discourse selectively to 'construct' someone in a particular way so that as a result the 'young women' come to be 'constructed by' the subjective positionings afforded by the discourse they are situated into *at the time*. A discursive analysis helps uncover how the persistence of such 'labelling' (or 'being subjectively positioned') is variable. Lees (1993) has discussed the possibilities and limitations of resisting such

²⁷I use this expression intentionally as a shorthand to denote that any 'account' of behaviour will typically encompass some attempt to justify, or 'account for' it, in the 'recounting'.

a construction.

Finally Wight (1996) also identified a 'not interested' discourse. A comment after mention of this in a seminar revealed an unsettling discursive construction of the subjectivity of 'those who research sex': 'I'm glad you put up that 'not interested' discourse - at least *you* don't think *everyone* is sex mad! However this example also illustrates how recording, and thus to some extent deconstructing, 'taken for granted' discourses provides a useful basis for discussion and further interpretation, and space for 'resistance', not least by the introduction of alternative explanation. It may even provide a site for 'explication' or making the implicit explicit (see section 1.1.6.2, '*Implicit / explicit thinking*' above).

These various examples illustrate some of the key themes and concerns of a discursive analysis, as well as something of how such an approach might be applied to talk of sexuality. I will return to some of these dominant discourses of sexuality from time to time.

1.2.1.2 Genealogy - sources

Foucault's 'genealogical' method of exploring changes in discourse through history, or history through changes in discourse (Ramazanoglu, 1993, page 18), is exemplified in the discussion of discourses of 'insanity' above. (It also partly informs the structure of the present chapter, where I seek, by illustrating something of the interplay of competing strands in the discourses of psychological theory and method, to make clearer some of the distinctions and overlaps between the main 'competing paradigms' under consideration. However the treatment here makes no claims to be comprehensive.)

Within psychology Wetherell and Potter (1992) use a genealogical approach to explore how turns in a contemporary discussion of 'race' can be traced back to earlier discourses which have, at some time, been more, or less,

coherent and comprehensive. They have proposed the expression 'interpretative repertoires' in preference to 'discourses' (Potter and Wetherell, 1987) primarily to emphasise the 'active' use of discourse, but it also captures something of the way that 'fragments' of discourse 'in use' often appear somewhat separated from any more comprehensive source.

The need to consider the implications of such minutiae arises from the shift, in psychology, from 'discourses' as they appear in the broad sweep of history, to an interest in their more fragmentary appearance (and effects) in 'day to day' talk. Some practical implications of both genealogy and the shift in perspective are explored in Chapter 2.

1.2.1.3 Materiality

From the outset Foucault was interested in the *material* implications of 'discourse', through its role in 'disciplining bodies', as in the discussion of the wider effects of a discourse of insanity, above, to the state justification of 'the right to *take* life or *let* live' (Foucault, 1976/1990, page 136). On other occasions he discussed the organisation of 'bio-power' in the interests of industry (see Rabinow, 1984).

Yardley (1997) has pointed out that it is this engagement with 'materiality' which makes discourse theory particularly relevant in the context of health psychology, going so far as to suggest a renaming of the approach to 'material discourse'. This does have the advantage of 'making explicit' (more of) the scope of the theory, lest researchers of a more 'realist' persuasion might incline to dismiss it cursorily by interpreting a theory labelled 'discourse' as 'merely about talk'.

Yardley subsequently discusses how embracing a material discursive epistemology requires us to be aware of both the material influences on our discursive products (here for example it is the advent of HIV which has

generated funding which in turn has led to some 'academic respectability' for research about sexuality) and the material ramifications of our academic discourses (what will people do with what we publish). However, whilst acknowledging those considerations (which are explored further in Chapters 2 and 3), the primary focus of the present research will be the 'material ramifications of "everyday" discourses'.

At a more 'personal' level we can see how a discursive analysis can often deconstruct a 'physicalist' account of sexuality. For example Oscar Wilde was incarcerated in London in the early twentieth century, not due to any predisposing *physiology* of homosexuality, but rather due to a particular *discourse about homosexuality* prevalent at the time.

Thus a further premise of the present research is that the scope of discourse theory has the capacity to encompass the 'material' (through such potentially diverse concerns as persuasive talk, physical coercion, the more or less consensual coupling of bodies, and the very materiality of a condom) moreover whilst still maintaining some psychological focus on the 'personal'.

1.2.1.4 Complexity and process

However, the relation between a person and a discourse is not simple. Discourses can be regarded as both constraining and enabling. First they are 'constraining' in that they restrict the possible understandings of events and concepts (see eg. Harré and Gillett, 1994). Here discourse is the 'taken-for-granted' understandings of life, with the implication at the extreme that people may be 'trapped' by, or within, particular discursive worlds; that there is for them, no other conceivable way of thinking about the issue in question. Second, discourses are 'enabling' in that they afford (diverse) possible ways of being. Harré and Gillett (1994) have argued that the presence of more than one discourse affords the possibility of some agency in selecting where and how to situate oneself, though Hollway (1984) is

more inclined to emphasise that any apparent 'choice' of subjectivity can often be more 'apparent' than 'real' .

The 'changing the subject' enterprise, and the gradual take-up of this new understanding of 'what psychology is', is of course in itself an example of competing discourses - and of the ever present possibility of 'resisting' a dominant discourse²⁸ (see Foucault 1976/1990, Ramazanoglu 1993, Bordo 1993).

Something of the nature of the transmission and complexity of, and resistance to, discourses is captured nicely in the by now (in)famous Larkin poem about parenting:

*They fuck you up, your mum and dad.
They may not mean to, but they do.
They fill you with the faults they had
And add some extra, just for you.*

*But they were fucked up in their turn
By fools in old-style hats and coats,
Who half the time were soppy-stern
And half at one another's throats.*

*Man hands on misery to man.
It deepens like a coastal shelf.
Get out as early as you can,
And don't have any kids yourself.*

(Larkin, 1974/1991, page 30.)

The poem also nicely exemplifies that discourses go well beyond words. The impact of what is told to and done to you has a 'material' impact on

²⁸Successful in this case - The BPS no longer finds the term 'subject' acceptable (see 'No more 'subjects'', *The Psychologist*, 10(7), p293, July 1997).

what you do in turn - and the suggested resistance here is also 'material': '*don't have any kids yourself*'.

Of course one might wish to resist the pessimism of the poem. Or travel with Larkin in his rhetorical (in this case ironic) undermining of pessimism? This is perhaps an example of what Foucault meant by the possibility of resistance being ever-present *within* a discourse - Larkin does not have to step outside the discourse of '*it was all my parents' fault*' to render it an ineffectual 'excuse'.

Billig et al. (1988) have argued that the interplay between rhetoric and dilemma are key to understanding the *activity* of thinking (see also Chapter 2), and the role of rhetoric in the 'art' of persuasion has been understood since ancient times. It was a compulsory academic topic for ancient Greek youths, and was perhaps most clearly exemplified by Shakespeare with Mark Anthony's '*I come to bury Caesar, not to praise him* ...'²⁹. However there is *no* mention of rhetoric in Fishbein and Ajzen's (1975) long discussion of attitude change. Conversely discourse theory provides a language and framework which may enable some integration of 'old knowledge' into the findings of contemporary psychology.

Unlike attitude theory, a discourse analysis enables us to explore the more difficult world of meanings and uncertainty (Potter and Wetherell, 1987).

1.2.1.5 Discourse and the TRA

I have identified many dimensions on which Discourse Theory appears to offer more than Social Cognition Models such as the TRA.

Nonetheless TRA based research does sometimes deliver research which

²⁹ *Julius Caesar*, Act 3, Scene 2, lines 74ff , Alexander, 1974, page 986.

appears to account for variance in both behavioural intention and outcome.

However in the light of the present outline of a discursive analysis I return to my introductory argument that, from a discourse theoretic perspective, TRA survey based studies provide more or less 'predictive' results depending on the extent to which they survey a 'coherent' social group, who, for the behaviour under examination, share a single but dichotomous 'discourse' about that behaviour, and where this discourse has been uncovered in the pilot investigation for the survey in question, and reflected in the test items on the questionnaire.

A part of this argument has already been addressed in the critique of the TRA. But one might also consider the TRA model as a means of recording a 'snapshot' of one person in the midst of the dynamic complexity of life: a record of what is salient to them at an instant in time. It can only be usefully generalisable to the extent that such salient concerns are persistent and shared by others. The TRA survey perhaps becomes a wide angled shot so that we can discover to what extent anyone else is 'wearing the same uniform'. Unlike the wide angled shot, if they are not wearing the same uniform (the items in the questionnaire are not relevant to them) the TRA survey tells us nothing of what they *are* wearing, nothing of what *is* salient to *them*.

No analytic model can represent the whole of the original dynamism and complexity of life, nor would it be useful if it could, but discourse theory perhaps provides a framework to help us pick out some of the strands and explore their implications for the overall pattern of the fabric.

Discourse theory enables us to shift the focus from the TRA's 'can you measure 'how it is' at the time of a specific behaviour?' to: 'What constellations of ideas are around in society that may have informed 'how it is'?' 'What is the genesis of this constellation of ideas - their genealogy?'

'What 'argumentative' processes (internal as well as external) draw together particular themes and fragments from these various constellations of ideas to produce the 'how it is' that the TRA may be 'measuring'?'

1.2.1.6 Limitations

Eiser eschews the concept of 'discourse'³⁰ yet it is intriguingly analogous to his concept, discussed above (see section 1.1.6, '*... accept the dynamics ...*'), of sharing 'propositional knowledge' through an interconnected network which extends externally, beyond interpersonal communication.

However in that earlier discussion I explored how this 'external' knowledge is necessarily 'explicit' ('propositional' in Eiser's terms) and therefore is unable to carry much of the nuance and subtlety of some of our more implicit 'thinking'. This constraint must necessarily transfer to much of what constitutes 'discourse'. I have identified in the preceding account some spaces where a discursive analysis might hope to make what is 'implicit' explicit, or where such analysis might at least reveal where something implicit has some 'effect'. However at the outset it is pertinent to consider that not everything will necessarily yield to a discursive analysis. In subsequent chapters I will suggest this may in part explain the 'shift to psychodynamics' prevalent amongst discourse theorists (see Chapter 2).

It is also the case that 'making explicit' has effects: for example, as discussed earlier, losing much of the subtlety of a concept's origins. This is associated to a process which has been discussed elsewhere as 'reification' - the turning of what is transitory and perhaps 'nebulous' into a 'thing'. Making 'a discourse' explicit inevitably suffers many of the worst effects of this 'reification'.

³⁰ 1996 seminar presentation at the University of Southampton.

This can be further compounded through particular usage of new terms: talking, for example, of '*the have/hold discourse*', even when discussing the many and various ways 'it' occurs. More appropriate would be to refer to '*discourse about have/hold aspects of relationships, and more especially sexual relationships*' - but of course this becomes so unwieldy as to be counter productive. So although one can mitigate the effects of reification to some extent through the use of sufficient circumlocution and caveat, this is neither always possible, nor usually in the best interests of the reader. Again one can only hope that making such considerations '*explicit*' will go some way towards mitigating their effects.

*More optimistically one might anticipate that it is this very process of '*making explicit*' which brings our thoughts, feelings and other motivations under some more '*volitional*' control.*

Having identified sufficient grounds to pursue a discourse theoretic approach, I will identify, in Chapter 2, some of the material which exists as a potential resource for researching the genealogy of discourses, though space limits what is possible in this respect in the present thesis.

I will then discuss some of the techniques available for exploring discourse through texts, and some of their implications.

In Chapter 3 I will consider the potential of discourse theory as a basis for cumulative research and possibilities of intervention, before moving on to consider the background to some of the more content specific concerns of the present research.

Chapter 2 - Analysing Texts

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Having established that the present research will adopt a broadly social constructionist approach with a primarily discursive emphasis it becomes necessary to establish what other research might be relevant, and what techniques are available for the analysis.

In this chapter I first introduce the range of extant material potentially relevant to illuminating discourses of sex and sexuality. Space has limited this introduction, but the main purpose of its inclusion here is to indicate something of the 'shape' of the range of material available.

Maintaining the focus on *researching* strategies for risk reduction, rather more attention is then given to a range of techniques that have been used for analysing texts, and a discussion of the extent to which they may be relevant here.

This is followed by a discussion of the rather limited guidance available for *conducting* specifically discourse analytic research, and a note about one limitation of this approach which is apparent from the outset.

In Chapter 3 I will discuss more specifically how points raised here will inform the methodology of studies reported in Chapters 4 through 6.

2.1 Text based analyses of sex, sexuality and sexual health

Although 'sex' (except as a 'gender' variable in experimental work) disappeared from *academic* psychology for most of the twentieth century, Freudian and post-Freudian schools of psychodynamics ensured it did not disappear from psychology entirely, and a series of 'sexologists' from Havelock-Ellis (Ellis, 1913), through Kinsey (Kinsey et al. 1948) and Masters and Johnson (1966), to more recent and contemporary practitioners such as Kaplan (1974), Bancroft (1989) and Tiefer (1995) and populists such as Friday (1991/1992) and Hite (1993/1994) have maintained a general literature, and some research focus, in this area.

Sex has always been a topic of interest in popular culture, though here, as Zilbergeld (1980) has noted, accounts have as often been fantastical as useful.

Some relevant academic research can be found in sociological, historical and gender identity theory texts: both homosexuality and feminist, and more recently 'masculinist', theory literature. Overall these literatures more often pursue a specific political agenda, but since the advent of AIDS awareness in the early nineteen eighties all have included some more specifically sexual themes. They also include a number of texts which provide some useful 'historical' background (eg Coveney et al., 1984, Jeffreys, 1985) which are a potential resource to help identify something of the genealogy of contemporary discursive themes.

It was not until the nineteen eighties, and the shift in public discourse about sexual behaviour, related in many respects to the recognition of the sexual transmission route of AIDS, that 'sex' reappeared as a topic in academic psychology journals. Much of the 'conventional' psychological research in this area (in the sense of being published in 'core' journals, for example the British Journal of Psychology, the British Journal of Social Psychology or the

European Journal of Social Psychology) is based on the models of social cognition discussed in Chapter 1. This approach is also popular in journals of health psychology. Although it comprises a substantial body of research it seems unsatisfactory in many respects as discussed in Chapter 1, and given the limitations discussed there, a catalogue of findings from SCM research would be of rather limited value, though some relevant findings are mentioned in Chapter 1.

The body of research of most interest here arises at something of an intersection between more discursive schools within psychology and work from within sociology and gender theory. In the former I include work such as that of Hollway (eg 1984, 1989) and Wight (1996) introduced in Chapter 1. Because the present research is based exclusively within the context of 'heterosex' (for some contrasting explorations of heterosexuality see eg. Segal, 1994, Connell, 1995, Ussher, 1997) the field has been narrowed a little by taking only a limited account of the literature grounded in homosexuality, though some work from within this domain has influenced detail of both the interview schedules and subsequent analyses (eg Gold, 1993, Gold et al. 1992, Flowers et al. 1996) as discussed in Chapter 3 and subsequent chapters.

However the work that has most informed the approach of the present research, depending on textual, though not quite discursive, analyses of in depth interview accounts of sexual experience, is that of the WRAP (Women's Risk and Aids Project) group (eg. Holland et al., 1991, 1992a, 1992b, 1994) and Ingham's ESRC funded project¹ (eg Ingham et al., 1991, 1992, Woodcock et al. 1992). The focus of work from the two groups has been slightly different, with the WRAP group exhibiting a particular interest in 'power relationships' and Ingham's group a particular interest in concepts of rationality. They are not the only researchers to take such an approach

¹Grant no. XA44250012 to R.I.

(more recently Gavey et al., 1999, have reported some particularly relevant work) but have a particularly strong overlap with the interests of the research here. However most of the research in this area has been with 'young people' (typically age 16 to 25) which has in part prompted the focus on an older age group in the present research, as discussed in Chapter 3.

More conventionally at this point one might expect a more detailed review of this literature. However partly because the relevant literature is so wide, and partly because of the specific second focus here on research methods, space precludes any further review of the sex/sexuality literature. Nonetheless relevant texts are referred to throughout, as required in the presentation and discussion of the data.

2.2 Analysing Texts - Discovering a Discourse (or a 'fragment')

Given the fluid, dynamic and contestable nature of 'discourses' any attempt to document them is inevitably open to the charge of inappropriate reification. However even a brief outline of Hollway's identification of three discourses of sexuality illustrate that one can first capture something 'communicable' about a discourse², even one as fragmentary as the 'male sex drive', and then use such outlines to illuminate other psychological processes, such as conflicting interpretations of presence or absence of 'relationship' in a sexual encounter.

2.2.1 What is a Text ?

The next question must be 'where does one look' for such discourses? especially since I have argued that they are perhaps at their most powerful when being 'used' to 'do' something - be that to persuade someone to a course of action, justify a previous action or whatever. Yet to some extent this is perhaps when discourse is at its most fluid, and most difficult to identify. At the other extreme discourse can become rigidly codified - as for example when it is codified into the legal system. Stevens has analysed a part of this process in her study of the House of Lords debate on revisions to the 1993 Education Act (see Ingham and Kirkland, 1997a) and illustrates both the fluidity of the process of *use* of various discourses in the course of the debate, and the resultant 'fixing' of a particular discourse about 'parental rights' (and much more) in an eventual amendment to the act.

Foucault studied very broad canvases to develop his notion of discourse, exploring both the discourses implied by institutional structures and their effects on 'people' at a micro level. Psychologists such as Hollway (eg 1989) and Potter and Wetherell (1987) have tended to explore discourse at

²Of course the great difficulty here is documenting discourse without 'reifying' it - see discussion later in this chapter.

the more detailed interactional level of interview, discussion and conversation - but analysing this data against the wider social background, drawing on sources as varied as legislative practice, historical documents, and literature. On these bases 'text' becomes a very broad term, encompassing institutional structures and practices, formal works of art and literature, ephemeral writings from newspapers, magazines and journals through to GUM (genito-urinary medicine) health awareness pamphlets, including say, any kind of advertisement for condoms³.

Yet 'text' also includes words used by people - albeit, for research purposes, the focus is then often limited to specific interviews or conversations which have been intentionally recorded, and usually transcribed, with all the resultant gains and losses from the dynamics of the original encounter.

Since the analytic approach used by discourse theorists tends to be somewhat eclectic, and selective, and ultimately may focus as much on what is *not* said as on what is said, and comments *most* about what is *implied*, it can appear arbitrary, haphazard and uninformed. For this reason I want briefly to review a variety of other approaches to the analysis of texts, and the strengths and limitations of each of these, by way of explaining and justifying discourse analysis - as well as highlighting *its* strengths and limitations.

2.2.2 Conversation Analysis

Austin's theory of Speech Acts (1962) reinforced the growing realisation amongst psychologists that language was about more than words. It was becoming increasingly evident that whilst the neat dissection of language into syntax and semantics was extremely useful for many purposes, there

³Perhaps including such items as the large condom machine, clearly labelled 'Durex' in large letters on all sides, which in summer 1997 was positioned centrally by the main entrance in the main foyer of the Students' Union building at Southampton University.

was much remaining beyond these to the successful use of language.

Brown and Yule (1984) provide a useful summary of many of the further issues explored over the next two or three decades (providing in their preface a broad outline of four further usages of the label 'discourse analysis' beyond those discussed in this thesis). Psycholinguistic issues which they review range from the complexities of the successful use of referents, both within and between sentences, further complicated in 'natural' speech by the complexities of shared referents between speakers, through the complexities of the overall 'shaping' of a story (thematisation and 'staging') to some tentative speculation on the usage of 'background information' and inference.

A particularly illuminating reference in this collection is to Grice's (1975) notion of 'the co-operative principle' - the simple, but powerful, observation that the reason we can 'find our way' through the jungle of language, with whatever errors, diversions, incompletions etc. along the way, is that ultimately we assume that if someone is speaking to us they are trying to communicate something of potential interest to us - and if someone is listening to us they will assume we are trying to convey something interesting to them - that we will mutually co-operate in trying to 'make sense' (see Levinson, 1983 for a more comprehensive discussion). Immediately our tolerance (or lack of awareness) of minor language errors during conversation becomes a 'non' problem - and the potential difficulties of finding formal analyses of speech figures such as metaphor and irony fall away - since, if the surface meaning of what is said to us conveys nothing new or of value, we will assume the speaker intends to convey more, and hence seek 'referents' for the words used until we achieve some kind of 'patterning' or 'hook' such that what is said does convey something novel or of value -or at least 'intelligible' (a notion nicely ironised in the Peter Seller's film 'Being There').

Such a complex processing of 'what we hear' may at first seem a chore, however, firstly it is not a great step beyond the basic skills essential for language use. De Saussure, 1915/1988, has shown that amongst the many non-trivial aspects of semantics we must be able to cope with the 'arbitrariness' of the sign, and Lacan (1957/1988) that we must continuously manage a 'sliding' in meanings. Moscovici (1984) has suggested that techniques such as anchoring and objectification enable us to apprehend new concepts. We may at some level crave simple and consistent definitions, but we seem well enough equipped to deal with considerably more fluidity and vagueness in language use. Secondly comes the evidence that even from our earliest experience with language we gain considerable *enjoyment* not only from resolving ambiguities, but from *noticing* all the potential 'ambiguity' and 'nonsense' of language. Vygotsky (1933/1976) and Cazden (1973/1976) have described the enjoyment of children, very early in language use, in learning to recognise, and then use, 'punning' - an ongoing pleasure exploited in sometimes gross, oftentimes subtle and complex, ways by comedians.

This cursory review⁴ of a century of research into language (ignoring the doubtless valuable contributions of the structuralists such as Chomsky, details of debates about language acquisition devices and so forth) is by way of providing a minimal rationale to introducing some contemporary techniques of the analysis of texts. Psycho-linguists have shown at a detailed level that it is not only legitimate, but necessary, to go beyond the syntax and semantics of texts to gain access to 'meaning' and 'intent'. The value of this work to social psychologists is the provision of additional 'cues' to interpreting texts. For some this has provided a basis for more detailed exploration of the social processes involved in conversation - for example

⁴The concepts are presented here at a very minimal level, and each warrants further development in its own right, as well as a review of the detailed critiques available. As usual further discussion is precluded by word count constraints - but I include some material to indicate the direction of psychological, linguistic and philosophical argument I would pursue if called upon to defend this aspect of the methodological approach in more detail.

the significance of 'pauses', or of what is 'not said', and the complexities of analysing such speech turns (again Levinson, 1983, provides a comprehensive review, see also Drew, 1995). A detailed analysis of very specific use of words, part words and pauses can convey meaning well beyond the 'surface' or 'conventional' content of a sentence - a half complete utterance may convey far more than a syntactically perfect sentence - the former 'hint' may carry weight, where the same meaning conveyed in a complete sentence may be socially 'objectionable' and therefore outright 'rejectable'.

Potter has commented that '*conversation analysis currently provides examples of the most rigorous and thoroughgoing qualitative research in contemporary social science*' (Potter, 1994, page 4). But the point is not that discourse analysts can adopt precisely the same techniques, rather that they can exploit the findings of conversation analysis. The surface content of a dominant discourse *may* be captured and illuminated by a clear statement, perhaps from a legal document, a lecture, or a parent's injunction to a child - but the more uncertain and contested boundaries of a discourse are more likely to be marked by incompletions and hesitation - so these also become aspects of 'texts', especially conversational speech, of interest to discourse analysts. Since they possibly indicate heightened sensitivity, nervousness, ambiguity and so forth, they might be argued to mark issues of maximal concern to the speaker, and hence the points of greatest interest to discourse analysts.

In summary, my argument is that conversation analysis provides us with techniques to highlight where 'something interesting seems to be going on' - and with some insights into interpreting the kinds of process that might be 'going on' - though with no hard and fast laws of analysis.

2.2.3 Content Analysis

Conversation analysis is clearly concerned to some extent with the 'content' of 'texts', but the emphasis is on 'process'. 'Content analysis' is a term which I wrote confidently as a heading, then had some difficulty finding specific references. However a typical example can be found in Millward (1995) in the context of analysing focus group transcripts in Breakwell et al.'s (1995) handbook of *'Research Methods in Psychology'*. Her description is then referenced from several other chapters in the same volume. The term seems conveniently to encapsulate an aspect present in all text analysis, but described under various headings depending on the research approach adopted (eg. Smith, 1995 pages 18-23 'qualitative analysis'). I want to use it to subsume the concern with what the text is 'about', what is the 'topic', and so on. The precise focus of such analysis can vary markedly with the intent of the research. In practice all the approaches discussed below start with some kind of 'content' analysis, and there are many more approaches than discussed here (see for example, Holland et al., 1992b for a discussion of the use of 'semantic networks' by the WRAP group).

There are just a few general comments to make about 'content' analysis. One is to note its somewhat 'arbitrary' nature. Whatever the approach (and this is as true of quantitative as qualitative approaches) the researcher must make some initial decisions as to what 'topics' might be interesting, and how to 'seek them out' from the text. The starting point will to some extent be pre-empted by the research question, and an initial attempt will have been made to select texts because they are already *anticipated* in some way to address relevant topics. If the texts are interview transcripts, or equivalent, they will have been *created* to address relevant topics (even the most 'open' interviews start with some kind of research question).

In subsequent sections I will discuss some differences in how this process proceeds, but in nearly every case further reading of the text(s) will lead to the identification of new 'topics' of interest, mostly on the basis that the researcher(s) 'notice' something of apparent further interest - some

unexpected concept which seems to recur, some patterning of argument, or whatever. The amount of text which is considered to be a 'unit of interest' will again vary depending on the approach taken. What is generally common though is that whatever constitutes these units they will be 'tagged' or 'coded' in some way, to allow more ready manipulation of the data.

At the simplest level such 'coding' will be a tagging and count of the occurrence of specific words, or of groups of 'synonymous' words (though again note that the researcher will be required to justify any such grouping). The advantage of such content analysis is that it facilitates the noting and recording of prevalence, absence and patterns of association of concepts. (Millward, 1995, suggests that content analysis can be qualitative, quantitative or 'structural'.)

2.2.4 Identifying themes and topics

A straightforward way of organising and reporting the interpretation of 'content' of texts is to group the concepts which emerge into some kind of theme(s). This approach has a long and respectable history, being more or less that adopted by William James in his organisation of anecdotal material to explore issues of social and psychological interest (eg 1902/1982, *The Varieties of Religious Experience*), but also adopted by noteworthy experimental social psychologists such as Asch (1955) and Milgram (1963) when reporting the introspective debriefing accounts of their 'subjects'.

Thematic analysis minimally requires the researcher to justify the themes reported as relevant and to provide some kind of 'evidence' for their existence. This is usually achieved by reference back to 'content analysis', perhaps drawing on quotations from the source to illustrate the themes.

More recently a number of more formal approaches to such analysis have been developed, and I now review just a few of these, to emphasise some

strengths (especially where they might be incorporated into a discursive analytic approach), and some limitations (to explain why other approaches might be more useful).

2.2.5 Grounded Theory

One of the more rigorous techniques for the interpretation of texts has been developed under the banner of Grounded Theory (Glaser and Strauss, 1967, Strauss and Corbin, 1990). An early premise of this approach was that the emphasis within psychology on the rigorous testing of deductive hypotheses was premature, since there had not been sufficient attention paid to initial data gathering to support adequate theory development and hence warrant hypothesis generation. Glaser and Strauss proposed a more rigorous methodology for the inductive, theory generation, phase of research⁵ '*directed toward improving social scientists' capacities for generating theory*' in order to '*release energies for theorizing that are now frozen by the undue emphasis on verification*' (Glaser & Strauss, 1967, page vii, cited in Bartlett & Payne, 1997, pages 178-9).

A somewhat simplistic overview of the methodology is that, starting with no preconceptions, the researcher will read the text(s) marking any concepts which occur. These will subsequently be grouped in categories. This does not differ greatly from the process of content analysis discussed above. The rigour of the approach is evinced in three further steps.

Having identified some potential categories the texts are then re-searched to identify any further concepts which might belong to this category.

Having confirmed the category as of interest further texts are sought and

⁵It should be noted though that the technique described involves considerable 'testing' of the proposed 'theory' against the source data, which has led some (eg. O'Connell Davidson & Layder, 1994, page 47) to argue that the theory generate / theory test distinction begins to blur, whilst Hood (1996) has argued that it is rather a process of 'abduction' (an iteration of induction / deduction).

searched for further concepts within the *same* category, until 'category saturation' is achieved - that is, no further variety of concept can be found in this area. The process for this further search is based on 'theoretical sampling' guided by the concepts and categories already discovered. At 'saturation' it is argued that all variation in this conceptual area has been discovered.

'Validity' of concepts and categories is maintained through the technique of 'constant comparison' - so concepts and categories are continuously checked against each other, and against novel examples from the same, and other, texts (Charmaz, 1995). Perhaps one of the most useful insights of this approach is that texts are also searched for *disconfirming* evidence of the concepts and categories.

Having identified all the variety of concepts and categories of interest the relationships between them are explored, and they are re-arranged to be presented as the 'theory'.

This approach has been very popular amongst social psychologists, and especially health psychologists, I suspect primarily because it adopts a number of procedures which appear to satisfy the demands of empirical positivism, and which therefore gain for interpretive research a gloss of conventional respectability in the psychological mainstream. More constructively, the *techniques* of Grounded Theory are a well documented approach to exploring the *experience* of illness.

However, from a discursive perspective Grounded Theory seems to make many 'universalist' claims for what are perhaps at best transitory phenomena and at worst illusory. I wish to explore some of these, not with the intent of undermining grounded theory based research, much of which is both admirable in its execution and fruitful in its findings. My aim here is rather secondarily to argue for some restraint in the claims of 'generalisability' of

such research, but primarily to highlight how the claims of discourse analysis are different.

Charmaz has celebrated that '*grounded theory methods can be used by researchers who subscribe to realist, objectivist assumptions as well as by those who subscribe to interpretative, constructionist perspectives*'

(Charmaz, 1995, page 31), arguing that the former (positivist) lead to studies from the 'outside' relying more on the observer's concerns whereas the latter (hermeneutic?) rely on knowledge from the 'inside', portraying the participants' lives and voices (ethnomethodological?) (ibid.). Such claims inevitably lead one to suspect a degree of epistemological 'fudge', and indeed the literature records some heated debate.

The first question must be the relationship of the researcher to the data. The original emphasis was on the *inductive* aspect of the research, and researchers were encouraged to

'go out into the field without having reviewed the existing literature. This is a corollary of the inductive nature of grounded theory and the desire not to 'contaminate one's effort to generate concepts from the data with preconceived concepts that may not really fit ... The danger is to force the data in the wrong direction if one is too imbued with concepts from the literature' (Glaser, 1978, page 31)' (Bartlett & Payne, 1997, page 181)

A not un-common cry of grounded theory practitioners is 'See! It's there in the data!' Bartlett & Payne (1997) cite Levy (1981) who has commented on premature separation of data and theory, and 'calling data "fact"'. From a discursive perspective there is clearly a problem with the notion that, 'imbued with concepts from the literature' or not, one could read *anything* without bringing along personal concepts which might be different from those of the

'speakers' of the texts. This seems partly to be recognised by Glaser, who adds that

'when reading for his [sic] research, the analyst should read for ideas' which will 'make one theoretically sensitive, and ... make the analyst sensitive to what he may discover in his data'
(Glaser, 1978, cited in Bartlett & Payne, 1997, page 181).

Yet Bartlett and Payne go on to argue that

'The skill of the grounded theorist lies in reading around the project in order to become theoretically sensitive, while at the same time phenomenologically 'bracketing' specific theoretical knowledge while actually performing the analysis.' (ibid., page 181)

This account seems to highlight the ambivalence of grounded theory practitioners about the inter-relationship between researcher, concepts and texts. Charmaz notes that *'The hallmark of grounded theory studies consists of the researcher deriving his or her analytic categories directly from the data, not from preconceived concepts or hypotheses'* (Charmaz, 1995, page 32). At one level we are told the concepts 'emerge' from the text (O'Connell Davidson & Layder, 1994, page 47), in some sense 'real' and 'immutable'. Yet at another level there is the practical / pragmatic recognition that familiarity with other concepts might change a reading. Furthermore, for many grounded theorists this 'change' seems to be perceived as some kind of 'contamination' which must, and *can* be avoided. From a discourse perspective the situation is a little different. The notion of the researcher 'stepping outside of' or 'bracketing' their knowledge, theoretical or otherwise, is not a possibility. I can only start to understand what someone is telling me about any topic area from the basis of what I already know about it,

however 'rich', or however limited, that is⁶. On the other hand I can through discussion and other means gain access to alternative discourses.

Charmaz notes this possibility of 'learning' new meanings, but with a strange 'positivist' gloss:

'Here I adopt the positivist assumption that it is the researcher's responsibility to find what is 'there' and that it is possible to do so because we already share or can learn to share the language and meanings of those we study.' (Charmaz, 1995, page 34).

despite having earlier rejected a 'realist' view of categories:

'Glaser and Strauss (1967, ...) imply in their early works that the categories inhere in the data and may even leap out at the researcher. I disagree.' (Ibid., page 32).

The notion that there is something 'there' is implicit in the concept of 'category saturation'. The claim is that if theoretical sampling is completed effectively, then one can achieve some kind of 'complete' theory, embracing all possible variants. Again this has to be at odds with a discursive analysis, where the emphasis is on the dynamic and developing nature of ideas.

Billig et al. (1988) have noted that seeking data from more sources, far from providing the 'confirmatory evidence' lauded by proponents of 'triangulation' as a method of confirming theory, is generally characterised by introducing more variability for the research to take account of. From a discursive perspective even were it conceivable to gather data from all existing language users you could still not hope to 'saturate' a category, since even as you write people will be devising new concepts.

⁶See also the discussion of 'anchoring' and 'objectification' under social representations theory, below.

Again, the difficulty seems not to be with the recommended practice. Looking as widely as possible for alternative perspectives on a concept which appears in the data, and which you wish to discuss, seems a particularly useful research technique. The difficulty is only with what it is claimed one has achieved through this strategy. Elsewhere I have seen grounded theory guidelines which suggest concepts should be discarded if they are not present in some minimum portion of the sample data. Again as a discourse theorist (particularly one interested in 'relatively infrequent occurrences' such as teenage pregnancy, and transmission of HIV) I would be concerned with this apparent suppression of minority 'representations'.

Part of the underlying difficulty is perhaps trying to understand whose meaning or theory is being researched. Bartlett and Payne tend to emphasize that like phenomenologists they are '*exploiting the rich, thick description of human experience and seeking understanding of a problem through a participant's own words and frames of reference*' (Bartlett and Payne, 1997, page 182) At first glance this seems akin to the ethnomethodologists seeking to understand participants' own meanings and theory (eg Harré and Secord, 1972), but note Bartlett and Payne are '*seeking understanding through a participant's own ...*', not of the participant's understanding. Similarly O'Connell Davidson and Layder (1994, page 46) comment that '*Ideas which begin to explain the behaviour of those being studied will start to emerge*', the emphasis here apparently firmly on the *researcher's* ideas. Charmaz presents a more complex picture '*Unlike Glaser, I assume that the interaction between the researcher and the researched produces the data, and therefore the meanings that the researcher observes and defines*' (Charmaz, 1995, page 35, original emphasis). But, according to Charmaz, Glaser holds that significant issues are '*there in the field setting*' and will be '*readily apparent to the researcher*' (*ibid.*). So we have tensions between the '*objective*', '*realist*', '*there in the data*' meanings, the discovery and use of *participant's* meanings, the *researcher's* discerned meanings, or the *mutual construction* described by

Charmaz. Surprisingly the one view held in common seems to be that there is only *one* theory to be discovered.

In contrast, discourse theory would not expect one 'objective' meaning, but would *anticipate* the multiplicity of meanings present, and, along with Charmaz's constructionist view, that some of them would be unknown to the researcher(s) prior to the study, but can be learned. However, the emphasis would be on *use* of meanings which might be available, or not, to participant(s), researcher(s) or anyone else. Moreover, there might be many *conflicting* meanings attaching, even to a single 'concept' (consider 'sexual partner', and the discourses discussed by Hollway), and these *conflicting* meanings might be 'held' and used by the *same* 'participant'. This does not preclude, but perhaps seeks to explain, Charmaz's comment that meanings and accounts are *negotiated*. Even researchers are sometimes aware of more than one meaning at a time 'It's like ..., but it's also like ...'. This would not preclude seeking patterning or 'organisation' which might suggest the presence of a more, or less, coherent discourse, or discourses.

'Coherent discourse' *might* imply some 'scientific realist' status to 'discourse' (ie. like 'gravity' it is a useful label for a rather elusive phenomenon, which will do until some better description can be found) but it must be remembered that such 'discourses' are but a more or less recognisable and coherent 'way of talking' about something. Moreover, the process of documenting a discourse to some extent changes it (as is implicit in Charmaz's account, above).

Given the difficulty in describing 'what' counts as a discourse it is perhaps a little presumptuous to challenge 'what kind of thing' a 'grounded theory' is. However Charmaz raises this same point, suggesting that

'Novice researchers may find that they rely most on in vivo [ie 'taken directly from respondents' discourse'] and substantive

codes. *Doing so nets a grounded analysis more than a theory. Nonetheless, studying how these codes fit together in categories can help you treat them more theoretically.'*
(Charmaz, 1995, page 41-2.)

Perhaps it is the work of such 'novice researchers' which has led to discussion of grounded theory producing 'typologies' rather than theories (discussion at Hood, 1996, seminar). However this more 'naive' approach would seem in line with the view ascribed to Glaser that the meaning is 'there' in the texts. (Charmaz prefers to include categories reflecting more theoretical development.)

This brings us back to the discussions about distinction between 'theory' and 'application'. Grounded theory seems to inhabit a somewhat hybrid space. In itself it perhaps *is* more a 'methodology' than a 'theory', claiming primarily to be a set of techniques to aid 'theory development'. Yet it does contain some implicit theory *about* what constitutes theory in some challenging areas (early work in this area included '*Awareness of dying*', Glaser and Strauss, 1965), and the account above only touches on the sometimes heated theoretical and epistemological debate the approach has generated. My preference here would be to reserve 'theory' for discussion at this 'meta' level, whilst acknowledging that the methodology has yielded some valuable insights into meanings and structure in erstwhile obscure areas (eg. Sque and Payne, 1996).

On the whole Grounded Theory seeks some structure in meaning, where discourse theory is post structural, in the sense of looking beyond structure, paying more attention to variability, dislocation and contradiction.

2.2.6 Interpretative Phenomenological Analysis

Whilst Grounded Theory has some uncertain roots in phenomenology, other

psychological theorists have adopted a more 'wholehearted' phenomenological stance. A useful example is the group working with Smith (see eg. Smith et al., 1997). Their primary concern is to '*allow the participants to tell their own story*', and to '*explore the participant's view of the world*' in order to gain an '*insider's perspective*' (Smith et al. 1997, pages 68-9). They present the approach as phenomenological insofar as the focus is the individual's personal perception, whilst noting that most work in the phenomenological tradition has been rather more sociological than psychological.

Smith et al. however seek to focus on the concerns of particular individuals⁷ (ibid. page 74) in their use of this '*method which attempts to tap into a natural propensity for self reflection on the part of participants*' (ibid. page 68). '*Reflection*' is important since the intent is to discover meanings rather than elicit facts, but they note that '*the degree to which individuals are used to expressing such reflections ... can vary*' (ibid.), so the first role of the researcher is as facilitator. However, they argue that gaining access to *meanings* also requires considerable interpretation and analysis by the researcher - hence '*Interpretative Phenomenological Analysis*'. In this sense they claim the research account is a '*joint product*', much as Charmaz argues for Grounded Theory (see above).

Again, like Charmaz, they argue that research is a dynamic process and there is no '*direct access*' to other people's meanings since the researchers' own conceptions will colour their interpretation. This follows from the '*individual*' and subjective nature of perceptual processes, and what is relevant from a research perspective is that two people might speak differently about what is '*ostensibly*' the same experience, be that living with symptoms of a particular illness (Smith et al., 1997, page 71) or a problem of caring for someone with a particular illness (Jarman et al., in prep.).

⁷This is somewhat parallel to the shift in focus (from societal to personal) in the adoption of discourse theory by psychologists, discussed in Chapter 1.

Indeed Jarman cites telling examples of one person providing multiple accounts of a *single* action (ibid., page 22), and in this context cites Billig et al.'s (1988) 'Ideological Dilemmas'.

From this, Interpretative Phenomenological Analysis seems to have much in common with Discourse Analysis, beyond the shared recognition of the socially constructed nature of experience. However, Smith et al. (1997) emphasise what they consider a fundamental difference from Discourse Analysis in their '*perception of the status of cognition*' (ibid., page 70), highlighting their concern with '*understanding what the particular respondent thinks or believes about the topic under discussion*' unlike discourse analysis which they say is '*generally sceptical of the possibility of mapping verbal reports on to underlying cognitions and is concerned with attempting to elucidate the interactive tasks being performed by verbal statements*' (ibid.). This is a subtle, but important, distinction.

However when Jarman starts to explicate 'multiple accounts' in terms such as '*the downplaying of loving aspect of her action*' and '*how Margaret wishes to present herself*' (Jarman et al., in prep., page 22) it becomes clear that at the practical research level the distinctions are somewhat blurred, especially since Jarman links these 'interactive tasks' to 'meanings about being a nurse', which seem remarkably akin to a discourse about being a nurse.

It would seem that to make a clear distinction with their own work Smith et al. highlight the 'functional' aspect of Discourse Analysis, and stress their own interest in 'underlying cognitions' (though, despite some suggestion that their work could provide a basis for further development through 'social cognition' research, they do not seem interested in proposing cognitive structures of the 'cognitive model' variety discussed in Chapter 1 above) and elucidating the '*nature of the gap between object and perception*' (Smith et al., 1997, page 71). In practice these aspects seem less in evidence in the published research of their own group than does the simple recounting of

'meanings' discovered amongst their respondents - similar to the case for Discourse based research (see also Chapter 3, 'Research focus'), and whilst they advocate Grounded Theory as an appropriate 'next step' towards broadening and generalising from any IPA research, Jarman's work exemplifies how it might felicitously lead into a Discourse Analytic approach. The distinction seems not so much in terms of what it is hoped to 'uncover', but how these findings are to be understood. So Smith et al. discuss how they research 'individual conditions and issues' such as back pain or safer sex, as well as 'general concepts and constructs' such as control, social comparison and relational commitment (*ibid.*, page 87) - a dichotomous grouping of concepts which does not seem particularly significant from a discursive perspective.

However IPA stands very effectively in its own right. The power of simply reporting individual's own accounts is exemplified by Flowers' record of the varieties of understandings offered by just a few gay men of the same physical act, penetrative anal intercourse (see also Flowers et al., 1996). His record serves to undermine any reductionist analysis of the 'meaning' of penetrative intercourse. In this light it also provides an example of how studies based on detailed analysis of the accounts of a few respondents might provide a basis for 'case law' (Smith et al., 1997, page 87).

2.2.7 Social Representations

I mentioned earlier Moscovici's convincing account of social construction in his exposition of Social Representations Theory (Moscovici, 1984). But he was not only interested in the notion that our 'representations' are socially derived. He discusses social representations as 'cognitive structures' (in a similar manner to the discussion in IPA, see above) though he emphasises the notion of a 'social representation' as a 'theory' rather than as a discrete 'attitude'. However his primary interest is in how particular representations 'come about'. Based on his research into how concepts from

psychoanalysis came to be adopted and adapted in everyday usage, he proposes processes of 'anchoring' and 'objectification'. These processes have some resonance with Piaget's (1951/1976) notions of 'assimilation' and 'accommodation'.

'Anchoring' (Moscovici, 1984, page 33) is the process by which we classify the 'unfamiliar'. This mechanism '*strives to anchor strange ideas, to reduce them to ordinary categories and images, to set them in a familiar context*' (ibid. page 29). This process is necessary because '*Things that are unclassified and unnamed are alien, non-existent and at the same time threatening*' (ibid. page 30). Moscovici notes that this process of categorising brings with it specific costs; for example specific features may be exaggerated (ibid. page 33). The separate process of 'naming' enables us to represent something, whence it can be described, acquire certain characteristics, become distinct from other things, and becomes the object of a convention of usage. '*The result is always somewhat arbitrary but, insofar as a consensus is established, the word's association with the thing becomes customary and necessary*' (ibid. page 34). Moscovici cites as examples concepts such as 'fatigue' or 'neurosis' - words that bring various associations along with them. Such associations are perhaps the source of the richness of language and communication, but at a price, since '*By this means, those who speak and those who are spoken of are forced into an identity matrix they have not chosen and over which they have no control*' (ibid. page 35).

Subsequent to anchoring (classification and naming), concepts may become 'objectified' - through usage that which is '*unfamiliar and unperceived in one generation becomes familiar and obvious in the next*'⁸ (ibid. page 37). A prime example is of course Moscovici's own research topic, the concepts of psychoanalytic theory.

⁸Postmodernists might argue that this process is considerably accelerated at present.

These processes raise a number of questions over the nature of what is 'real' (see Chapter 3 and Appendix C). More pertinent here is that, unlike the other approaches discussed in this section, Moscovici does not prescribe any particular methodology for exploring social representations. Indeed he and the group working with him are fairly eclectic, adopting techniques as wide ranging as experiment, social survey, historiography and, occasionally, analysis of interviews and conversations.

In particular there is no methodology recommended for identifying and tracing the processes of 'anchoring' and 'objectification'. Jodelet's (1984) useful analysis of social representations of the body is not atypical in using 'diachronic' (taken at two discrete time periods) 'depth' interview samples (from 1965 and 1980) yet reducing the data to 'normalised' tabular presentation of quantitatively summarised content analysis and focusing on trends in emphasis, rather than discussing specific new, or changed, 'representations'. She then infers possible social sources of pressure for the observed changes, but without presenting any specific evidence from the interview data, and without further discussion of the processes of anchoring or objectification⁹. Whilst conceptually appealing, it is difficult to argue with Potter and Wetherell's claim that '*Moscovici's account of the dual processes of anchoring and objectification ... is little more than an exercise in speculative cognitive psychology*' (Potter & Wetherell, 1987, page 145). Potter and Wetherell go on to argue that it might be difficult to find an 'instance' of anchoring, especially given the 'metaphorical language' of Moscovici's account (*ibid.*). On the other hand, speculative or not, the concepts might help structure accounts of the historical development of ideas (the use proposed by Moscovici) and one might argue that Wetherell and Potter (1992) provide such an example when they recount how the early Victorians associated the Maori with contemporary notions of a 'primitive'

⁹Chombart de Lauwe (1984) in the same volume, provides a little more detail, but adopts essentially the same approach relying on percentage change across a 'time slice' with no discussion or evidence regarding anchoring or objectification.

race (ibid. eg page 124). So whilst not providing any 'techniques' which are especially helpful here, there seems no fundamental incompatibility between such concepts and a discursive account, and the terminology may on occasion be useful.

A second distinction between social representations and discourse theory seems more problematic. Moscovici argues that particular social representations will be co-extensive with particular social groups. However, the data do not seem to support this argument, more often being presented, as in the example above from Jodelet, in the form of trends within the sampled population(s). Potter and Wetherell (1987, page 143) have pointed out that this claim tends to be circular; a social group becomes defined as a population who share the same social representations. More importantly groups are rarely (perhaps never) discovered where all members share the same representation. Furthermore the search for a group's 'representation' tends to lead to a 'normalising' of the reported representations, and a consequent submerging of diversity. This is seen in Jodelet's report. Despite providing a definition of social representations which emphasises them as '*... a form of knowledge, a cognitive elaboration, which social subjects, defined by their group membership, effect under the influence of social forms of thought and collective norms concerning behaviour ...*' (Jodelet, 1984, page 214, my emphasis), her data are presented to emphasise the 'normalised' pattern of occurrence (i.e. what constituted 'normal' representations of the body within each of the samples), but with the only hint of any 'group' effect within her fairly heterogeneous samples being related to the under-thirty-five age cohort (Jodelet, 1984, page 226).

Again it is not that discourse theorists would be uninterested in a shift in prevalence of concepts between the two time frames - but theoretically the emphasis would focus on complexity and underlying continuities and discontinuities rather than normalisation. More importantly it is a tenet of discourse theory that people may be familiar with many discourses, and use

them selectively. The focus would shift to *use* rather than *prevalence*. On this understanding it cannot be the case that a discourse is very tightly associated with any one 'social group' except, as pointed out by Potter and Wetherell, in the circular sense that a discourse is a social product, and one could identify a social group as all those people currently familiar, to some extent, with any particular discourse. However, this is not a very helpful definition since media advances continue to widen the dispersal of any such group. We no longer have to consider all those who have read a particular book, or seen a particular film or television broadcast, but now include all those who have viewed some item on the world-wide web - so that the group may be widening second by second, any time of the day or night, in any part of the world¹⁰.

Nor is this multiplicity of competing discourses only a feature of 'post modern communications'. Rommetveit (1984), in the same collection of Social Representations papers, discusses competing public and private accounts of belief in particular Lutheran 'articles of faith'. Adolescent boys were asked their private view, then what they thought their peers believed, and finally to collaborate in pairs and work out a joint answer. '*What came out of the discussions ... was the reciprocally assumed agnosticism rather than the private faith of individuals*' (Rommetveit, 1984, page 343) even where *both* individuals had expressed private faith¹¹. These data seem to pose some problems for social representations theory with its emphasis on the shaping of private thoughts by group representations. On the other hand, it might be argued there is competition between, perhaps, family group derived 'private' representations and those within a school peer group - with the immediate social group representation setting the norm for what was expressed in the

¹⁰and potentially modifying in interaction with the diversity of pre-existing cultures encountered along the way - hence the undermining of 'category saturation' discussed above (grounded theory).

¹¹Although Rommetveit's study is in an area which may seem remote from sexual behaviour there are clear parallels here with a situation which arises frequently in clinical psycho-sexual counselling, where each partner behaves on the basis of what they *believe* the other wants, and as a consequence both are unhappy with the outcome.

dyadic exercise. Social identity theorists would no doubt argue that the attitudes related to the most salient group would be expressed at any particular time. This begs the question why, in the initial interview where presumably peers were not far away but family were more distant, the particular views were presented as 'private'. Such questions appear less problematic within the discourse framework, since access to competing discourses is expected - and *use* would be expected to vary in any given situation. Indeed discourse theorists might be a little more sceptical at the notion that the 'private' views reported had any particularly special status, since it may have been some characteristic of the interviewer which elicited the initial expression of faith rather than agnosticism.

Either way, Rommetveit's data clearly highlights the danger of collecting individual responses to any one particular question and, on the basis of their accumulation, claiming to have identified a group 'norm'. He also points a way towards collecting a richer picture of the complexity of competing representations (discourses?) available to a research participant (eg. asking variants on a question, and setting tasks which may elicit further and different views). However it is not clear that this was his intent.

Social representations theory and discourse analysis share a common interest in the role of language and social processes in the development and variability of concepts. Moscovici has suggested a cognitive process (anchoring and objectification) which might underlie this development, but no precise method to 'track' the process. Discourse analysis methods do not (generally) discuss cognitive processes, though Foucault has shown how the *social* 'genealogy' of ideas can be traced. Although this more 'historiographic' approach is rarely discussed explicitly in the context of Discourse analysis within psychology it is perhaps implicit when Potter and Wetherell (1987, page 162) discuss the use of records and documents, and it is clearly demonstrated in their account of the genealogy of the various discourses of racism they discovered in New Zealand (Wetherell and Potter,

1992, Chapter 5). It is not clear that, in practice, Moscovici has identified access to a more 'internal' cognitive mapping of development of 'ideas'.

Perhaps the greatest distinction between the approaches (aside from discourse theory's greater acceptance of the multiplicity of discourse) is the emphasis within discourse theory on *use* of concepts. It is this using (and challenging) of concepts which Potter and Wetherell emphasise when discussing the advantages of the use of 'records' (current or historical).

'People undermine each others' versions in these documents in a way which is illuminating and probably beyond the bounds of the researcher's competence ...you can use people's own ability to artfully (and very helpfully) poke holes in each others' positions to reveal their constructed nature.'

(Potter and Wetherell, 1987, page 162).

However, we find discussion of 'use' of social representations in all the authors cited in this section. This is particularly apparent in Jodelet's later work on the way French villagers use shared social representations to manage their daily interaction with 'people with mental health problems' who lodge with them (discussed in Moscovici, 1984, Potter, 1996). So, despite differences in theory and methodology, we find here, as with Grounded theory (eg Charmaz, discussed above) and IPA (eg Jarman, discussed above), a common interest in the way the social construction of ideas has implications not only for what people think, but also how that may lead to social construction of what they do. Whilst the various approaches may often lead to this common outcome it is perhaps articulated more clearly within discourse theory, though here too there are competing versions.

2.3 Competing emphases

Although there are some epistemological differences between the various approaches discussed, what emerges most clearly from the previous section is that, at least when deployed in health related research, each approach will lead to a, usually subtle, difference in *emphasis* in the reported findings, rather than any more substantial difference in their scope or interests.

For example the phenomenological approaches (IPA, and to some extent Grounded Theory) are most concerned that we take seriously the meaning for him or herself of what someone says. Social representations theory is perhaps more concerned with what meanings are *available*, and something of their derivation and change over time, so there is an inherent overlap between their concerns.

With discourse theory, as introduced in the previous chapter, whilst specific emphases vary with different theorists and in different pieces of research, the overarching focus is to explore how socially available 'systems of meaning' draw together a number of personal and social issues. As a result discourse theory overlaps with the other approaches in diverse ways. A focus on how discourses organise systems of meaning to *construct* possible meanings of the self (eg Hollway, 1984, Wetherell and Potter, 1992) overlaps some of the concerns of the phenomenological approaches. The genealogy and ongoing development of those systems of meaning (eg Foucault, 1976/1990, Wetherell and Potter, 1992) overlaps to some extent with social representations. Discourse in *use*, either as a source or 'interpretative repertoire' (eg Potter and Wetherell, 1987, Wetherell and Potter, 1992), or with a focus on the 'action' of discourse (eg Edwards and Potter, 1992), is to some extent dependent on techniques such as conversation analysis, though it has a quite distinct objective.

In other ways the explicit concerns of discourse theory extend beyond those

of the other approaches discussed here. In particular the 'political' implications of discourse: either as a tool to document oppressive ideologies (eg Parker, 1991) or as a tool to deconstruct them, whether to document and understand how they are open to resistance (eg. Foucault, 1988, Ramazanoglu and Holland, 1993) or explicitly to challenge dominant discourses (eg. Henriques et al., 1984). However, as demonstrated above, health related research which nominally and methodologically adopts other approaches often seeks to deconstruct, for example, the organisation of health services or to propose resistance to current practice.

Equally, different discourse theorists suggest often quite distinct approaches to analysing texts, and Potter and Wetherell (1987) are not alone in suggesting one can usefully exploit techniques of text analysis originally developed for other purposes.

2.4 Discourse Analysis of Texts

As Coyle has noted, one of the difficulties of embarking onto discourse analysis is the limited, and often conflictory, nature of any specific guidance: '*there is no rigid set of formal procedures to guide discourse analysis*' (Coyle, 1995, page 247).

Although Henriques et al.'s (1984) '*Changing the Subject*' was perhaps the earliest discourse theoretical research reported within UK psychology they offered little account of the *process* of discourse analysis and Hollway did not document her approach to analysis until 1989. Even then, whilst providing an illuminating account of her personal, and somewhat psychoanalytically informed, approach to this research, and in particular illustrating the '*principles*', she did not surface many '*pragmatic*' steps to guide others (Hollway, 1989).

Meanwhile Potter and Wetherell (1987), as well as describing the process a little more explicitly, also addressed distinctions against previous psychological research. (Of course, in their topic area of race / prejudice, there was rather more previous '*academic psychology*' research to discuss than in Hollway's area of sex / sexuality). In a reverse sequence from Hollway, they did not publish the substantial account of their research *findings* until 1992, but then included a useful extended revision of their earlier account of the process of analysis (Wetherell and Potter, 1992), though they are careful to resist any suggestion of any '*regularised*' *procedure*.

Rather than suggest a process, Parker (1992) identified criteria for distinguishing discourses, but little practical advice on how to discover them. He then, and subsequently, has provided some examples but, especially in his chapter in Banister et al. (1994), his '*process*' seems to extend little

beyond creative use of his own 'opinion' (his own word¹², *ibid.* page 105). He describes this approach as 'Foucauldian' in contrast to '*a strand of work closely tied to ethnomethodological studies ... which was a conduit for entry of discourse analysis into psychology*' (*ibid.* page 104), citing Potter and Wetherell (1987) as exemplifying this latter approach.

Since he has '*made no attempt to validate it [his interpretation] against other forms of analysis*' (Banister et al., page 105), but more particularly since he has drawn on no other texts to *test* his, quite elaborate, re-reading of the text on a toothpaste tube, his 'Foucauldian' claim is perhaps open to question. However more relevant here, whilst his analysis may still have some value to, say, an analysis of the marketing and retail of toothpaste, it is unclear what, if anything, it offers as 'psychology', where the interest must be in people's *relationship* to discourses rather than in discourses *per se* (though identifying the latter may be prerequisite to pursuing the former).

For health related research (and perhaps most *psychological* research) we might be more interested in the discourses arising around the toothpaste tube '*in use*' rather '*in stasis*' as it sits on the tube. For example will anyone even notice what is written? What will they make of it? In effect these are some of the '*ethnomethodological*' concerns raised by Potter and Wetherell. (For an example of the relevance of such concerns for the present research see the discussion of condoms, in Chapter 6).

Since Foucault's concepts of discourse arose out of his interest in the role of (material) institutions via social practice into the '*disciplining*' of the (material) body, this may anyway be construed as closer to a Foucauldian reading of discourse than the '*idealist*' and '*ideological*' focus of Parker's example.

However, where an ethnomethodological reading would tend to present a

¹²Although chapters are not independently attributed in the contents page, the chapter (6) under discussion is written in the first person, and attributed 'primarily' to Parker in the preface (page v).

'realist' and 'local' interpretation of the data, a discursive reading would seek to identify variable and contested meanings rather than reify any one, and would seek to relate these, through the use of other appropriate materials, to more general 'public' discourses.

However there is a shift, particularly in *applied psychology* research, from Foucault's theorising about the effects of discourse on a 'societal' scale, to an exploration of the 'working out' of this process at a more local level. This has led Potter and Wetherell (1987) to prefer talking of exploring the 'interpretative repertoires' of their participants, rather than making claims about broader 'discourses' - though they do go on to relate these interpretative repertoires to wider discourses (see for example Wetherell and Potter, 1992, Chapter 5).

Unfortunately the expression 'interpretative repertoire', in particular 'repertoire', seems to carry with it the notion of something a person 'has' - not so far removed from Tajfel's 'social identities' or Fishbein's constellation of 'beliefs and evaluations'. Whilst it is important and relevant to make Potter and Wetherell's distinction between the fragments of discourse one can identify 'in use' in discursive 'action' or 'activity' and the somewhat more coherent and comprehensive patterns of ideas which we identify at a social level (and are calling 'discourses') - it seems important to avoid any notion of 'stasis' in 'local' use.

Whilst people do often exhibit enduring and more or less stable allegiances and often repeated 'idiomatic' expression of ideas, these are open to disruption. But perhaps more relevant in the analysis of 'discursive turns' it is not unusual to observe someone pick up 'temporarily' some phrase or terminology from the immediately preceding discourse (even an interviewer interjection) only to discard it, or even outright reject it, within that or the next discursive turn. 'Themes and fragments' of discourse then seems a more helpful expression for the concept which Potter and Wetherell identify -

though since the intention is to distinguish fragments from 'discourse in use' so that they can be related to 'discourse as a constellation of ideas' this expression perhaps suffers from the converse tendency to reify the latter usage of 'discourse'.

In any event Potter and Wetherell seem to provide the most practical guide to discourse analysis relevant to the present research that is available to date.

In both their texts cited, they emphasise the importance of being clear about the research question; provide some guidance about how to identify appropriate participants (especially noting the irrelevance of the sampling criteria of nomothetic psychology, see also Hollway, 1989); discuss potential 'document' sources; and something of how to organise interviews - where they are necessary.

As with much else in discourse theory (including much in this and the preceding chapter) a discourse theoretic approach to interviewing is introduced in *contrast* - to 'conventional interviews' by Potter and Wetherell (1987, pages 163-5), and in contrast to feminist approaches to interviewing by Hollway (1989, page 40 ff). The debates turn around considerations about 'reifying' the data, the extent to which participants' accounts should, or should not, be 'privileged', and the importance of surfacing, rather than hiding, inconsistency and contradiction within the accounts. Since these concerns have been aired above, in the context of discussing other approaches to text analysis, I will not pursue them further here.

Potter and Wetherell go on to discuss the importance of detailed transcription; how to select sections of text for closer examination; and the features to pay attention to in this further analysis, drawing on techniques from conversation analysis to explore nuance, contradiction and variability, but ultimately to consider the *function* and *consequence* of what is spoken



(or written). It is at this stage that new hypotheses can be formulated but, unlike Parker, Potter and Wetherell go on to emphasise the importance of *validating* these hypotheses.

Since so much of the process of discourse analysis is interpretative, 'validation' becomes a thorny problem. Potter and Wetherell suggest that coherence, and to some extent the ability to 'make a case' in the final report, are relevant here (amongst more traditional concerns such as the generation of new problems, and general 'fruitfulness', Potter and Wetherell, page 171).

But perhaps the ultimate defence of discourse theory in this respect is that the problem is only apparent because the interpretative processes are surfaced - there is as much interpretation in the design and execution of any research but it is typically 'hidden' - in the definition of parameters which exclude much of the variability of the data, in what is 'excluded' from an observation, and so on.

However in the present context, researching strategies for risk reduction in sexual behaviour, a major consideration in terms of 'validation' must be the extent to which the findings might be relevant to any *safe(r)* sex intervention. This is inevitably related to the questions about 'cumulative research' raised in Chapter 1. I will discuss the general question of the relevance of discourse analysis to cumulative research and intervention in the next chapter, and return to it in Chapter 8, in the light of the present research.

Finally, in the light of Potter's (1994) and Edwards and Potter's (1992) emphasis that discourse 'in use' will be different from discourse in an account, it is necessary to return briefly to the '*What is a text?*' question posed earlier in the chapter. This is not a new distinction, Harré & Secord (1972) drew attention some time ago to 'explaining' and 'justifying' as distinct social processes. This clearly sets theoretical limits on what can be discovered about 'negotiating *safe(r)* sex' from research based on interviews

(rather than direct observation of such negotiation). I will return to this, along with other questions about how the discussion here informs the methodology for the present studies, in Chapter 3.

2.5 Discourse, Desire and the Unconscious

Before leaving this exploration of the techniques of text analysis, and in particular what a discursive analysis might reveal, a caveat is required. Discourse analysis provides techniques to help us consider what is absent, as well as what is present, from/in a text, and this and similar techniques would seem to provide at least some kind of access to the 'unspoken' 'dilemmatic' thinking discussed by Billig (Billig, 1996, Billig et al., 1988). However from the earliest discourse theoretic texts in psychology (eg Henriques et al., 1984, Hollway, 1989) theorists have recognised the presence of dynamic processes not readily accessible to discursive analysis.

This has typically triggered a 'turn to psychoanalysis', as found with Henriques and Hollway. More recently Billig has argued that '*repression is itself a dialogic, or discursive process*' (Billig, 1997, page 139), superficially not an unreasonable observation, given that psychoanalysis was very early dubbed 'the talking cure'. However Billig argues this on somewhat different grounds which seem to overlook much of what psychoanalysis might contribute to the debate.

Parker has also been tempted by the turn to psychodynamics, as an additional resource for the interpretation of processes such as reflexivity (Parker, 1992). More recently he has suggested further '*connections that might usefully be made between discourse analysis and psychoanalysis*' (Parker, 1997, page 479) but, like Billig, seeking these connections in a reduction of some psychoanalytic concepts back onto a more discourse theoretic framework. There is not space here to discuss all the issues

raised, but Parker's coolly discursive accounts of 'desire' in both these sources successfully mask any personal encounter with vibrant passion he may have experienced, which stance nicely illustrates what is missing from any discourse theoretic account.

I will return to this topic briefly in the final chapter, in relation to some data from the studies reported here, but I incline, along with the earlier theorists, to acknowledge some limitations to discourse theory in this respect, which are not insignificant when exploring the affect laden topic of sexual relationships.

Chapter 3 - Theory and Method for this research program

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In Chapter 1 I explored the rationale for adopting, at least broadly, a Discourse Theoretic approach to researching strategies for risk reduction in sexual behaviour. In this chapter I discuss some of the implications of this theoretical stance for the research and how it is conducted.

First (section 3.1) the relationship between 'Discourse' and the 'thought - behaviour' problem (discussed in Chapter 1) is reviewed. This surfaces a concern that the 'relativism' inherent in the 'problem', and acknowledged within a Discourse Theoretic approach, might preclude the possibility of discovering research findings of any relevance to intervention. This concern is addressed in section 3.2, in the interest of confirming the rationale for the approach adopted here.

Some particular concerns of the present studies are discussed in section 3.3 and include topics such as the selection of the target population for each study, the constraints which determine the use of interviews, the rationale of the particular interview schedules, the initial approach to analysis of the data and an introduction to the rationale guiding the selection of topics to be analysed and reported in detail.

3.1 'Thought', 'behaviour' and 'Discourse'

In Chapter 1 I argued that through documenting (and subsequently analysing) 'ordinary talk' about sexual relationships it might be possible to reveal those 'ways of talking' that contribute to more or less safe(r) sex, since the 'systems of values, ideas and practices' embedded in 'ordinary talk' constrain what it is possible to say, or think, or do (section 1.2.1). Analysis of this talk using a Discourse theoretical approach will then enable the identification of prevalent discourses, the 'possible subjectivities' associated with them, the interaction between discourse and materiality, and so on

(again see Chapter 1, section 1.2.1), all of which might illuminate something of the relationship between this 'talk' and thought and behaviour.

However in Chapter 1 I argued that the relationship between 'thought' (or 'mind' or 'cognition')¹ and 'behaviour' (in the sense of some 'action' or even in a more general sense of our 'way of being')² is far from straightforward. I drew on the computational theories of 'chaos' and 'connectionism' to argue that any such relationship is not merely 'illusive' but will inevitably be somewhat 'fluid', 'dynamic' and 'unpredictable' (see section 1.1.6).

3.1.1 Explicit - implicit: distinctions and limitations

The 'chaos and connectionism' analysis provides some theoretical insight into the limitations (already evident in the TRA literature) of approaching the 'thought - behaviour' problem through 'Social Cognition Models'. In particular it calls into question the assumption that 'cognition' is organised as a reliable and stable structure to some extent common across topic areas and persons.

Nonetheless we are inclined to attribute some persistence to 'mind' - I tend to imagine that I will be able to recall tomorrow what I was thinking today. However we can only 'check' this recall if it is made 'explicit' in some way - yet when we consult old (and not so old) notebooks we often find the past is *not* as we remembered it.

I have also argued (section 1.1.6.2) that whilst some of the 'content' of what we think may be made 'explicit' much remains 'implicit' and we have no

¹There is no term which readily encompasses what I seek to address here since each of these terms is often used in a limited sense to address only the 'conscious' component of 'what goes on in our heads' - but here I want to encompass more than that. Freud's 'psyche' may be most apt - but might be taken to presume his 'psychic structure' which is not relevant here.

²Notice that in the UK the concept of 'criminal responsibility' is dependent on the notion of such a relationship.

ready access to the latter.

Such constraints might lead us to despair of exploring the 'thought - behaviour' relationship in any useful way - however language (along with the use of other kinds of 'symbol') does appear to provide some (albeit limited and transitory) access to 'thought' (or whatever 'goes on in our heads') via what is made 'explicit' (section 1.1.6.4 above). Therefore I have argued that it may be possible to explore something of thought / mind / cognition and its relation to behaviour / practice via a 'language' route, given a theoretical approach and associated methodology that acknowledges the relevant constraints.

However whilst, as in the example above, I might use language as a means of 'explicating' my thought to myself (now, or to 'record' it for myself at a later date) I can only know I have made my thought thoroughly 'explicit' (in the sense that the 'explication' is not still dependent on something 'implicit' - still 'known' only to me) if someone else understands the 'explication'. Moreover if someone does not understand my initial account it remains an open question whether I will be able to explain ('explicate') enough of how I 'understand' the problem to make my solution clear to the other person (see the 'insurance' example, section 1.1.6.2). So our concern here is not with language in some 'abstract' sense, but with language 'in use', as both an 'intra-personal' process (cf Billig, 1996) and as an interactive social process.

Discourse Theory potentially fulfils the relevant requirements since, although it arose out of somewhat different concerns it also addresses aspects of language 'in use'. Discourse theorists have also been concerned to develop techniques to surface meaning 'implicit' in (or 'carried along with') words 'in use', 'taken for granted' ways of speaking and so on. They are also concerned with what speakers 'bring about' by their use (or avoidance) of particular fragments of discourse (see section 1.2.1). However it is important to note that 'implications' in these senses are primarily those

attaching to particular discourses, or discursive usages. They are subtly different from the 'mêlée' (including perhaps fragments of memory of unordered perceptions; unconsidered, though 'detected', patterns and relationships; and so on) which I have suggested may form the 'implicit' substrate of our (slightly) more ordered, conscious and 'speakable' thoughts. However since 'discourse' (as 'discussion', 'conversation', etcetera) is our practised approach to 'explicating' our 'thoughts', Discourse Analysis seems a promising starting point, not only to exploring what is already made 'explicit' and what that might illuminate, but perhaps also to exploring what more might be surfaced ('explicated') from that 'implicit' substrate (see for example findings from the present studies, Chapter 4, section 4.2.4, below).

This provides a further argument for the appropriateness of a Discourse Theoretic approach to the present research (see also section 2.5) beyond Discourse Theory's more conventional interest in the genesis, exchange and interchange of meanings and ideas and the personal and social effects of these (all of which are also relevant here).

This is not to argue that all the problems are then resolved. One must beware, for example, that with interview data (perhaps the most common research resource for the present topic) we only have an 'account' of 'thought' and 'behaviour'. And even in the preferred case of analysing some record of 'actual' behaviour (where this is available) we have access to 'thought' only to the extent that it is made 'explicit' in the interaction. However discourse theory has the advantage of being compatible with an awareness of these limitations (though there remain further limitations, for example regarding 'affect', see section 1.2.1.6 above).

3.1.2 A shift away from 'cognition'

It is important also to notice that the shift in theoretical approach towards Discourse Theory shifts the 'psychological' focus - away from the search for

the 'structure' of some kind of internal organisation of 'cognitions' of SCM research ('what are the main *kinds* of concepts?', 'what is the best model of how they are organised?', etcetera) towards a firmer interest in the 'subject matter' of thought, irrespective of how permanent or transient it is, or of how it is 'organised'. Discourse theorists have generally shown little interest in internal 'cognitive processes' which may underpin our thinking (see Chapter 2 above although, as mentioned there, there have been exceptions, eg Harré and Gillett, 1994).

This disregard for the structure of internal thought processes persists for the research here, except for the concern already outlined that these processes seem ordered such that much (perhaps most) that underlies our 'thinking' is not readily accessible to us, which sets constraints on the available 'data'.

3.1.3 Relativism

The last difficulty that must be addressed before proceeding to more specific details of the studies also emerged from the earlier discussion of methodologies. Whilst arguing that the TRA may not be falsifiable, and is not 'predictive' or 'discriminative' in any *practical* sense, I highlighted that these attributes will be unattainable for *any* research into the relationship between thought and behaviour (section 1.1.6), despite our strong sense that our explanations and justifications of our behaviour are in some sense both 'accurate' and 'causative'. These limitations require further exploration.

Functionally our explanations and even descriptions are always 'relative' to some present goal (cf Antaki, 1994), though at best they may also, helpfully, be closely related to some underlying thought process, supported by a possibly deterministic, but certainly not predictive, neuronal substrate. I have argued that this relativity is an inevitable consequence of the 'simplification' necessary to the verbalisation of our thoughts. In contrast to the definitive 'transparent access' of language to our thought processes

assumed in earlier research I argue that even our 'best' account cannot capture the subtlety and nuance of our motivating thought processes. This is because we are translating a massively interconnected, massively parallel process into a simple linear stream. We can only be 'relativist' in our accounts.

So, whilst our ability to 'discourse' can be presented as our capacity to 'capture' something of our 'thinking' and even to share it with others, this capacity is nonetheless severely constrained in comparison to the richness and complexity of any underlying 'cognitions' (even those which could, in principle and at a separate time, be 'explicated').

Fortunately the underlying epistemology of Discourse Theory is compatible with this relativism and a discursive analysis anticipates, explores and exploits the variability in our discourse which inevitably arises from it.

However any acceptance of 'relativity' makes implications of non falsifiability, non discriminability and non predictability *overt*, which is perhaps what most troubles researchers imbedded in more modernist epistemologies when faced with such a constructivist approach. Suggesting that social cognition models share the same features may trouble such researchers further but, more pressingly, if research findings cannot be falsifiable, or discriminative, or predictive begs the question what then, if anything, can be learned that may have any utility in terms of cumulative research, and in the present context, for intervention?³ This question is explored in the next section.

³This social constructionist approach brings with it the need to consider a number of other issues arising from this associated relativist epistemology. Some of these have been considered in the preceding chapters, but a particular concern is that any acknowledgement of 'relativity' surfaces a number of conflicts with cherished notions such as 'objectivity' from the conventional 'modernist' psychological paradigms. Some fairly 'basic' attempts at addressing just a few of these concerns are included in Appendix C.

3.2 Cumulative research and intervention

It is the integration of the 'material' within the discursive model (see Chapter 1 above) that makes discourse theory especially relevant to applied research and intervention (see also Yardley, 1997). Yet the utility of discourse theory has been challenged, in part because of its acknowledged constructivist, relativist theoretical positioning (see eg Abraham et al. 1993).

3.2.1 Discourse method - a medical comparison

It is important to note at the outset that it is not only in the social sciences that 'diversity, relativity and change' can present a challenge. For example in physiology and medicine it is the very mutability of viruses such as the 'common cold' and 'influenza' that make them particularly resistant to prophylactic intervention or instant 'cure'. Moreover the nature of the expressed 'symptoms' of such a virus is always relative to the pre-existing 'physiological condition' of the person infected.

In medicine the first step in exploring some new problem is to document the 'symptoms', initially just of the person experiencing some novel 'condition'. If a pattern emerges, that is if a number of people seem to be exhibiting *similar (not identical)* patterns of symptoms, then this will be documented as a new 'syndrome' - as with AIDS, the Acquired Immune Deficiency Syndrome. Extra information will then be sought in an effort to detect any further patterning, not least in an attempt to identify the aetiology of the new 'disease'.

Notice that the focus here is on description, the identification of patterns which are 'exceptional' to anything which has gone before, and inductive

detection of any further patterning amongst these exceptions⁴.

The language of such descriptive research is 'symptom', 'infection', 'syndrome' and so on.

Although I do not intend to suggest too close an analogy between a 'discourse' and an 'infection' (though there are some potential analogies with the notion of experiencing or 'taking in' a mutable virus such as the common cold, and passing it on slightly altered), I do want to argue that discourse theory provides a 'language' or conceptual framework for 'talking about talk' comparable to the medical language (or discourse) available for talking about health or, more specifically, illness.

For example the language of discourse enabled Hollway (1984) to explore talk of sex and sexual relationships in such a way as to identify three quite distinct 'ways of talking' about sexuality. In turn these provide a basis for further discussion and interpretation of sexual relationships. In particular the notion of the 'subjective positionings' afforded by a discourse contribute to the framework against which people might better 'understand their options', both in the sense of choices available, and behavioural choices made.

Conversely Wight's (1996) discussion of the 'labelling' associated with discourses ('slag' or 'nice girl') illustrates how one might be constructed by discourse in a particular way, which may not only be emotionally distressing (or enjoyable) but may also have other material impacts, for example the future opportunities opened up, or denied, by association with the label.

⁴Notice also that further data collection seems to be guided by the needs, identified inductively, of the specific documented syndrome. This is very different from the TRA survey, with its normalised reduction of test items drawn from a pilot study sample of eight to fifteen people then presupposed relevant for the bulk of the sample *in advance* of the research.

3.2.2 Cumulative findings in discourse research

The parallels between the discourses of sexuality identified by Hollway (1984) and Wight (1996) in two very different populations and different geographic locations (see Chapter 1 above) reinforce the argument that although 'discourse' is a constructed concept, nonetheless these 'patterned ways of speaking' have some persistence across time and space. (Much as the influenza virus still produces a recognisable syndrome of 'influenza' symptoms despite having circled the globe several times, and passed through many mutations, before it is next able to penetrate someone's immune defences and so re-infect them).

Rather contrary to the viral analogy, the differences found between 'versions' of discourses of sexuality perhaps open up spaces for resistance. For example if Wight's (1996) 'predatory' discourse is less firmly based in the 'biological imperative' than Hollway's (1984), parallel, 'male sex drive' discourse, this opens potential avenues for discussion with young men, and women, to disrupt either discourse, or both.

Closer to the viral analogy, these discourses seem to have some permanent presence, yet people respond to them very differently. Just as the effect of a virus is to some extent dependent on a person's previous physical state, including any previous encounter with the same, or a similar, virus, so the 'effect' of a discourse may depend on previous experience with the same or other discourses. Indeed experience of some discourse will affect the way we perceive the world, for example seeing a 'slag' or a 'nice girl' or some other kind of person, or perhaps some conflation arising at the intersection of several or many discourses.

3.2.3 Cumulative 'shifts' in dominant discourses

This 'shift in perceptions' can be traced in shifts in dominant discourses over

the past two or three decades.

In 1967 I was considered anti-social (in a Royal Navy environment, but I suspect it would have been much the same elsewhere) for smoking *only* one or two cigarettes at a party. My same smoking habit is considered anti-social today - but now to smoke *at all* is considered undesirable. However this 'reverse' in 'social attitudes' has taken three decades to accomplish. Similar shifts can be tracked in public 'attitudes' related to the 'drink driving' campaign.

Over the past decade discursive moves to challenge discourses of rape have met with some success, with a marked shift in police response. However there are continuing challenges to related legal discourses (eg Jamieson, 1996, on the meaning of 'consent') and some confusion in 'personal' discourses (eg Hollway and Jefferson, 1998, on 'meaning' in the context of 'date rape').

Sarah Dunant (1997) has used the medium of a 'novel' to explore how a 're-interpretation' of rape might lead to more effective strategies of resistance, even in the face of *physical* pressure. Though she has subsequently acknowledged that such responses are not always available to everyone, or perhaps even *often* available to anyone, arguably this 'discursive turn' as a further move to disrupt discourses of rape, is only possible in the context of preceding shifts in these discourses (another 'cumulative' effect).

Further, the small sample of discursive 'shifts' outlined above perhaps indicate something of the potential role of a more 'intentional' discursive approach to intervention. For example, despite some apparent limitations of Dunant's approach, it may yet be possible, through the introduction of alternative discourses, to effect some shift in the 'self blame' still present in women's accounts of sexual violence (Pizzey, 1979/1974, Hooper et al., 1984) or of other 'unwanted intercourse' (Kirkland, 1995).

3.2.4 Discursive lacunae - missing discourse

However difficulties may not lie only in the presence of 'unhelpful' discourses, since the *lack* of any appropriate discourse about sexuality has been implicated with unsatisfactory experience of first intercourse (Thompson, 1990, Fine, 1988) and more recently earlier age of first intercourse and increased incidence of teenage conception (see Ingham and Kirkland, 1997a).

Because this illustrates that intercourse can happen 'without' any apparent discursive framework it might be used as an argument to discount the relevance of 'discourse' to this primarily physical activity. However Thompson illustrated how a lack of any appropriate 'language' of sexuality not only precluded young women from giving a clear account of what had happened to them, but also left them confused and unclear about just what *had* happened. In this context of uncertainty it becomes apparent that saying 'no', let alone 'not just now' may become difficult if not impossible.

This not only reinforces the argument that the discourses with which we are, or are not, familiar can both constrain and construct what it is possible to do, but opens up further opportunities for discursive intervention.

3.2.5 Intervention

A straightforward intervention at this point might be for parents or guardians to ensure that young people are introduced to some appropriate discourse about sex and intimate relationships. A discursive analysis of Thompson's account of course highlights that any candidate discourse would need to encompass the notion of intercourse as an embodied experience, including how to recognise it might be about to happen, rather than merely delivering warnings of the potential consequences. (Extending the viral analogy, such an introduction to an appropriate discourse might be likened to an

'inoculation').

That parental intervention is not always readily practicable is made clear in Thompson's account, but derives in part from the 'mystique' which pervades a number of discourses of sexuality (Ingham and Kirkland, 1997a).

At this point the possibility of introducing some appropriate discourse often falls back on teachers.

Before discussing what a discursive approach could contribute to such an intervention it is again useful to consider how this differs from the 'medical model'. There any intervention is usually delivered on a personal basis, and tuned, and timed, to the needs of the individual (even enrolling at a health club usually now entails some individual assessment to prescribe which equipment one may use and to develop a personal exercise plan). However a classroom teacher is required to meet the needs of an often disparate group of youngsters, with mixed backgrounds in the diversity of discourses afforded, or withheld, by their various families. (The effectiveness of any outcome might perhaps benefit by comparison with the investment made in the intervention.)

There are a number of problems attaching to such a social (rather than individual) approach to intervention. Stevens (discussed in Ingham and Kirkland, 1997a) has explored some of the parliamentary discourse which led to the curious compromise in the legal position of sex education in schools (see Department for Education, 1994) whereby provision of sex education became compulsory, but not part of the national curriculum, and parents could withdraw their children if they wished.

Nonetheless, at a sufficiently abstract level people were able to agree to the concept of 'sex education delivered within a moral framework'. However the difficulties emerged when it came to 'anchoring' (to borrow Moscovici's

expression) that concept to any particular social milieu. The principle proved so difficult to implement that the Family Planning Association (FPA) developed a special workshop package (see Mullinar, 1994) to help school governors work out what a 'moral framework' *might* mean for their school.

This FPA intervention provides a useful demonstration of a discursive approach in practice: based as it is on discussion and negotiation with parent representatives and other local 'interested' bodies. But this outcome provides a stark contrast to any more conventional modernist approach, which would anticipate a 'normative' solution at a *national* level. That such a solution might not be possible would perhaps have seemed incredible a few decades ago, yet a discursive analysis might, in retrospect, reveal why this and similar goals which have seemed desirable in the past, have not been found *practicable*.

However it is important to notice that whilst a discursive analysis can reveal that there are competing discourses disrupting any potential for 'straightforward' intervention in some domain, and can reveal something of the 'shape' of those discourses, any practical intervention must take account of the detailed *local* 'working out' of those differences. This draws out some distinctions between the identification of 'discourses' and the consideration of discourse as a 'process'.

Pessimistically it might be deduced that some problems are intractable, some discourses irresolvable, and, even if outright hostility is avoided, the only alternative recourse may be 'dis-solution' into a *laissez-faire* relativism - 'anything goes' and there is no possibility for constructive intervention. Harré and Gillett (1994) have argued from a discursive perspective that 'understanding and empathy' is all we can and should hope to achieve.

Set against this, most school governing bodies *have* now succeeded in developing an agreed sex education policy (with or without the help of the

FPA program). However, as in this case, a discursive analysis will typically afford a framework for *local* rather than *universal* solutions. For example in the classroom environment depicted earlier it may be useful to encourage young people to recognise that there are different discourses around sexuality, each encompassing different expectations, without these differences necessarily being 'better' or 'worse'. An important consideration though may be to recognise that there is a degree of 'coherence' in each of these different discourses - apparent increase in 'latitude' in one dimension may come along with increased expectations of responsibilities in another.

In this context social, rather than personal, intervention may prove *advantageous*, by affording exposure to a variety of discourse from disparate family backgrounds.

Increased facility in negotiating a variety of such discourse may prove invaluable when negotiating some new sexual relationship - though of course may provide only limited protection when facing a determined seducer (or seductress) set to exploit any cleavages between competing discourses.

3.2.6 Research focus

Discourse theory seems then to offer the possibility of at least two different research foci relevant to intervention: the tracking and documentation of specific discourses (similar to the identification of the 'syndrome' of symptoms which might identify an illness) and the identification of discursive processes and features. Both may be combined in the design of interventions - though whilst the design of the intervention package may, up to a point, be widely applicable, implementation would still require some local resolution.

The identification of discursive processes and features may also, along with

other developments in cognition, help illuminate, as well as be informed by, more physiological levels of description of brain/mind. However, as with the influenza virus, whilst a more refined understanding of what constitutes a discourse will leave us better able to identify one when we find it, it will never predict precisely how our new variant will look.

A difficulty to date has been that, as in other approaches to social psychology, these distinctions in research focus have been confounded. It would be helpful, not least in application and intervention focused research, to be more specific about the relationship and distinctions between various aspects of research goals and findings. Despite, or more appropriately 'because of', its 'relativity', discourse theory would seem to have an edge over earlier approaches in social psychology for research focused towards application and intervention. Of course the 'fudge' between 'application domain research' and 'development of theory' is often an intentional discursive turn to meet the competing demands inherent in the various discourses of academic departments and research funding bodies.

3.2.7 Scope

Currently the medical establishment have a considerable investment tracking mutations in influenza virus in an attempt to keep immunisation 'ahead' of viral mutations, in order to provide intervention, at least for those in the population considered particularly vulnerable - primarily the 'aged' and or 'infirm'. There is rather less (though now some) investment tracking discourses of sexuality - despite their implication in the transmission of the similarly mutable, slower acting, but more deadly (even for those in the 'prime' of life) Human Immunodeficiency Virus.

At present there seems no more possibility of a 'once for all' map of sexual, or any other, discourse than there is of a 'once for all' version of the influenza virus, or a once for all influenza vaccine. As a consequence it

would be inappropriate to anticipate a 'once for all' social intervention to resolve all the issues relating to safe(r) sex.

Another lesson from medicine may be to set more realistic expectations for intervention in social behaviour. This might also direct us to more appropriate research projects. This is not to lose sight of the possibility of achieving major reversals in social discourses and expectations over time (as with 'smoking'). Moreover insights from discourse theory may enable us to accelerate the process.

However we may discover that some discourses, much like the 'common cold' virus, are particularly intractable - how hard we work at continuing to seek an intervention may then be measured against the social cost of the problematic discourse 'running its course'.

3.3 Methodology

Exploration of competing methodologies has established the rationale for adopting a Discourse Theory approach for the present research. However, before exploring the particular way Discourse Theory will be used here there remain some concerns specific to the research topic.

3.3.1 Who?

In the early nineteen nineties much of the research into heterosexual approaches to sexual behaviour had been conducted with 'young people', not least perhaps because they were perceived as most at risk of infection. Moreover there was an often implicit, and sometimes explicit, suggestion that sexual risk taking was a rather irresponsible 'young person' kind of thing. For example commenting on some findings of a tendency for first intercourse to be more often protected when the woman was slightly older Ingham et al. (1991) suggested '*This could be explained by greater knowledge amongst older women regarding conception and contraception, or increased assertiveness to insist on condom use. Further, if the partners of older women are themselves older, they may adopt a more responsible approach*' (*ibid.* page 129).

Developing this notion one can also consider that older, sexually active, people may have developed and established patterns or 'scenarios' or 'scripts' or discourses which they draw on to negotiate and maintain safer sexual behaviour. If this were the case it may be possible to document such 'safer' strategies, and make them more widely available, and perhaps available to younger people (assuming they were not in some way 'age specific').

It has been suggested that interviews are more effective if conducted with some 'matching' in regard of age and gender, so identifying a 'fit' between

potentially useful research and my age fixed one criterion of the present research.

Some of the more pragmatic criteria which contributed to the specific characteristics of the participants in each study are discussed in Chapter 4, but they are perhaps most clearly distinguished, with respect to sexual relationships, between the 'parent group' who were predominantly in stable long term relationships, and the 'dating group' who, by definition, were not.

3.3.2 Why interviews?

Potter (eg Potter, 1994, Edwards and Potter, 1992) has emphasised that discourse 'in use' will be different from discourse in an account (see Chapter 2 above). This is not a new distinction (cf Harré & Secord, 1972) but does have implications of what particular discourses may emerge in different situations. Potter therefore argues that one can only explore the discourses relevant to any 'behaviour' by observing the actual behaviour and recording discourse 'in action'. He suggests that discourse brought into use to recount, or account for, some behaviour may be quite distinct.

This raises immediate difficulties if the behaviour we are interested in is negotiation of safer sexual behaviour. Not only is 'sex' not typically an observed behaviour but there are quite wide ranging sanctions against such observation (in itself perhaps contributing to difficulties managing such behaviour, as suggested in the introduction). Some research based observation of sexual behaviour has come into being since the late nineteen sixties (eg Masters and Johnson, 1966) and 'late night tv' suggests increasing public tolerance in this respect. However, first intercourse with a new partner is a relatively infrequent occurrence (with few exceptions such as sex workers) so, even if one negotiated social 'permission', it is unclear

where one could collect observational data⁵.

However, interviews have already proved to be a source of relevant data for this topic (see Chapter 2), though this may be because the topic area is still relatively novel and because the behaviour is never, or rarely, observed. So, despite reservations about these potential limitations (and see section 3.1.1 above), interviews with a different age group seemed to offer at least the possibility of new insights.

3.3.3 What questions?

I have already suggested (Chapter 1) that, for sexual health intervention, first intercourse with a new partner is of particular interest, not only because, if there is no protection then, 'later' may be 'too late' but also because it is a potentially 'unstable moment' (often carrying considerable 'signification', perhaps because of the weight of social taboo mentioned above?) This therefore seemed a potentially useful overall focus for the interviews.

Some research by Gold (Gold, 1993, Gold et al. 1992) then suggested an approach to specific questions which might uncover critical distinctions even within one person's account. Initially in research with homosexual men, Gold developed the technique of asking people to recall a *specific* sexual encounter and then explore their feelings as well as they could recall them at various stages leading up to that encounter (early in the day, that evening, just before intercourse). In this way he tapped into specific memories rather than more abstracted generalisations (this again fits with considerations about making the implicit explicit). Having explored that particular encounter Gold then asked participants to consider a contrasting case (safe if the first was unsafe, or vice versa), and again to consider a specific incident. Not only do these questions focus into specific memories,

⁵The advent, since this research was conducted, of broadcast of continuous monitoring programs (eg 'Big Brother' - Channel 4, 2000) perhaps makes such 'real time' observation a future possibility!

but by drawing out the contrasts may also surface some of the potential 'dislocation' between discourses discussed above.

Although not theorised in quite this way at the time, these seemed particularly useful research strategies, and were adopted, slightly modified, in the design of the interview schedules.

However the research here is also particularly concerned with the 'materiality' of sexuality, so some questions were concerned with simply asking what experience people had, for example with different contraceptives, or any health problems they associated with sex, or where they would get their condoms.

Finally, returning to the consideration that much, especially about our sexual experience, may be rather more 'implicit' than 'explicit', questions were organised to elicit initially, as far as possible, participants' accounts of topics as they had already 'thought about' them. But questions then 'focused in', asking for more detail and eventually prompting for any comment on aspects of a topic not yet covered (see also Chapter 4, section 4.1.5.1 '*Checklist - the difference an interview makes*' below). As far as possible the interviewer contributed nothing that might be expected to colour or influence the participant's answer. However occasionally, if unremarked by the participant, an apparent contradiction might be highlighted by the interviewer. This sometimes elicited particularly interesting novel observations from the participant (perhaps an 'explication' of the erstwhile 'implicit'? see section 4.2.4.2 below). In this respect the present research has perhaps extended beyond a more 'conventional' Discourse Theory approach.

3.3.4 How to interpret the answers?

As already indicated the analysis here was informed throughout by a Discourse Theory perspective, based primarily on Potter and Wetherell's

(1987) approach, though taking account of various further considerations raised in Chapter 2. However the careful reader will already have noticed some 'sliding in meaning' in the usage of the term 'discourse'. Three somewhat distinctive usages will be found in the account of the analysis.

The first usage indicates 'a' or 'the' previously documented discourse, for example 'the Have/hold discourse' (Hollway 1984).

The second usage is where themes and fragments from an interview transcript suggest that an 'assumption' of some 'shared knowledge' (with the interviewer or some other person mentioned) is 'taken for granted' by the participant. However this may not be 'a discourse' in the sense above of already being documented in the psychology literature. Here, even if there were space to document such a discourse more fully, there may not be sufficient detail in the interviews to support a full analysis (not least because the focus of the discourse may be only peripheral to the interview topic). For example participants often anticipated some shared understanding of 'sex in the sixties' - even though extracts from the present interviews suggest these understandings are somewhat contradictory (see eg. Chapter 5, section 5.1.1 '*Number of partners ...*'). This usage might occur as in 'the participant drew on some discourse about 'sex in the sixties".

The third usage here is 'discourse' in the more general sense, as discussion, conversation etcetera, but where used 'discourse' is preferred to these other terms since the intention is to emphasise some exchange which 'draws in', 'draws on' and uses wider understandings - it emphasises something beyond any assumed transparent 'referential' exchange of information.

Finally, as discussed above (sections 3.2.6 and 3.2.7), the research here is concerned partly with 'tracking and documenting specific discourses' (and themes and fragments of discourse in use) but also with 'identifying discursive processes and features'. This latter is partly (as discussed in

section 3.2.7) in the hope of improving our understanding of the effects of discourse (sense 3) and the process of change in discourse(s) (sense 1). However in the present analysis it is primarily used to explore key discursive processes which occurred within the interview, and to consider their effects and implications for the research data. At a more metatheoretical level it perhaps also surfaces something of how what is 'implicit' might be 'explicated' (see Chapter 8).

Most of this 'process' analysis is presented in Chapter 4 ('About the data', section 4.2.4, but see also 4.1.5.1 '*Checklist - the difference and interview makes*'). As explained there it emerged from an iterative analysis of the data, drawing initially on an identification of 'problematic' content in the interview transcripts, ranging from '*Interviewer introduced terminology*'⁶ through ordinary '*Contradictions*' to apparent 'dissembling' by a participant.

In contrast, other aspects of the analysis were concerned simply to document something of the range of relevant experience in this relatively under-researched cohort. Some of the report in subsequent chapters simply records what is 'manifest' in the participants' accounts, or draws attention to more experiential concerns, or more pragmatic concerns (what was said and done, what is it about condoms?) prior to exploring the discursive underpinnings.

Whilst much of this analysis (particularly in Chapter 5 '*The participants: sex, safety, risk, perceptions*', where some 'background' to participants' experience is introduced) is superficially 'thematic' it is nonetheless thoroughly permeated by a discursive epistemology. Throughout the focus is on surfacing, rather than hiding, inconsistency and contradiction within the accounts using, as Potter and Wetherell (1987) suggest, techniques drawn from, for example, conversation analysis to explore nuance, contradiction

⁶Content analysis 'headings' are introduced in Chapter 4 along with further practical detail of the process of analysis (see section 4.2.2.5). They are explained in more detail and then listed, in '*Appendix M*'.

and variability (see Chapter 2 above). The intention here is to reveal something of the complexity inherent in the data (in contrast to the reductionist categorisation of many approaches to thematic analysis - again see Chapter 2).

In Chapter 6 ('Safer sex: *strategies and limitations*') the focus shifts more often beyond this somewhat thematic analysis (though it continues) to considering the function and consequence of what is spoken as well as noting apparent allusion to more specific discourses (in either the first or second usage above). A particular focus is any 'material consequence' especially relevant to the research topic (for example the use, or not, of condoms).

In Chapter 7 ('*Material - discursive themes and fragments*') a more conventional Discourse Theoretic analysis of the effects, interplay and consequences of a few selected specific discourses are pursued more thoroughly (for example some particular effects of gendered discourse are explored in section 7.3).

The approach adopted for initial analysis was particularly 'inclusive' and 'exhaustive' - perhaps more so than one could generally resource - and included the identification of any topic potentially relevant to the participant's approach to dating, relationships, sex, safe sex, etcetera, as well as selected examples of 'ways of talking' in the interviews which seemed potentially relevant to a discursive analysis⁷ (see also Chapter 4, section 4.2.2.5, and Appendix M). As a result difficult choices had to be made about which topics should be pursued further (see Chapter 4, section 4.2.2.6). To some extent the choices made favoured some of the less obviously 'discursive' material since, in this relatively under-researched area, the approach outlined above, based in Discourse Theory but not pursuing solely the goal

⁷The latter informed the 'process' analysis mentioned above.

of tracking and identifying specific 'discourses' (in the first usage above), yielded a considerable volume of data of potential relevance to safe(r) sex intervention.

Though the initially 'exhaustive' analysis here may not always be necessary or appropriate, it has enabled a presentation of the participants' accounts from a number of perspectives.

The details of the studies are introduced in the next chapter.

Some more specific information about the rationale for selection and about the nature of the data presented is included in the introduction to each chapter.

Chapter 4 - Studies

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The following sections provide an outline of the preliminary study, interviews with parents of adolescents, and the main study, interviews with people in the forty-something age group who are 'dating' (as opposed to in settled relationships).

The rationale for adopting a discourse theoretical approach, and in particular the approach to analysing the data, is not addressed directly here, since it is discussed in detail in Chapters 1, 2 and 3.

Findings from the two studies which are relevant to sexual health in relationships are presented in Chapters 5 and 6 and discussed in Chapters 7 and 8. The rationale for merging the data from the two studies is discussed at the end of this chapter.

Findings from the two studies which are relevant to methodological concerns are also discussed in this chapter in respect of their implications for the ensuing analysis and the findings reported in Chapters 5 through 7. They are discussed in relation to theoretical concerns in Chapter 8. More detail of some aspects of the studies can be found in appendices, as indicated below.

4.1 Preliminary Study - The Parent Group

This preliminary study was carried out in 1994, in part to explore some of the pragmatic aspects of conducting research in sexual behaviour. For example to establish whether people from the target population, identified in the study proposal as 'older, sexually active people, who may have established patterns / scenarios / scripts / discourses to draw on to negotiate and maintain safe sexual behaviour' would be prepared to come forward for interview, to what extent they would be prepared to discuss sexual issues with the interviewer, and to uncover as far as possible what issues appeared salient to them.

The study was designed with the primary goal of eliciting information about how interviewees negotiated or maintained safe sexual behaviour.

4.1.1 Rationale

Since it was anticipated (probably wrongly) that people would not feel comfortable coming into an interview and immediately talking about their own sexual behaviour this study was combined with some research to explore the effects of a touring theatre group presenting a play about HIV and AIDS which was being presented at schools in a nearby city at the time.

Parents of adolescents who would see the play could then be recruited, and information about their involvement with their child's sex education could be explored, as well as any perceived impact of the play, leading more gently into discussion of their own sexual behaviour. However it was made clear at the outset that they would be asked questions of a more personal nature.

4.1.2 Method

In depth semi-structured interviews were conducted in a private room in the local health promotion centre. Interviews were transcribed and analysed for content and for discursive themes.

4.1.2.1 Recruiting

Parents were recruited from a specific year group in a girls' grammar school in a small city in the south of England. Girls in this year group (aged 14-15) had seen the touring play a few weeks before the parents were interviewed. (In the event, although parents had been notified of the play by letter, at the time of the interviews most parents 'did not know' about the play.)

It was anticipated, and was the case, that parents of girls of this age would

be in the target 'forty-something' age group. Only one parent of any 'couple' was recruited to avoid any possible compromise arising from the interviewer being privy to confidential information from the 'other' partner.

Parents were recruited through a brief 'invitation to participate' letter (see Appendix D).

Demographic information about the participants, which was only available as a *result of the interviews*, is described below (see '*Participants*').

Three further participants are included who were interviewed prior to interviews with the parents from the school, in order to gain some experience and verify the interview schedule. These were volunteers from the University and the local health promotion centre (who, in this instance, were the gateway for access to the school). They were of a similar age to the school parents, were also parents, and had children of a similar age. However their children had not seen the play (insofar as they knew!)

The initial phase of recruitment was straightforward, since the PSE teacher kindly approached parents on my behalf at a parents' evening for the relevant year group. She passed on telephone numbers of the nine parents who agreed to take part.

Participants were then contacted by telephone, to confirm they were happy to participate, ask if they were prepared to be recorded, confirm they understood that quite personal topics might be addressed, and to arrange a time for the interview. All participants who had agreed in principle, or their partner, took part in the study.

4.1.2.2 Recruiting difficulties

Nine participants was fewer than hoped but still a viable sample, though

initially there were only two men.

However when making telephone contact, if the male partner answered I explained the need for more male participants and asked whether he might consider taking part in the study rather than his wife. In each case I assured him that relative lack of involvement in his children's sex education, the primary reason given for non-participation, was precisely why it was important his views be included. Using this strategy two further men were recruited, increasing the number to four, which was deemed sufficient to warrant continuing the study.

4.1.2.3 Interview

The interview covered topics about sex education (home and school), the play, and an example of participants personal experience, if any, of safe and unsafe intercourse (see Chapter 3 for rationale of question focus). Some participants had only experienced intercourse within their present marriage, in which case the questions were modified to ask about situations that might have led to infidelity, and how they were managed / avoided.

Appendix E includes the topics to be addressed during the interview, and the associated interview schedule.

A checklist, extracted from a questionnaire based study running in parallel (see Appendix F) was used as a prompt to elicit views about any topics the parents did not raise themselves.

4.1.2.4 Transcription and extracts

Interviews were transcribed with all pauses, hesitations and false starts, part words etcetera.

All extracts from transcripts are presented here *'italicised and in quotation marks'*, thus.

Pauses were marked as very brief (..), brief (...), or longer (... ...) or with a comment (for the few occasions when there was a long pause). For presentation in this text these pauses have been converted to appropriate punctuation marks where relevant (where pauses marked a change of topic, separable clause, etc.). It was not found necessary to record 'timed' pauses for the present purposes.

Overlaps were marked '[' in the text of each speaker where the overlap began. Most overlaps were non-content markers such as 'mm', and have usually been omitted when extracts are presented here, though any potential effect on the original speech was considered (see also '*Interviewer effect*' below).

In the transcripts emphasis was marked with a capitalised initial letter. When presented here '*emphasised words will be de-italicised*' within the quotation marks.

4.1.2.5 Analysis

In the first instance the transcripts here were analysed for content and for discursive themes (see Chapters 2 and 3). However subsequent re-analysis for the purposes of the present report is discussed below (see section 4.3, '*Merging the data*').

4.1.3 Participants

Twelve people were interviewed in this study, eight women, including the three 'pilot' interviews, and four men. Precise age information was not requested, but five people (two male, three female) volunteered their age at

some stage during the interview as 45, 46, 46, 47 and 52. The remaining participants' ages were estimated, on the basis of other information supplied (such as age at marriage, age of children, etc), as three at around age 40, two in their early forties, and two in their mid forties. All participants were or had been married (two were divorced) and one woman whose first husband had died when quite young had remarried. All had children, two of these were adopted, with family age patterns as follows:

Table 1: Children's age patterns - parent group

girls	15	15	12	15	15	15	15	22	9	15	9,10	
			15						16	17	15,16	
Boys				12	13	18	19	18	19	22	13	12,15

4.1.4 Sex education, and the play

A major focus of these interviews was sex education and the play which had recently been performed at the school. However these are not primary concerns of the present research report (see '*Merging the data*' below). Some aspects of parental interaction in sex education have been discussed elsewhere (Ingham & Kirkland, 1997a, 1997b).

Disappointingly very few parents knew about the play and only one had discussed it with her daughter, so whatever the value in terms of promoting talk between peers it seemed not to have prompted discussion at home - even with this sample of parents who might have seemed 'ideal' in that respect (PTA, volunteered for interview, etc.).

It emerged from the interviews that a primary 'facilitator' for discussion at

home was topics raised in the storyline of television soap opera. Some parents used this platform both intentionally and reflexively.

4.1.5 About the data

The use of a checklist drawn from a previous questionnaire, not only provided the function intended (see above) but illustrated some points relevant to the research method focus here.

4.1.5.1 Checklist - the difference an interview makes

Although there is not space to consider them in detail a number of points emerged here.

Firstly the points parents raised ahead of the checklist did generally appear more salient to them - the response to the checklist items was more often of the form 'I hadn't thought of that', or 'I hadn't thought of that as sex education' than it was 'Oh yes, I'd forgotten about that'.

There were a number of examples of very diverse interpretations of the questionnaire items, for example one woman mentioned 'oral sex' in the context of the 'obtaining sexual pleasure without intercourse' item, but when I asked what she included in oral sex talked of 'deeper kissing' and 'nipples', whereas most participants were quite clear about oral genital contact, using varied terminology, though often expressing reservations about the topic. Discussion of 'how a baby is made (conceived)' ranged from 'egg and seed' to 'penetration' and so on.

As in the main study the expression 'STD' was unknown to several participants - this is discussed further in later chapters.

A frequent consideration in regard to appropriate age for sex education topics was that children vary, participants commented on differences

between their own children, as well as differences with children from other families. However when this topic is raised in a questionnaire format there is no space to record this diversity. Furthermore there were several examples of people 'revising down' ages they first suggested for various topics as a result of considering more issues. Most, but not all, who did this became aware of their shifting assessment and commented on it.

There was also considerable diversity in the extent to which people had given any previous thought to the question, some participants having a carefully considered position and a 'rationale' for their answers, others apparently thinking about the topic for perhaps the first time (there was no apparent gender bias in this respect from the small sample here, despite the difficulties recruiting men).

Since, over the last decade, there has been a considerable growth in the literature regarding the ambiguity of questionnaire items, and the related difficulties identified here, these points will not be developed any further, except to note that they raise further difficulties for SCM based studies.

On a more constructive note, in a few instances the checklist provided a useful prompt to more personal accounts of related topics.

4.1.6 Limitations

The other pertinent consideration arising from the parent study was my personal feeling of inadequacy from time to time in the face of the data. For example a number of participants mentioned that sexual intimacy had ceased after the birth of a child. What eventually became apparent was that this cessation of intimacy, usually temporary, sometimes long lasting and in at least one case apparently permanent, was almost certainly related to a wide range of *different* factors - but I had little idea what they might be, or how to ask. I've noticed subsequently how 'since the baby ...' operates as a

useful catch-all, one does not need to explain further, everyone understands

...

The question is 'what do they understand?' It was in the hope of at least being able to ask that question before I undertook any further interviews - that I took the first step into psycho-sexual counselling training.

4.2 Main Study - The Dating Group

The 'main' study was carried out in 1998, set to collect very specific data about negotiation and management of sexual risk, though by this stage it was recognised that accounts were more often found of lack of any effective management of risk. The target population remained older, sexually active people, who may have established patterns / scenarios / scripts / discourses to draw on to negotiate and maintain safe sexual behaviour, though by this stage it was recognised that established 'habitual' patterns of behaviour may turn out to be rigid and/or may be counter productive regarding sexual health risks.

4.2.1 Rationale

Participants in the parent study were, for the most part, in long standing stable relationships, so had little current experience of negotiating new intimate relationships. In an attempt to recruit participants from this age group for whom the research topic might have more immediacy, initial recruitment was through the personal column, in particular the 'Heartline' section, of the local free newspaper.

In the light of the previous study a more direct approach was adopted, and with a little more confidence in the light of some intervening training and practice in psycho-sexual counselling.

4.2.2 Method

In-depth semi-structured interviews were conducted, in a private room either at King Alfred's, College Winchester, or at my home (where interviewees had been recruited via 'snowball' through friends).

4.2.2.1 Recruiting

Initial recruitment was by leaving a telephone message in response to advertisements placed in the 'Heartlines' column, the 'lonely heart' section of 'The Extra' (a free weekly paper distributed in Winchester and outlying areas).

This target population was selected as a useful source of *potentially* sexually active people. The target age range was 35-50. The newspaper column was preferred as potentially more inclusive than an expensive dating agency. There were typically some fifty or so ads placed each week, about half in the target age range. Only 8 to 12 interviews were required but, since potential response rate was uncertain, it was anticipated from the outset that further recruitment might be necessary using a 'snowball' approach.

When recruitment was slow the original, more formal, message was modified slightly (see Appendix G).

4.2.2.2 Recruiting difficulties

Recruiting started out very promisingly, with a reply from one of the two women I left messages for the first day. An interview was arranged, and duly carried out. However this initial success was never repeated. There were no further responses the first week, and none at all the second. By the third week I adopted a slightly different tactic, leaving a message for five men saying I would 'like to talk to them', but not being explicit that this would be a formal interview, though I attempted to make this clear as soon as they returned the call. By the fourth and fifth weeks I left messages for everyone who was in the appropriate age range, did not live too far away (this was sometimes only apparent from the recorded message), and for whom I had not previously left a message.

Seventy eight initial calls were made in all, at a premium call rate (50p a minute), with each call taking three to four minutes: to listen to the advertisers message; work through the various Heartlines messages about options (I became fairly adept at bypassing some of these but others could not be avoided); and to leave my own message and contact number.

Only about half the thirty one men for whom I left an 'ambiguous' message returned my call, a few ringing off fairly abruptly, and not unreasonably, when I explained about the interview. However ten expressed more interest, some saying they were prepared to answer questions over the telephone but not to meet, others making some (in the event abortive) arrangement for an interview. These calls proved interesting, if, for the most part, somewhat frustrating from a recruitment perspective not least because a number of appointments were made but not kept (see Appendix H).

There were no further replies at the time, and as this was proving a time consuming and expensive approach to recruitment it was abandoned in favour of alternatives.

The first, and most productive, of these alternatives was 'snowball' recruiting via friends. No attempt was made to recruit close personal friends, as it was felt that pre-knowledge of the interviewee might undermine the interview process (for example some key information might already be known, and therefore 'taken for granted' in any discussion, and thence not be available to support subsequent analysis of the data). Two male and two female participants were recruited in the first round, and one further female was recruited via one of these four. All these participants were single, or in relatively new relationships. Two had some experience of using 'formalised' approaches to dating (agencies, personal columns, or singles clubs), though in one case this experience was indirect - following up a contact passed on by a friend. As a group they also reported a range of other approaches to meeting new partners. Other potential participants were approached, but

either declined, or were not available during the time frame of the interviews. Some interviewees offered to pass on further contacts, but when this was followed up they were less enthusiastic. These leads were not pursued further since participants had already given up time to the project, and by this time nine wide ranging and diverse interviews had been recorded.

To support the 'snowball' recruitment a brief A5 'flyer' had been produced to be passed on to any potential 'candidate' (see Appendix I). Some of these flyers were left in public spaces where it was felt there may be potential candidates, for example GU medicine at RHCH, Winchester. There was no response via any of these routes.

Although recruitment via the 'Heartlines' column had little success an advertisement placed in the same evening paper (see Appendix J), and with wording similar to the flyer, elicited two responses, leading to successful interviews. These two participants had experience of using a slightly wider range of dating agencies.

Quite late in the interview period there was a further reply to one of the messages left via Heartlines, and this last male was recruited *and* kept the appointment so contributing the final interview.

These varied recruiting techniques led to a somewhat 'ad hoc', albeit varied and interesting, sample. However there was some common experience within the sample as indicated above, and despite the diversity the interviews also revealed a number of overlapping themes regarding sexual relationships, as discussed below and in the following chapters.

4.2.2.3 Interview

The interview was focused towards the main questions about negotiating a new sexual relationship. However it drew three main features from Gold

(1993) as discussed in Chapter 3. Firstly questions were asked about a specific (and most recent) relationship, secondly questions were asked about various points in time leading up to eventual intercourse (here taking a longer timeframe than Gold), and finally participants were asked to recall a *dissimilar* incident (ie 'safe' if the first had been 'unsafe', or vice versa).

However a number of more 'material' questions were asked, for example about any previous experience of STDs.

Appendix K includes the topics to be addressed during the interview, and the associated interview schedule.

Some supplementary demographic questions were asked, and recorded at the interview on a brief questionnaire, see Appendix L.

4.2.2.4 *Transcription and extracts*

Transcription, and presentation of the extracts throughout this report, are as for the preliminary study, see above.

4.2.2.5 *Analysis - the basics*

The principles of the analysis adopted here are introduced in Chapter 3, based on the discussion of the wide range of options and considerations discussed in Chapter 2.

The approach to analysis was comprehensive and inclusive and 'headings' (see below) were suggested by careful reading of the data (informed by some sensitivity to what might be relevant informed by reading and previous research).

Although many researchers call this initial process coding (eg Potter and

Wetherell, 1987) I have resisted this label. Instead I simply use 'headings'. This is to reflect that the headings do not 'code' the data, the contents under each heading are loosely related (as in a 'collection' in its 'set theory' usage of 'association' rather than 'identity', and allowing multiple set membership). There is no sense in which the headings should be considered as 'categories' and they are in no way 'exclusive' - so for example some comment about a condom breaking might appear under the heading 'condom: failure and other problems' as well as the heading 'contraceptive failure'. In this and other respects the principles for inclusion under a heading are as advised by Potter and Wetherell for 'coding'. New headings 'emerged' and others were merged or split as analysis (especially in the early stages) progressed. The eventual index was organised under five broad headings: dating and relationships; sex; safe sex; other relationships; and 'ways of talking'.

The large number of headings used in the initial analysis can be found in Appendix M, along with a description of the card file index used to contain the analysis, and the rationale for that approach.

Given the large number of 'headings' used, even with very careful analysis it cannot be claimed that every instance was collected under each heading. However, where cases from a particular heading were to be used in the report the transcripts were re-searched for further examples, using a word search facility if this seemed appropriate (it could not be used for a category such as 'lifestyle' for example). This, infrequently, yielded an additional case, suggesting that the initial analysis was reasonably comprehensive.

I use 'reasonably' intentionally here for a number of reasons. Firstly not all headings were intended to generate an exhaustive collection. For example the interviews included many examples of 'false starts' and 'hesitation', but only a few of the more striking examples were collected on the relevant index card (under '*Rhetorical/Discursive*') to serve as a 'quick index' into

more marked examples within the transcripts, selecting particularly those seeming indicative of some turn in the interview (avoidance, uncertainty, pending disclosure etc), should it prove appropriate to discuss this particular conversational feature in more detail. Secondly, it was never expected that *all* the topics analysed could be discussed in any detail, so a reasonably comprehensive collection under each heading would be sufficient to indicate where findings were such that they would provide a relevant point of discussion, and where a re-search of the data would be appropriate.

Finally, even with this level of detail, this preliminary analysis could not represent an 'exhaustive' account of the data. Nor is such an account possible. Some considerations in this respect, and their implications for further analysis of the data, are discussed below (see '*About the data*'). Whenever a heading was identified as relevant to a subsequent topic of analysis particular attention was paid to use a more mechanised search to find any further examples, to seek counter examples, and where relevant to revisit data from the parent study.

Some subtler concerns for the analysis arising from, for example, the 'retelling' emerging from participants reflexive engagement in the interviews, are discussed below (see '*Implications for analysis*').

4.2.2.6 Selecting topics

This comprehensive approach to analysis yielded a very useful indication of the breadth of inter-related issues contributing to presence or absence of safe(r) sex, and provided a useful backdrop of the 'scope' of the topic against which to set more detailed analysis and reporting of any specific topic. However it also became evident that not all aspects of the research question could be reported within the scope of the present volume. Some selection had to be made from the substantial range of candidate topics. In many ways this was the most difficult part of the research, and I mention it

here since it is omitted, or given scant attention, in accounts of how to approach discourse analysis (eg. Parker, 1992, Potter and Wetherell, 1987, Wetherell and Potter, 1992).

Two themes emerged which seemed intrinsically interesting. These were the, to some extent interwoven, strands of 'loneliness' and the 'meaning of a relationship'. Since both slipped in and out (both claimed and disclaimed) of accounts of unprotected intercourse they seemed a particularly relevant focus of a discursive analysis. However their presence in the present interviews was fragmentary, fleeting and transitory. They had occurred 'in passing' and had not been picked up for further exploration in the discussion in the interviews. Moreover they seemed often to be associated with some kind of suppressed affective response which is not readily accommodated by a discursive analysis. This and a preliminary exploration of some relevant literature indicated that any adequate treatment of these topics would require some recourse to a more psychoanalytic literature. Since there was neither time nor space for that here they were reluctantly abandoned for the present.

A more pragmatic consideration was that those themes would be better presented against an account of some of the more 'manifest' aspects of participants lives, and the data indicated many sexual aspects of the lives of a 'forty-something' population which had not previously received much integrated qualitative discussion. Since this would be relevant to, and required by, any further topics selected, it appeared a 'necessary' candidate for inclusion. Chapter 5 represents a preliminary outline of some of the relevant themes.

It is perhaps inevitable as a *material* discourse analyst that the next major criterion for selection of topics for inclusion here should be the extent to which they more directly informed presence or absence of safe(r) sex, and in particular use or absence of condoms. Hence in Chapter 6 I seek to provide

an integrated account of some aspects of the many themes which emerged under the general heading 'Safer sex' in the preliminary analysis. However in both chapters other related topics from the preliminary analysis are drawn on as required to add depth to the analysis.

In Chapters 5 and 6 a number of discursive themes and fragments emerge in the more 'manifest' accounts of the data there. These 'material discursive' themes and fragments are drawn together and discussed in Chapter 7. To some extent these chapters represent successive phases of the analysis, however the process was in practice considerably more 'iterative' than that might suggest (see also, Chapter 3, section 3.2.4).

Moreover, before embarking on those accounts of the data, the focus in the preceding chapters on the *nature* of the data which can be collected using different research methods necessitated some consideration of the nature of the data collected here. Using a somewhat 'cannibalistic' technique (of using the present analysis of the data to justify that analysis) this is addressed in the present chapter (section 4.2.4).

4.2.2.7 Reporting interviewee comments

Given that the approach for this study is in depth analysis of in depth interviews, it would be interesting to identify 'who said what', so that the reader could build up some overall picture of distinct participants, who exist against a social backdrop structured by recurring themes. From that base it could be made more apparent that the themes emerge from discussion with discrete identifiable 'persons', yet at the same time we can see 'individual persons' emerge from varied interactions with the background 'structure' afforded by biology, social institutions, social discourse, etc.

In principal this would be a desirable, and straightforward, way to proceed, using the indexed analysis described above to link all quotations etc back to

their source. However people agreed to participate in the study because they were offered confidentiality. Furthermore, because of the snowballing approach to recruitment, two of the participants are friends of mine and of one or two other participants. More importantly one or two, and one or two close mutual friends, have expressed an interest in reading this report. This presents a greater than usual challenge to maintaining anonymity, especially since these various friends are aware of *some* incidental details of each other's sex lives - though clearly not all. Typically participants were not too concerned about disclosing personal details, but were concerned to avoid embarrassment, hurt, etc potentially arising from accounts which inevitably include mention of *partners*, amongst others¹.

This has made me perhaps more than usually alert to the possibility, unlikely (less of a 'risk') where there are a larger number of 'unknown' and 'unidentified' participants, that a reader may recognise the occasional extract, so that if extracts from a single source were linked by an identifier then previously 'unknown' thoughts, relationships, incidents, could easily be identified and attributed to that same person. To minimise such a possibility only the minimal links necessary to achieve coherence will be provided within accounts. Similarly statistics, such as present age and age of first intercourse, will only be presented in summary form for the group, rather than in a table showing their patterns of inter-relationship with gender etcetera person by person.

I see this as an unfortunate and undesirable, as well as unforeseen², outcome

¹Some participants went to considerable lengths to protect the identity of partners they talked about, for example in the final extracts in the section about HIV testing in Chapter 8, the interviewee talks about 'the first one', 'the other partner', 'the one ... who had' and so on. Another man in his mid forties raised the concern '*the only thing that I am worried about is the confidentiality thing*' (5226). I reassured him, commenting that I did not know his surname, and explained that I would not use names, though '*actually you haven't mentioned any names anyway*' (5239) to which he replied '*no / that was fairly deliberate obviously*'.

²Of course I should have foreseen it.

of this recruitment process³ when working with a small number of participants.

4.2.2.8 Data trail

The lack of participant identifier in the text, discussed above, also raises a problem of maintaining an adequate index of the source of quotations, accounts etcetera. This has been addressed by including line number references on all quotations in the usual way, which may serve to reassure the reader that there is a 'real' source for the material, and by holding a participant identifier along with this as a WordPerfect 'hidden comment' on the soft copy of the document. A single hardcopy with this information printed will be secured for any future research reference purposes.

4.2.3 Participants

Five women and four men were interviewed in this study . Ages were 37, 42, 43, 45, 46(x2), 47, 48 and 53 a very similar range to those in the pilot study. Though none of these participants was living with a partner at the time of the interview (a clear distinction from the 'parent group'), all had some past experience of 'live in' relationships. Two who had never *married* chose the status 'single'. Seven participants had been married and subsequently divorced, one had also been widowed from a second marriage. Four of these chose the 'compound' status 'single, divorced'. These seven all had children (one adopted) with age patterns as shown in the table below.

³It would be interesting to hear how, for example, Wendy Hollway's participants (Hollway, 1984, 1989) responded to the publication of details of their (inter)-relationships - perhaps they expressed no interest in reading her academic work, or she 'took the risk', as I am tempted, to assume that in practice they would *not* read it.

Table 2: Children's age patterns - dating group

girls			>15	21	21,23	23,25	
Boys	3:6	5					24,26

The age range of children is quite distinct from that of the pilot study, largely an artefact of the pilot study being recruited primarily from parents of one particular school year group. However it is not clear why the children's ages here tend to be either very young, or an 'over twenty' ('leaving home') age - given the common range of the parent ages across the two groups. The younger children were not living with the parent interviewed, though in all cases the parent had 'right of access'. Some of the older children lived with the interviewed parent on occasion. This is a further lifestyle difference between the groups since even the divorced parents in the earlier group had all their children living with them⁴.

Demographic data for both groups pertaining to more specifically sexual topics are presented and discussed in Chapter 8.

⁴There is insufficient data here to test whether this difference between the groups is anything more than chance. It might be argued that raising teenage children is fulfilling in itself (see 'Parents' in Chapter 8), leaving no space for seeking another partner. Alternatively it might be that parents of teenage children do not have time to engage in any 'dating' activity. One man in his mid forties (musing that he might like to be a parent again, to 'make a better job of it' (4212) this time) talked of how, as a single parent, he 'worked, and looked after the kids But it also meant there was quite a period of time, with the hours that I did, when they had to be at home on their own when they were sort of ten, twelve' (4160) so he seems to have had little enough time to talk to them, let alone meet anyone else. In accounts of dating from both groups, all mention of partner's children are as young (under five) or 'grown up' (left, or ready to leave, home), except in cases of extra-marital affairs. It may be that teenage children tend to inhibit their parents from engaging in any overt dating activity. However the Heartlines columns include entries from women in their forties styling themselves 'single mother', and whilst some of these may have young children it would seem probable that some in this age group would also have older children. So it may just be that, with everything else that is happening in their lives, single parents of teenage children have no time to take part in research interviews.

4.2.4 About the data

Interviewees' accounts regarding relationships in general, sexual relationships in particular and, most relevant here, strategies (or lack of strategies) for negotiating safe(r) sexual behaviour are discussed at length in Chapters 5 and 6.

A variety of methodological approaches to analysing texts and their underlying theory and epistemology were explored in detail in Chapter 2. Before moving on to the more substantive findings relevant to sexual health I will discuss here some findings related to the process of the interviews which have implications for the interpretation of the data. (Inevitably, there is some circularity here, since it was necessary to analyse and interpret the data in order to present this account.)

Some of these findings reinforce confidence in the 'verity' of the accounts offered, others raise concerns about the possible scope of interpretation of such accounts. Either way I discuss what practical measures were adopted to address the concerns raised, insofar as that is possible.

A more theoretical account of these issues is developed in Chapter 8.

The present analysis might more usually be expected towards the end of the report, but given the emphasis here on methodology it seems appropriate to be clear about both the strengths and limitations of the present data, before exploring it further.

4.2.4.1 Interviewer effect

In the interviews with parents (see '*Preliminary study*' above) I adopted a somewhat more 'conversational' engagement than here. But on occasion that led to slight 'interviewer contamination' of interviewees' responses.

In the main study I aimed for an engaged but non-contributory style and was pleased that transcripts show very little beyond 'mm' by way of response to interviewees' comments. It must be acknowledged that a transcript hides the variety of intonation, and associated semantic weight, that I can achieve with an 'mm' so it may be difficult to exclude *any* appearance of subjective evaluation of participants' contributions. Indeed to do so might be unnerving for the interviewee since it is usual to seek some response when talking⁵ - not only to ensure you have been heard but also to ensure that, at least up to a point, you have been understood.

In any event, despite their range, 'mm's have the advantage of contributing little substantive (as opposed to perceived evaluative) content.

Nonetheless there were a few examples of some 'interviewer interjection'. In such cases interviewees nearly always 'picked up' any new terminology or concept that was introduced. For example in the following exchange:

Interviewee: ... *depends on the individual*

DK: *on the situation?*

Interviewee: *On the situation ...*

(Woman, early forties, 1561ff)⁶

Clearly one cannot be sure whether 'the situation' was particularly relevant

⁵In the preliminary study, one of the parents was particularly concerned throughout with what was 'normal': 'I think that's normal', 'is that normal?' and so on. I resisted engaging in any exchange which would involve stating my personal view, replying to his more outright 'what do you think?' by negotiating that I would be happy to answer or discuss any questions after the interview. However it is clear from the transcript that this rhetorical device was part of his usual conversational style, which I upset somewhat by resisting the more usual conversational responses to such discursive turns.

One might anticipate that someone engaging in such conversational moves would be particularly well versed in 'dominant' discourses. Unfortunately it was not clear whether that was the case from the interview content - but that may be an outcome of the disruption of his conversational style. Conversely it may be that such a style is deployed primarily to seek affirmation - or may primarily achieve this effect even unintentionally. Discussion after the interview indicated a genuine interest in the research.

⁶See 'Data trail' above for an explanation of source references.

for this woman, and in some cases later exchanges in a transcript indicate that such interviewee responses have been 'counter factual'. However there were only some dozen or so examples throughout, and to avoid mis-attribution they were treated parsimoniously - that is the interviewee content was discounted unless it was elaborated or reappeared elsewhere.

However, the interviewee would sometimes specifically resist my 'terms' - a useful indication of where a view was already 'thought through' and held quite firmly and independently (at least independently of me, the interviewer - the original source was of course not identifiable through the interview methodology used here).

This however was the more straightforward of the issues.

4.2.4.2 Interview as process

Although by conducting semi-structured interviews one seeks to elicit how participants *already* would choose to report and account some particular topic, nonetheless the very activity of answering (often novel) questions promotes some 'thinking', which may include some 'rethinking' of previously held attitudes, beliefs, or even interpretations of events. Hence an interview is a *process* not only for the interviewer (who, in other approaches might be seen as some *objective* gatherer of static pre-existing data, as perhaps claimed by those using questionnaires with items to check to measure attitude scales, or to explore social cognition models), but it is also a process for the participant.

A striking, and relevant, example of this from the present study was the development for one of the men of a gradual self revelation of his '*actual*', rather than his '*idealised*', practice regarding using condoms. I will describe it in a little detail to show how a new understanding developed out of the context of the interview.

Although relationships were always with people he had known for some time they were never pre-planned '*I just don't plan anything I just see how things evolve ... So basically what happens is, you get drunk ... She might be wearing a nice article of clothing, she might be looking particularly good that night, Whatever it is you think .. the chemistry starts to work. It really is as simple as that*' (2075ff). Referring to just such a start to a particular relationship, I asked '*... Any precautions?*' (2461). After a pause he replied '*No .. Not the first time ... Well [pause] er the Pope's method [laughing] ... Withdrawal ... I must admit I've .. with the girl before that I did that ... the next morning thought .. "What have I done?" ... Stupid*' (2464ff). Subsequently intercourse would usually be protected '*generally just using condoms*' (2523).

The next relationship we discussed was relatively brief, but again unplanned and unprotected '*It was more an accident to be honest with you. ... just happened that .. [laughing slightly] bodies were in the wrong place at the wrong time rather than me thinking "this is going to turn into penetrative sex"*' (3097). Later in the interview it emerged this relationship had developed more gradually than suggested here, consonant with his explanation that '*I think that's the reason why the first time .. on two occasions, I didn't take any at all precautions. Because I knew them. It's kind of like I trusted them which is stupid really given AIDS and things and goodness knows what else*' (3172ff).

At this point I reminded him this was now three occasions where first intercourse with a new partner was unprotected, to which he assented '*Three occasions, that's right*' [DK: '*Is that what usually happens? in a new relationship?*'] '*It sounds like it, doesn't it? .. It's just something that I .. Yes it is, it's just dawned on me, I've never thought about it before until, right at this moment*' (3190ff). Though as he had emphasised a little earlier '*But I only tend to do it .. the first time ..*' (3157).

As well as raising some interesting issues regarding (lack of) safe(r) sex which will be taken up in subsequent chapters, this series of extracts illustrates again the limitations of *any* approach to gathering this kind of data, since we are not always *aware* of *patterns* in our behaviour, even where we have (as in the present case) quite clear memories of the relevant incidents. It illustrates a strength of the semi structured interview as a way of gathering data that such topics can be explored in more detail, and a more accurate picture of 'risk' can be developed. At the same time the research tool has certainly had an impact on what is being researched. Returning to this topic towards the end of the interview, the man commented '*It's kinda stupid is that I know it but I still did it. ... It's a weird attitude that and I'd never quite explored it ...*' (4659ff). But now he *has* explored it, albeit briefly, and this exploration *may* have consequences for his subsequent behaviour. Any such consequences (if only adding to a general increase of awareness of 'risk' behaviours) *may* be valuable from the perspective of health intervention. But they also illustrate why 'test re-test reliability' is an irrelevant concept in the context of this methodology.

His was not the only such experience *commented upon* in the course of the interview. One of the women at first described herself as '*not pushy enough to make the first move*' (861) in a relationship, but later recounted how she had eventually said "*Don't you fancy me?*" (1550) to a partner who had seemed somewhat reticent. She noticed this contradiction, and commented '*so I lied earlier really didn't I?*' (1559) but thought that perhaps it '*depends on the individual?*' (1561). She described a later incident when she had said to a partner "*Have you booked a room?*" (2277) but this was some time into an extended courtship, when an earlier approach on his part (when he *had* booked a room) had been firmly turned down. However further incidents also suggested she had considerable control over when first intercourse with a new partner would occur.

These two examples were not the only occurrences of re-evaluation during

the course of the interviews, but it was not always clear to what extent the 'marking' of a contradiction triggered any re-evaluation, nor was it only contradictions that would mark reconsideration. Nor is it the case that reconsideration would necessarily occur during the course of the interview, since many people ponder experiences 'after the event' (cf Billig et al, 1988). Here I merely use these examples to illustrate the dynamic nature of the data explored in this study.

4.2.4.3 'Layers' of analysis

The examples in the previous section already point to some difficulties with any simplistic approach to 'coding' the interview data. For example how should the man's initial claims to 'use condoms regularly' be coded? Should those claims be re-coded in the light of his later re-evaluation? Or is the only potential use of these data, as here and in the next chapter, to illustrate the complexity and limitations of people's understanding of their own behaviour?

At this point I want to demonstrate some further difficulties about interpreting 'what *is* in the text' using extracts from the account of a man in his late forties, where the 'meaning' was perhaps always clear to him, but much less so to me, or a reader:

'... with the one that I really liked ... we met on a .. I don't know two or three occasions .. she invited me back to her place for dinner .. em .. I stayed overnight .. that sort of thing, and em, .. you know we had sex ...' (3788ff)

At the level of straightforward content analysis this information might be coded under 'time to first intercourse', 'location of first intercourse', 'staying overnight', etc.

However it begins to look a little more complex when the interviewee continues:

'.. and .. and - and it - it developed .. "normally" if you like ...' (3823ff)

Again there is a straightforward surface interpretation, something like 'this is the norm for this participant', but this might be re-interpreted in the light of the continuation:

' .. em .. with .. (pause) an - and with the woman I saw four or five times .. [DK: yeah?] .. em .. e' .. on the .. third occasion .. em_ I - She invited me to dinner at her place .. and em .. (pause) we were just sitting watching television .. and .. I had me arm round her and she said "Do you want me to video this?" .. And I knew exactly what she meant, and I said "Well, no not really" I said "look there's no rush" 'cos I .. I'm not in any rush and if I .. if I like somebody I don't need to rush anything ...' (3828ff)

There appears to be an attempt to contrast the 'normal' progression, with the woman he liked, against the 'rushed' progression with the other woman. However, the accounts he offers do not support the contrast very easily, since both examples follow the same pattern: meet two or three times, dinner at her place, stay over. After some digressions he returns to this scene:

' .. and then ... she said "look we're not schoolchildren" and I said [laughing as he tells this] "Oh alright then" and so we went to bed and had sex. ... but But it wasn't what I wanted .. ' (4000ff)

This *might* take us back to the earlier interpretation that this is the 'norm for this participant' - irrespective of whether he is 'keen' on the potential partner. Later he gave a more detailed account of sleeping with the first woman the

first time he went to dinner (4209 through 4293). However, in the light of later questions it became apparent this did not happen until a second or third visit, and he backtracked with some embarrassment:

'... I think that .. the first time ... I went round for dinner .. we obviously didn't .. have sex so all that .. was wrong .. sorry ... '
(6496ff)

It is only towards the end of the interview, in answer to the question '*have you ... ever experienced any health problems associated with sex?*', that the precise nature of the difficulty becomes clear:

'Well I have, yes. ... Impotence ... On a grand scale ...' (7027ff)

On closer examination of the transcript there is a much earlier clue to the distinctions between the two cases:

'... just that there was obviously something between us .. that that chemistry if you like .. that was .. there from the start .. that made things so much easier' ... 'With the other one .. there wasn't that chemistry there ... ' (4283ff)

This interview had seemed particularly difficult to conduct, with apparent 'blocks' to questions along the way. It is only after 'impotence' has been voiced that some earlier difficulties become more intelligible. For example when I asked '*were there any things that you thought about ... on the way to bed?*' (which I used if contraception or protection had not been mentioned) he replied:

'... I'm not really sure what you're trying to - if I knew what you were trying to get at .. I mean you can be quite frank with me ... ' (5136)

This question had not seemed a problem with other participants (whether or not contraception / protection occurred to them at this stage), but the difficulty becomes intelligible in the circumstances of this interviewee, especially if he had not yet decided to be frank with *me*.

I have explored this case in some depth because it illustrates quite clearly some rather more complex questions about interpreting texts than those discussed in the sections above (eg. '*Checklist: the difference an interview makes*', section 4.1.5.1, '*Interviewer effect*', section 4.2.4.1). The disclosure, which occurs very near the end of the interview (page 109 of 125), acts as a kind of 'key' which unlocks much of the preceding material⁷. It is impossible to tell whether 'errors' in accounts early in the interview are straightforward lapses of memory, conscious constructions of a particular 'version' of events, or traces of some kind of psychodynamic repression. The *interviewee* eventually noticed contradictions in his account and I am sure his intent was not to mislead. However this example does illustrate the 'relativity' of what we can, and do, 'tell' about our lives. There are always questions about 'what kind of truth' can be found in conversations, or transcripts, and the situation is even more problematic when, as a reader, you are limited to the quotations I have selected. There is no clear distinction between accounting a life and constructing a life. And this is as much the case for accounts which appear clear and straightforward as for the more difficult interview discussed here.

Finally it is worth noting that the difficulty can be as much with the listener, or the reader, as with the speaker. As a psycho-sexual counsellor I might have been expected to pick up on certain cues early in the account and prompt for the possible underlying difficulty, and so make disclosure easier for the interviewee. Switching too firmly to 'interviewer' role may on occasion be counter-productive.

⁷Further examples are not provided since 'too many' might jeopardise the identity of the interviewee.

It is unclear what conclusions might have been drawn from this text if the disclosure had not eventually been forthcoming, and this and further examples (see eg under 'Parents' in Chapter 5) again illustrate the value of a longer 'depth' interview - when the participant might eventually feel sufficiently comfortable to reveal what he or she experiences as distressing, or perhaps considers relatively 'taboo', information.

4.2.4.4 Interview difficulty

I have already mentioned that as well as presenting difficulties for analysis, the interview above was at times difficult to conduct.

Early in the interview the man returned so many times to the topic of women he met through the dating agency 'not paying for drinks' that I eventually was prompted to interject and comment about the number of times men had made something of a scene about being offended when I had offered to pay, or had paid, for drinks.

This interrupted the precise reiteration of the theme, but some apparent resistance to focusing on the interview questions persisted.

I can still recall a strong feeling of irritation, evoked to some extent at the time of the interview, even more so when transcribing it and subsequently beginning to analyse it, since on each occasion I 'forgot' the denouement - until it appeared again, close to the end.

Wearing my 'therapist hat' I incline to interpret this tension as some response to the undoubted concern of the interviewee regarding his 'impotence'. There are several possible psycho dynamic interpretations, beyond the scope of the present thesis. However at a more pragmatic level it may be appropriate to consider that if such problems are evident in an interview they may indicate some underlying difficulty, which may have

consequences for the interpretation of the data - especially if the problem is not identified.

Fortunately here, as far as one can tell, the problem was identified - with considerable repercussions for the interpretation of the data, as discussed above.

Again some circularity has been forced on the discussion here, since the difficulties were experienced *before* the impotence was disclosed, and before the analysis of the text above shed any light on the situation. In the interest of chronicity, and of the point at which it might first be addressed in the interview, this problem should perhaps be introduced in the section (4.2.4.1) on '*Interviewer effect*' above. However it is easier to present and discuss 'contextualised' by the previous section.

4.2.4.5 Implications for analysis

I have argued above ('*Interview as process*', section 4.2.4.2) that participants not only *think* but *re-think* their experience, beliefs, attitudes and so on in the course of the interview. The examples discussed suggest some *reflexivity* not only in the accounts, but in the course of *accounting*.

Those accounts, like the one in the last section, also indicate participants are, at least to some extent *self aware*, though there is evidence elsewhere of some *repression* (conscious or otherwise) in the accounts. For example there is a very 'self assured' sounding extract in one man's account:

'these are my parameters. If they don't fit I walk away' (837ff)

which sounds very assured, until we see it in context:

'a form of self protection, these are my parameters. If they don't fit I walk away - before I can't walk away' (837ff).

To argue that any examples of the present data provided evidence of 'repression' in a more psychodynamic sense is beyond the scope of the present research. At a more 'manifest' level of analysis there were a number of examples of use of terminology deriving from psychodynamic theory ('inhibitions', 'subconsciously' and so on) indicating the use of such concepts (at least in an 'ordinary use' sense, cf Moscovici, 1984) in participants' 'everyday theorising' and as in the reflexive consideration of '*protecting myself*' in the account above.

From such an example it becomes clear that there is no straightforward way to 'code' data here (or perhaps anywhere). Extracts taken out of context can be very mis-leading. Even the approach here of collecting sometimes quite long extracts together on a particular topic can be problematic. It is useful to bring such extracts together, to explore them for common themes, contrasts and so on. However it is then essential to revisit each extract in its original context, since the meta-analysis is then sometimes 'undone' by some further association evident in the original.

This may be more, or less, of a problem depending on the extent to which the analysis at this point is more, or less, either experiential or discursive. Some theoretical and methodological considerations arise out of this, including the extent to which the problem might, or not, warrant a return to the interviewee for clarification.

In the studies presented here there was no return to the interviewees, but there was an attempt to go back to the original transcripts to ensure that the accounts presented here and in Chapters 5 through 7 do not mis-represent the participants or their contributions, insofar as that is possible from the data available, and acknowledging that inevitably my interpretation of what they said *cannot* be the same as their understanding of what they said (see Chapter 1).

4.2.4.6 'Veracity' and other concerns

The contradiction and mutability in participants' accounts presented in the preceding sections might be seized upon by psychologists of a more realist and quantitative persuasion to denounce qualitative research as self evidently 'unreliable'. However here, and in Chapter 1, I have sought to indicate that one cannot expect, could not find, things to be otherwise.

The question then is what can we assume of the data? What use can we make of it?

Firstly, the evident *effort* participants appear to invest in trying to get their account 'right' undermines previous arguments that people 'will never tell the truth about sex'. In the final analysis this seems as much the case for the man who eventually revealed impotence as for any of the other participants. Therefore if we take 'veracity' to mean 'the truth in so far as they are able to tell it', then there is little doubt about the verity of these accounts.

However they are always only an 'account', and to meet a specific purpose, as discussed in preceding chapters.

Inevitably there are contradictions within each interview but, as illustrated above, these often serve as a useful entry point: for example to exploring the presence of contradictory discourse, or to making implicit knowledge manifest.

Nonetheless a certain 'unwillingness' to reveal some kinds of personal information early in an interview, amongst other considerations discussed above, places limits on the value of placing too much emphasis on the meaning of de-contextualised extracts - and, as in the case above, it may be that the 'whole interview' is the relevant context. Since practical, as well as ethical, considerations preclude presenting very much context when extracts

from interviews are presented as 'evidence' in the discussion of various findings, then the reader must be prevailed upon to 'trust' that the author has taken the wider context into account. In the preceding sections I have indicated some of the techniques used to achieve this.

However as I have argued in earlier chapters one cannot know all that may be relevant to any particular behaviour, underlying effects may not be 'known' in the sense of 'explicit' to the person him or herself. The accounts in the following chapters do not therefore claim or even seek to be universal truths about negotiating safer sex - merely to explore some of the factors and processes which may be contributing to various outcomes. At best one might hope that by making some of these points explicit they will make their way into public discourse in such a way as to change it so that the effects will *not* appear in subsequent research. An ironic twist to any call for 'robust' findings.

Part of the intention of the present discussion is to invoke trust in the author, much as increased willingness to divulge more personal information as the interview progressed provides some indication that participants came to 'trust' the interviewer.

Further examples of gradual increase in disclosure can be found amongst the analyses that follow. I can only hope that my presentation of the accounts does not betray the trust they evidence.

4.3 Merging the data

The original intention of the present studies was to analyse them and write up each as a discrete account. In particular one might draw on the data from the first study to discuss many aspects of sex education within the home. However the intention was always to use the later parts of those interviews to explore accounts of *actual* safe or less safe negotiation of intercourse.

As discussed above there were some limitations of data collected there in terms of lack of directness in focus, and insufficient expertise to tease out detail at the time of the interview. These contributed to the design of the second interview, which in the event yielded more than enough data for one 70,000 word volume.

However since there was both overlap and difference between the participants in the two studies (see Chapter 5) it became apparent that findings from the preliminary analysis of the first study could usefully illuminate and contrast findings from the second.

There were also some concerns about presenting the data in such a way as to maintain confidentiality for participants, since they were few in number, but people in each group knew each other. Some of these concerns for the 'dating' group are discussed above (see '*Reporting interviewee comments*') but there were also some reports of infidelity (of self or partner) in both groups. Combining the data has the advantage of further protecting the identities of those concerned.

The parent study data was not analysed using the same exhaustive method as for the dating group transcripts, but where data was identified as potentially relevant from the preliminary analysis then, before extracts were used, similar techniques of re-reading in context, seeking counter examples

within the transcript and so on were used as discussed in the sections (4.2.4, inclusive) '*About the data*' above.

In the end, as Potter and Wetherell (1987) have argued (see Chapter 2), this move can only be justified to the extent that the ensuing chapters succeed in 'making a case'.

Chapter 5 - The participants: sex, safety, risk, perceptions

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In Chapter 6 I will present some of the key issues relating to strategies for safe(r) sex, and lack of such strategies, which emerge from the accounts of participants (age, approximately, 'forty something') in the two studies introduced above. However, the introduction in the present chapter to the complex and varied nature of the lives from which these strategies emerge, provides a base from which to evaluate those contributions. This partly redresses the limitation, due to the ethical constraints discussed in Chapter 4, regarding attributing interview extracts to specific participants.

A further intention in this chapter is to discover something of the perceptions of sexual health risk prevalent in this cohort, insofar as it is represented by the interview participants. In subsequent chapters it will be possible to explore how these perceptions inform, or not, the accounts of sexual behaviour, and something of how they may relate to any wider discourses.

The interpretations presented here are drawn from how people *recount* and *account for* their sexual relationships and, insofar as is possible to ascertain from these data, how they *conduct* their sexual behaviour.

Despite devoting the present chapter to this introduction to the participants, the range of information which can be discussed in any detail is severely limited in comparison to the wealth of information they supplied. I begin with a rather 'simple' summary of a few key 'sexual statistics', before moving on to review aspects of relationships recounted which seem to suggest some degree of sexual 'safety' ('*Is anyone safe?*'), and other aspects which perhaps suggest sexual risk¹ ('*Evidence of potential sexual risk*').

If there was no potential sexual health risk for anyone interviewed then suggesting there was evidence of any strategy for risk reduction would be highly questionable. From a 'health promotion' perspective it is always

¹I refer intentionally to 'sexual risk' rather than 'sexual risk taking' since, as will be seen from the data below, it is not clear that the interviewees were always 'aware' (if and when) they were 'taking' risks.

possible to argue that while sexually transmitted diseases (STDs) continue to exist then there must be *some* risk for anyone within the population (even a virgin may be so unfortunate as to be raped). However the aim here is to explore the extent to which there is evidence of potential risk factors from within participants' own accounts, though of course acknowledging that what is known to one may not be known to all. Despite these caveats this information is particularly salient when it comes to the main section within this chapter ('*Perception of risk*') which focuses on the extent to which participants appear aware of any sexual health risk, especially for themselves.

The 1992 HOTN report outlined two areas of concern regarding sexual health. Teenage pregnancy is clearly not a concern of this group for *themselves*, though for the most part we will see that *pregnancy* certainly is, and has perhaps dominated any concepts of 'safe sex' for many of the participants. Of greater interest for this cohort, who gained much of their early sexual experience in the 'newly permissive' era of the nineteen sixties and nineteen seventies and well before the emergence of HIV as a known risk, is the extent to which they perceive STDs in general, and HIV in particular, as a risk, and whether they have any experience in these areas. (The next chapter will be focused on the extent to which, and ways in which, they modify their sexual behaviour accordingly.)

However I begin with a 'quantitative' summary of some aspects of the participants' sexual and relationship histories.

5.1 A 'quantitative' introduction

These data provide, albeit in a very limited way, an opportunity to present some similarities and differences between the two samples beyond those introduced in Chapter 4. The data presented in tables (age of first intercourse, number of sexual partners disclosed, and time since last intercourse) are all of a kind often considered of questionable veracity. Overall I believe the summaries here are a fair and accurate representation of these participants' accounts. However one or two participants were probably intentionally attempting to be a little 'inscrutable' on some points, and others appeared to have some difficulty with recall irrespective of the extent to which they may, or not, have wished to give accurate information. For these reasons, even in this supposedly 'quantitative' analysis, I include some quotations illustrating the way the data was presented, especially where it was presented with any apparent 'uncertainty', to help the reader assess, or better 'get a feel of', the quality of the information.

5.1.1 Number of partners (and associated embarrassment)

One *potential* sexual health risk indicator is number of lifetime partners. Of the twelve participants in the 'parent group' ten were currently married at the time of the interview, one of these in a second marriage. For five (three women, two men) their spouse was *their* only partner ever, and two (both women) had only one previous partner. There was no specific question about number of partners in that study, but the two women (one early, one mid, forties) who were divorced each mentioned several partners, as did one of the males. The fourth male mentioned two partners, but there was an implication of more. The remaining woman said '*Hundreds!*' (4217ff)².

These were during a period between two marriages after her first husband

²Numbers in brackets indicate the line number of the entry, or beginning of the entry, in the relevant transcript. The 'data trace' is explained in Chapter 4, along with the rationale for not indicating participant identifier in this text.

had died of a long illness, however she went on to qualify '.. *when I say hundreds that's dreadful isn't it!* (laughing) *No no ... I always made long lasting friends ... there weren't that many really*' (4264ff) though it 'seemed like that' - other aspects of her account suggest perhaps somewhere between ten and twenty (in the light of similar accounts in the main study).

In the main study all participants reported at least five sexual partners, and numbers ranged through 6, 6-7, 7-8, unspecified but at least 7 mentioned, 10, about 20, over 20, and about 35. As the numbers increased so did the uncertainty, and to some extent the reluctance to proffer even an estimate.

Interestingly this topic was the most frequent cause of apparent *embarrassment* to interviewees, affecting five of the eight participants in the main study who were asked. For example a woman in her mid forties commented '*I know it sounds terrible, don't it?*' (210) having recounted six partners in the previous six months, and later regarding total numbers '*Oh er - I don't know - Quite a lot I'm afraid ...*' (2947ff) and after a little prompting '*No, I wouldn't think over 50 - I would think about - probably about 20*'. And from a man of similar age '*I can't give you the exact - Somewhere between about .. twenty five and thirty five.*' (3009ff). However in conversation over a cup of tea later '*fortyish*' was mentioned - and that '*young blokes now*' would comment on that as being high (3011, interviewer note). During the interview he went on '*But er I'd like t'er qualify that slightly bec' er you gotta remember I - I was em (pause) a young nineteen year old - in the .. late sixties early seventies ..*' (3018). This is the first of several appeals to 'sex in the sixties' as explanation or justification and this epoch (Foucault, 1976/1990) appears particularly salient to the present cohort, perhaps not surprisingly given its overlap with their teenage years. However, although themes and fragments were used as though from a coherent shared understanding (an assumed shared discourse?) overall usage was wide and somewhat contradictory, as will be seen below.

Embarrassment could occur whatever the actual number of partners reported, for example from another man in his mid forties: '*not that many / mean I've probably - this is probably going to sound terrible, probably only about .. six seven*' (1846ff). A woman two years younger had hesitated earlier in the interview '*I think - there had been minor relationships in the mean*' - *Well, there had - in the meantime ...*' (2122ff) and in answer to the direct question replied '*em - Not too .. too many, although that's relative isn't it?*' (3162ff) a long pause as she counted silently on her fingers '*I can, I can think of six at the moment*'. There were also examples from amongst the 'safest' reports from the parent group as, from a woman of about forty, '*... two ... pretty poor by today's standard!*' (2249). The latter also provides a contradictory perception of sexual trends from the 'sex in the sixties' appeal above.

Since precise data regarding number of partners were not collected in the pilot study, and since estimates were clearly imprecise for some people in the main study, it is not possible to carry out any statistical comparison between the groups, nor even to present any meaningful graphical comparison of the data. However one can describe some apparent 'overlap' between the majority of the main study participants (six) who reported between five and ten partners, and the three 'parents' (which includes the two who are divorced) who described several relationships. The parent, discussed above, who said 'hundreds' seemed to have a pattern of sexual relationships more similar to the three remaining main study participants who reported twenty or more partners. However the most striking comparison is that most (eight, or two thirds) of the 'parent' group reported only one or two partners, a pattern not found at all within the main study group.

5.1.2 Age of first intercourse

Age of first intercourse has also been suggested as a possible 'health risk' factor. Again this was not a direct question in the parent study, however

most participants volunteered the information during the course of the interview and ages ranged: 14, 16, 17, 17:6, 18, >20, 21 and 23 (years:months). One person said 'older' and two gave no indication. In the main study ages were: 15, 17, 17, 18, 18, 18, 19, 20 (years) and one unspecified. Once more there seems to be considerable overlap between the groups, though ages over twenty only appear in the 'parent' group.

Previous studies have suggested some relationship between lower age of first intercourse and increased number of partners (Wellings, et al., 1994, page 108). Again the data here are not amenable to statistical analysis, however they are summarised for the two groups together in the following table (where 'n' indicates 'several'):

Table 3: Age of first intercourse, compared with number of sexual partners disclosed

age 1st i/c	14	15	16	17	17	17	17
number of partners	n	~20	n	2	2	6-7	10
age 1st i/c	18	18	18	18	19	20	20
number of partners	1	7-8	20+	35?	5-6	1	1
age 1st i/c	20	20	21	21	23		
number of partners	6	1	1	1	1		

Whilst there is some slight support here for the previously reported correlation, these data would suggest a more varied pattern, or even a particular shift in probability around the age of eighteen. However that is offset a little since the interviewee who reported 'hundreds' (see above) accounted age of first intercourse as 'older' and whilst this might indicate eighteen the context seemed to suggest around age twenty. For the three participants where age of first intercourse is unknown, number of partners is

also uncertain (perhaps indicating a style of interview response) with evidence individually for 'more than two', 'several', and 'more than seven'.

5.1.3 Time since last sexual intercourse

This last descriptive statistic is again derived from information volunteered through the course of the interviews, rather than in response to a specific question, and so is incomplete. Given the recruitment criteria it is not surprising that more interviewees from the 'parent' study are in current sexual relationships, than from the 'dating' study. However, the interpretation of other 'times' presented in the table below is somewhat complex, and, as will emerge in subsequent analyses, considerable care is needed in the interpretation of this superficially straightforward 'safe sex' indicator. Nonetheless the summary here illustrates something of the 'shape' of the diverse patterns of sexual history of the interviewees.

Table 4: *Time since last sexual intercourse*

Time	~15y	~10y	~8y	3-4y	>3y	1-2y	~1y	~4m	3w
Study	p	p	p	d	d	d	d	d	d
Gender	F	M	F	F	M	F	M	M	F
Time	x1per 3m		infrequent		not current		? current		
Study	d		p		p		p	p	
Gender	F		F		F		M	M	
Time	current								
Study	p	p	p	p	p	d	d		
Gender	F	F	M	F	F	M	F		

Key: y-year, m-month, w-week, ~approximate, ?-possible, current-'sexually active in current relationship'; p-'parents', d-'dating'; F-female, M-male

NB for times >8 year, data indicate *beginning* of difficulties (see 'Parents' below).

Of the twenty one people interviewed only seven were in current unequivocally sexually active relationships, by contrast seven had not had intercourse for a year or more. The 'intermediate' third included: two where it is not entirely clear whether marriage still included a sexually active relationship (comments made during the interview were similar to those made by other interviewees who subsequently disclosed that their relationships were no longer sexual); two where intercourse was infrequent because of absence of partner (in one case due to work commitments, in the other case as a matter of preference); and three where there was some sexually active relationship within the previous year but of a more transitory, or transitionary, status.

This brief quantitative introduction to the range of interviewees' sexual histories might already suggest a range of potential sexual risk. However safe(r) sex depends substantially on partner's sexual history, and what a couple do together. Here the accounts become more complex, requiring the more qualitative exploration presented in the following sections, always bearing in mind that these are constructed accounts (though see Chapter 4, Data validity) and that there are, inevitably, further reservations about the status of any information volunteered about partners.

5.2 Is anyone safe?

Several people from the main study had not had a sexual relationship for some time, in four cases this was over a year, and for two of these it was over three years. So they must be considered, at least temporarily, free of new sexual health risk.

From this group only one man identified himself as specifically 'celibate' having been so for a '*considerable time*' (2194) before the first occasion with his 'wife to be' (his most recent relationship) and for the three or more years since their marriage ended. However that first intercourse was not entirely risk free. Moreover he was currently keen to establish a new relationship, and considers a sexual relationship important '*I'm only ... really complete when I am in a sexual relationship with somebody*' (2612). It '*is the natural way for a human being to be*' (2626).

The woman, in her early forties, who had not had intercourse since her last relationship ended nearly four years previously was somewhat cautious since that had not ended happily, nor 'safely' from the perspective of sexual health. She would only like to be sexually active '*with the right person*' (3188) though earlier she had remarked '*I know .. I am a sexual animal*' (2935) and '*I wouldn't want a relationship that wasn't a sexual relationship*' (3020). However the previous experience had left her somewhat apprehensive about starting a new relationship '*I just don't know what .. How it would go*' (3021).

Given the recruiting criteria it is perhaps not surprising that everyone else in this study identified as either 'currently sexually active' or 'would like to be'. In the words of another woman in her early forties '*well the last time I had full sexual intercourse will be ... two years come June ... and that's not for the want of trying!*' (1491).

The significant point here is that no-one in this group identified 'celibacy' as a deliberate strategy for safe sex, nor did extended periods of celibacy seem indicative of successful safe(r) sexual intercourse when it happened³.

Although several people in the main study identified themselves as using condoms on a more, or less, regular basis, it was impossible to identify anyone in that group who did not seem to have been in a position of sexual health risk at some time, including within the last ten years when, with the presence of HIV, such risk has been arguably higher.

One *partner* of one of these interviewees insisted they both have an HIV test before first intercourse together (see below) indicating some care and concern. However, given the 'inconsistency' of sexual protective practice in this group as a whole (see Chapter 6), there is no guarantee that even *her* sexual behaviour has been *consistently* 'safe'.

Some of the complex patterns of sexual health protection versus risk will be explored in Chapter 6 taking account of data from both groups. But first there is evidence of a somewhat different situation regarding safe(r) sex for many interviewees in the 'parent group'.

5.2.1 Parents

Since condoms can fail and even the most convincingly faithful partner may stray, the only absolutely safe sex is 'no sex'. Three of the twelve interviewees in the parent group had not had intercourse for several years and (unlike those in a similar situation in the main study) seemed unlikely to in the foreseeable future. This included one woman who had not had a relationship since she was divorced from her husband eight years previously

³It might be argued that the first woman described above had just been 'unlucky'. However her experience emphasises the dyadic interdependencies in safe(r) sex, a theme which will be seen to emerge repeatedly below.

- an intentional choice, since she felt any such relationship might prove very disruptive for her children. It also included two of the married participants.

One woman (age 42) had difficulties ever since a 'massive episiotomy' at the birth of her only child, a daughter who is now 15. Painful intercourse disrupted the sexual side of a previously active happy relationship to the extent that eventually the couple settled for a physical separation, each having separate rooms within their home. They are still very good friends, and feel that so long as neither is involved in another relationship the arrangement works quite well in terms of providing a family home for their daughter. However the daughter had recently commented '*You two - you're married and you're not really are you? 'You aren't together'* (2362ff).

The other married but sexually inactive interviewee, a man aged 45, experienced acute loss of libido after a vasectomy ten years previously. His first comments on this were somewhat equivocal '*I've heard that it actually .. reduces your .. sex drive a bit - but I'm forty five I don't know, you know I don't need it quite so often.* (laughing)' (2152ff) To my query '*not to an unacceptable degree?*' he replied '*I don't know what's acceptable and unacceptable ... No-o probably not.*' It was only later, in answer to a question about whether his children might have any idea about his and his wife's 'sex life', that he commented '*They probably think that we don't have one* (long pause) *Because .. basically now we don't* (slight laugh)' (2531ff). He went on to emphasize that they do get on well as a couple, and seldom argue - which he sees as good, particularly for the children who get concerned if there are arguments.

Whilst 'safe' from a medical view of sexual health, and whilst all three of these interviewees gave accounts of otherwise interesting and fulfilled lives (especially in respect to raising their children), none presented their situation as ideal or desirable.

A more optimistic picture emerged from the five interviewees who considered themselves to be in entirely monogamous marriages. In two cases (both women in their early forties) they must be considered 'safe' on all counts, albeit somewhat by default, since they also use condoms - but for contraceptive purposes. In three further cases there seemed no reason to doubt the monogamous status of the marriage - in all of these cases both partners had no other experience of penetrative intercourse, though there may have been other sexual experimentation during adolescence or late teens. Two men gave very positive accounts. One described his marriage developing out of an ongoing teenage friendship. Although the ultimate outcome has been entirely 'safe' this seems not associated with any 'strategy'. Experimentation had led to unprotected intercourse, and some '*panic*' (1749ff) but '*we were lucky ... Silly word to use*' - but perhaps appropriate, at least regarding pregnancy and the development of a sound long term relationship. STDs were not an issue in this gradually developing first time relationship. The other man (in his early forties) and a woman (46) gave accounts, the latter not entirely happy, of marrying as virgins (see Chapter 6).

Two other interviewees are probably in safe monogamous relationships, but at least one of each couple had other partner(s) before marriage, and, like others in this overall group, were aware of having 'nearly' become involved in an extramarital relationship or feel their partner may have done so.

A common and striking aspect of this group is the extent to which concern for their children informs their approach to sexual relationships. Of the remaining parents one has doubts about her husband's fidelity but has had no other relationships herself '*No .. because of [daughter's name] ...*' (3925ff). The other (female, divorced) insists on use of condoms, even though this had jeopardised one newly developing relationship, '*I just felt I couldn't take the risk and .. you know I've got a responsibility to keep myself healthy for [her children] ...*' (1467ff). However the prevalence of this

concern for children may be related to the particular sample, drawn for the most part from parents sufficiently concerned about their children to attend parents evening, and, at the behest of the PSE teacher, concerned or interested enough in the research topic to give up an hour or more of their time to take part in the interview. Nonetheless concern for children seems 'reasonable' and is so common a theme here that one might expect to discover it more widely. However, some of the data discussed below indicate that it is not universal, or at least that it does not prevent all sexual health risk taking. It does though seem a theme that might be 'exploited' in intervention programs aimed at raising awareness of HIV risk in this age cohort, and perhaps for reinforcing the message for younger parents.

5.2.2 Lucky escapes?

It is important to record that whilst many of the 'parent group' did seem to be in a situation safe from any sexual health risk they were generally neither smug nor complacent about this.

A lifetime monogamous couple whose first intercourse (and second and maybe third) was not protected has been mentioned above. A similar experience was recounted by another presently 'safe' (monogamous and condoms) interviewee. Her first intercourse, at 17 and unprotected, was with a different boyfriend '*I think ... I was just so (long pause) I suppose spontaneous ... it just never occurred to me*' (2292ff) but she worried afterwards and '*got one of those sort of .. morning after pills*' (2265ff). A further example comes from a woman in her mid forties. Her husband is *her* only partner but she believes he probably had previous experience. Through her teens with boys '*as soon as they got keen ... I was off 'cos I really wasn't ready .. for anything sexual*' (2891ff). She elaborated '*... they want to put their hands in your pants, or something. No. That was it. No they could fondle me and love me and make me feel wanted and .. kissing and cuddling .. and then that was it ... until I met my husband.*' (2941ff) But with

him it was '*Love at first sight. Same for him. And it was heavy petting, and masturbating, and I remember five months after I met him I thought 'I want to marry him' and we made love .. and em .. but with withdrawal .. which looking back ... I mean I just think* (long pause) *Lady Luck's been on my side all my life.*' (2968ff) She expressed the view that '*if you really like someone then you, you really want something more to happen*' (2928) and '*if I'd met someone who was a bit of a rotter who I'd liked .. and I'd been nuts about him I mean er ... I could have easily been pregnant ...*' (3170ff).

In these accounts there is little sense of any 'strategy' leading to the present experiences of happy monogamous relationships, and there is neither strategy for, nor existence of, 'safe' early experience of sexual intercourse - beyond ill-informed (withdrawal) or belated ('morning after pill') attempts at contraception. This seems to be acknowledged in the interviewees' allusions (in retrospect) to a discursive theme of 'luck'.

5.3 Evidence of potential sexual risk - Is there a risk?

Although not universally the case there are people of all ages who say that they cannot imagine their parents 'having sex', and the accounts above suggest that certainly some may be correct in this judgement. A substantial minority in the 'forty-something' cohort are no longer 'sexually active' so there is no potential sexual health risk. Another sizeable minority are in agreeable, sexually active, monogamous relationships so they also are not at risk. However whilst the remainder of the interviewees have all spent some (often considerable) period(s) of time in long term monogamous relationships these have typically been interspersed with some period(s) of a series of briefer relationships, and some instances of 'overlapping' or 'parallel' relationships. Evidence of these more 'risky' (from a sexual health perspective) patterns, drawn from participants' own descriptions, is presented in this section, followed by evidence of at least some (albeit limited) presence of sexually transmitted disease within the populations sampled.

5.3.1 Extramarital affairs & other 'parallel' relationships

Evidence of 'extra marital' and other 'parallel' relationships comes partly from self report, which seems unlikely to be fabricated in the present circumstances, and partly from report of partner behaviour. Reports of partners having cheated were generally accompanied by some degree of affect, and were usually associated with some account of 'break up' of a relationship. Again they appear convincing, particularly since where there was any uncertainty, especially regarding a current partner, interviewees seemed keen to highlight the uncertainty and doubt and to disavow that anything had 'really happened'.

The following discussion explores the complex range of these relationships first within marriage, then outside, and some of the implications in relation to

sexual health.

Whenever at least one partner in a relationship was married to someone else, the relationship was typically referred to as 'an affair' (though this was not the only usage of the term). Amongst the parent group one woman reported having an affair whilst she was married (4537), and one man reported two affairs (2183, 2280). A woman from the main study reported how whilst living with her husband for practical reasons after their relationship had ended, she was having an affair with another man whose wife '*was having an affair with .. a good friend of he' - the family. And he was with me .. and it was really - really weird and wonderful .. But I think it .. they were sort of quite happy in their like domestic situation .. like with the kids and their home*' (1887). In retrospect she describes it as '*very incestuous sort of thing when I think about - God, it was dreadful*' (1885).

At least in the latter case everyone involved seems to have been aware of the situation, unlike one of the men in the main study whose wife had '*cheated on me*' (6189) bringing her boyfriend into the family home as a lodger. A woman in the main study reported '*hell ... two years of .. me leaving and going back and him saying it's all over, and me leaving again 'cos I found out it wasn't and loads of lies and deceit*' (2104).

Although the incidents above seem mostly to have occurred before the days of HIV (in the words of the last woman '*that was years ago*', 2105) nonetheless at least two included the further complication of an STD. However sexual health issues were never introduced unprompted in these accounts, which were usually recounted in relationship terms, often accompanied with strong affect even where the interviewee had been the active party (the first woman above talked about her sense of '*guilt*', 4654, even though '*penetration*' had occurred only once, 4617).

Similar affect was associated with accounts where the interviewee was

single but described a relationship with someone who was married. A man described his dismay when a married woman he was very fond of 'rejected' him and went back to her husband (3885ff). A woman discussed the '*trauma .. of having a relationship with someone who was married*' (156ff) yet when it came to the '*possibility of this man leaving his wife and coming to me I got very frightened ... uncertain about whether that was what I really wanted*' (179ff). A new relationship is perhaps difficult enough to manage without the complexity of disrupting one or more other relationships (wife/husband, children, etc). There seems little space to be concerned about sexual health amongst all this.

Another woman in the main study recounted the '*bitter taste*' (2888) of discovering that a long term partner had been 'cheating' on her. This had been just three or four years before the interview. Since neither wanted children he had had a vasectomy, so intercourse had been otherwise unprotected and, in this more recent case, possibility of HIV infection was an added concern to her (see also '*Vasectomy*', Chapter 7).

Three further accounts included some revelation of the interviewee him/herself having two relationships in parallel on one or more occasion. I use 'revelation' intentionally since these cases seemed to be acknowledged reluctantly or were hedged about with uncertainty. One, a man from the main study, explained how a new relationship '*just started*' whilst he was still seeing somebody he had known for a while, but it '*didn't feel right*' (6298ff). The nature of these accounts perhaps suggests the influence of some discourse of monogamy, or at least '*serial monogamy*'. A similar sentiment appears in the same man's account of hesitation in starting a relationship with a woman who was already dating someone else. He explained that '*in some respects I'm quite old fashioned*' (1211) but here the link is to the notion that '*if it's a friend's girlfriend then ... it's basically "out of touch"*' (1262ff) though it became '*different as regards my own principles*' when she became involved with someone he did not like. In any event she seems to

have discouraged the new relationship out of some sense of 'guilt' (2112) regarding the other relationship which seemed 'unfinished', perhaps not least because a child was involved.

Once again it is the complex relationship issues which are at stake, not concerns about sexual health, as with all but one of the four further participants who expressed doubt about the faithfulness of a long term partner. The exception was a woman whose partner worked away quite a lot. She used one of the most explicit safe(r) sex strategies recounted, but as explained below (see '*Just put it on*', Chapter 6) she still eventually abandoned it in deference to other concerns about the relationship.

On a more optimistic note two or three interviewees expressed confidence in the fidelity of a long term partner. I have recounted an example of how such confidence may be misplaced, however, other interviewees talked of avoiding a new relationship. For example a mid forties woman was '*still involved with somebody else ... so I ... wasn't ... interested* [in an advance from a potential new partner]' (302ff). Others, as discussed in the previous section, gave positive and convincing accounts of a monogamous marriage. Perhaps of most interest in the context of seeking strategies for safe sex are the accounts of three people who reported 'nearly' having an affair, and how they avoided it. These are explored in the discussion of '*Monogamy*' as a strategy for safe sex (see Chapter 6).

Nonetheless perhaps the over-riding sense one gains from the above accounts is the 'unpredictability' of potential partners. One participant who 'sounded' quite promiscuous '*I'm not into holding hands and sharing toffee crisps - no no no. It's got to be everything - it's got to be the whole nine yards*' (739) reported only five partners throughout her lifetime. Another woman who is now in a steady faithful relationship reported many partners during a previous phase in her life. This 'unpredictability' has implications for sexual health issues beyond any personal risk assessment of potential

partners. A GP advised a woman in the main study that she was '*in a very low risk group*' (2798) regarding HIV. He was apparently unaware that she belonged to a 'no commitment' dating agency, where she described some of the men she met as '*a little bit .. kinky ... looking for something .. that perhaps .. is a little beyond the norm*' (322ff). She was not interested in such potential partners, but seems not to have taken into account that they may introduce an increased level of risk to the circle within which she *does* select partners.

In all, five people explicitly reported personal participation in extra marital relationships and a further three in some other parallel relationship. A further three reported being '*cheated on*' either within marriage or by a long term partner. Other parallel relationships were reported as having possibly occurred, and in other accounts the possibility of parallel relationships was implicit as in the last account above.

5.3.2 Experience of STDs

As commented earlier a simple measure of number of partners does not of itself necessitate there being a sexual health risk, so neither does the existence of non-monogamous relationships. It is only an underlying presence of sexually transmitted disease within the '*involved*' population that makes such behaviour, especially if '*unprotected*', risky⁴. This was commented on specifically by a woman who had a higher number of partners during one particular period of her life. She had '*never had trouble*' (4332) with VD⁵ (her terminology), again drawing on the concept of '*whether*

⁴This is of course risky in *health* terms. There are other issues about the long term prognosis of the impact of infidelity, for example in *relationship* terms, but there is not space to address these quite different questions here.

⁵Several of the parents and three people in the main study were unaware of the term 'STD' for 'sexually transmitted disease', usually simply asking '*What's that?*' (3191) or '*Sorry, what's that?*' (7622), though one man tried to bluff his way through, unfortunately miss-guessing '*contraceptive*'. All recognised the somewhat anachronistic 'VD' when it was offered in explanation. One mother who said '*Actually I don't even know what STDs are* (sounding puzzled)' (1966) was pleased and amused to find out, adding '*Oh good! ye-yes*

I was just lucky (4336). However she also suggested '*One particular fellow ... was the risk factor in the group that I went out with. He was the only one that wasn't in our .. circle of friends*' (4337ff). The 'circle of friends' were deemed safe, apparently on the basis of longer term 'knowledge' (see also Waldby et al., 1993b).

The only 'transmissible' disease experienced commonly by participants (at least eight of the nine in the main study) was 'thrush' (*vaginal candidiasis*) or '*NSU*' [*non-specific urethritis*] which, in the words of one of the men, '*is like thrush isn't it ...*' (7559ff). Whilst thrush is not necessarily sexually transmitted⁶, several participants reported 'catching it' from unprotected intercourse with specific partners. Most other 'common' STDs gained some kind of mention (*genital warts, herpes, gonorrhoea, pubic lice, syphilis*) but in most cases in reference to some experience of a friend or acquaintance, and in the last simply by way of contrast with thrush '*to be honest it's pretty low key ... not syphilis or something like that*' (3071). One woman recounted '*we had crabs [pubic lice] once and my husband swore he got it off a dirty lavatory seat*' (2930ff). This is the one STD where this is a feasible transmission route, and since he had complained to her of having to work in a fairly derelict office with '*filthy loos*' some time earlier she was inclined to believe him.

In all the cases cited so far, medical help was sought from the GP, or, for thrush only, and when confident of self diagnosis, medication was purchased direct from the chemist.

Although several people mentioned friends or acquaintances who had visited

so now - *when they talk about and all giggle, that's one I'll have to learn isn't it ...*' (1980). This seems a rather basic potential educational intervention for this age group, though it is not too clear how it would be delivered (see Chapter 8).

⁶There was also quite a high incidence of cystitis reported (five participants, three female, two male - of themselves and/or a partner), which whilst commonly sexually 'aggravated' is not usually considered sexually transmitted.

GUM (genito-urinary medicine) clinics (or 'VD' clinics, or 'special' clinics) only two participants described their own experience of doing so, and only one was positively diagnosed as having an STD. '*I have to say that I did get caught* (pause) *em .. twice .. and I had to go to the Special Clinic twice* (laughing)' (1846). He discussed what an embarrassing experience this was, and that he went to a different town for treatment. As far as changing his perceptions or behaviour he '*became very .. much more .. aware of it. But I still got caught again*' (1902ff). At the time he used condoms '*generally*' (pause) '*And of course the .. the two times .. were times that .. we didn't .. I didn't .. er because* (pause) *one of the girls* (pause) *assured me that she couldn't become pregnant for some reason* (pause) *and the other one said .. that it was the time of the month that .. didn't matter*' (1916ff)⁷.

As well as providing at least some, albeit limited, evidence of underlying sexual health risk in this population, this last example also illustrates that the over-arching concern is risk of *pregnancy*, even for someone who has experienced other physical risks associated with unprotected sexual intercourse. In subsequent sections it will be seen that this is generally the case for this cohort, as much, or perhaps more so, than for the younger people reported elsewhere (eg Woodcock et al., 1992, Holland et al., 1991).

Overall most participants presented a fairly 'positive' view of sex and health, some volunteering comments such as '*I've always had that opinion .. that sex is healthy*' (650) from a woman and from a man '*I think a healthy sex life means .. a healthy person*' (3306ff).

⁷Unfortunately this man did not volunteer the diagnosis of these STDs, and as these data come from the pilot study the specific question was not asked. The absence of any subsequent problems suggests it was not a viral infection such as Herpes. His fairly relaxed approach suggests perhaps NSU, which, as suggested by the participant above, might relate to a candida infection. However the episodes occurred some twenty years ago, before specific diagnosis of certain bacterial infections such as Chlamydia. The latter is now considered rather more serious, particularly since it can lead to infertility in women.

5.4 Perception of risk - Is this cohort aware of the risk?

Just as multiple partners and parallel relationships are necessary, but not sufficient, precursors of sexual health risk, so presence of sexual health risk is not a sufficient reason for adopting risk reduction strategies. It would seem that at least some awareness of potential risk would be needed, and some awareness that the risk was *personally* relevant.

Unfortunately a quotation from a woman from the *main* study, discussing concerns about her daughter, seems to 'sum up' the risk perception of this cohort:

'with young people it's very important [pause] I suppose it should be for everybody really' (woman in her early fifties, 2795).

It is not that participants do not know about sexual health risks, in particular HIV, but, with one or two notable exceptions, there is little evidence they see any *serious* risk to themselves.

However this summary is perhaps an oversimplification. In the remainder of this chapter, and in the next, the complexity of the accounts of risk offered by participants is explored. As far as possible the accounts are presented in participants' own words. As well as providing 'evidence' for the analysis presented, the extracts also convey some of the affect associated with the comments, and often indicate something of their rhetorical nature. Due to space constraints, some of this 'richness' of the data must be left to speak for itself, though some rhetorical constructions such as 'justification' are explored further below. These constructions are perhaps an inevitable aspect of accounts developed during a discussion of (often lack of) safe(r) sex strategies.

In the remainder of this chapter a more detailed analysis of the range of perceptions of sexual health risk, particularly in relation to self, is presented. In the next chapter a range of more specific risk management strategies, arguments and perceptions are explored.

5.4.1 Aware?

From the data in the last section it would seem that direct experience of STDs is minimal⁸ so it is perhaps not surprising that these are not a priority concern to most participants here. However there were exceptions. One woman was quite firm in her resolve to use protection, even though it had 'spoilt' a previous relationship, and despite some 'inner conflict' since she knows the risk is quite low: '*I'm absolutely definite that I'm going for the safe sex - you know there's no way that I wouldn't ... it's AIDS that I'm worried about ...*' (1320).

Others at least expressed some concern about risks. For example when discussing some men's resistance to using condoms a woman in her early forties commented '*There for a moment's pleasure there goes sort of a - a dose down the clap clinic or more like a little squalling whatsit nine months later*' (3171ff). This seems not to reflect any particular awareness of HIV, though that might be present in a slightly later comment '*if they want to risk their whole lives .. all well and good but I ain't risking mine!*' (3183) however the latter may still refer to unwanted pregnancy. At a practical level this woman did not use condoms consistently.

A man in his mid forties was more explicit '*I don't feel that I want to risk the AIDS thing, because I enjoy other things in life .. th' that that would totally curtail*' (2282) and later '*I don't want to catch AIDS, I don't want it to become*

⁸The only exception is 'thrush', which on the available evidence seems somewhat akin to 'catching a cold', ie the pathogen is around, most people will succumb to it at some time, some more frequently, and in different circumstances, than others.

e' even a' a possibility' (2385ff) however these comments were in the context of resisting 'outside advances' from within a settled marriage and were supplementary to his account that '*the urge goes when you get a little older*' (2281ff).

A woman in her mid forties expressed some awareness of risk '*I think all relationships are risky this - in this day and age ... because of .. all the social [sic] diseases that go around ..*' (407ff), going on to acknowledge '*I must say I'm not very careful*' (417) and after a thoughtful pause '*I'm not careful at all actually .. when I think about it ... because we don't use .. contraceptives*' (421ff). 'Contraceptives' is apparently a euphemism here, since this participant had already indicated that she had a hysterectomy. This apparent awareness of risk, and using the *language and discursive themes* of risk, yet doing nothing about it, or only *sometimes* acting on perceived risk, was quite a common feature of the accounts, as emerges further in examples below.

5.4.2 Dismissal / Denial?

We have seen in previous sections two examples where some 'sense' of potential sexual health risk has been fairly readily dismissed, in one case on the basis that the immediate circle of friends (lovers) does not carry such a risk, and in the other where a GP's assurance, based on an assumption of a rather different lifestyle, has been adopted as reassurance despite more 'risky' *current* dating behaviour⁹. On occasion this dismissal stretched close to outright denial of risk '*I mean you do even hear of couples, where one's HIV positive and .. they've been together for years and the other one has never become positive*' (2871ff) [DK '*that's rather infrequent though*'] '*Well .. I don't know .. [pause] it ... used to worry me a lot but it doesn't now*' (2880ff).

⁹Anecdotally I have heard similar accounts regarding GP comments from at least two personal friends, where their behaviour includes some risk elements, in one case several instances of unprotected casual sex in eastern europe, 1997 through 1999.

5.4.3 'Sixties' hangover?

Perception of risk is often informed by previous experience, and two of the men referred to this explicitly. For example '*you gotta remember I - I was em [pause] a young nineteen year old in the late sixties early seventies*' (3019) was an introduction to discussing number of partners at that time, but in the course of this discussion he added '*there was no real bad sexual diseases around .. er alright they were but I mean they were .. er We we' - there was nothing about AIDS or anything like that .. the ones that frightened you. The other ones you could get an injection for .. or that was the the view you know so ...*' (3119ff). In this first example there is some sense of 'what I knew then' versus 'what I know now', not only the emergence of AIDS as a serious problem, but also perhaps a sense of some reevaluation of the seriousness of other STDs. The other man, also in his mid forties, presents a similar account comparing 'then' and 'now', though the latter primarily for his children '*it was a little different when I was younger perhaps? Only from the point of view that .. em .. normal - the majority of tran' sexually transmitted diseases .. er .. are fairly easy to get rid of. AIDS of course is .. is not so easy to get rid of .. Now .. I - I don't think AIDS is .. perhaps quite so er quite such the problem that it was painted to be a couple or three years ago .. ? .. or more [pause] but it's still something that you want to avoid isn't it?*' (1655ff). In this second case the 'cure for everything' optimism persists, and seems to attach even to AIDS, which becomes not '*quite such the problem that it was painted*', rather than persistently incurable.

5.4.4 Other STD risks?

A further concern for sexual health promoters must be the lack of evidence in the last account of any awareness of the potential risks to fertility from the '*easy to get rid of* STDs.

Only one participant seemed well informed on this point '*HIV I suppose is ... the only one that one is really [pause] particularly concerned about, all the others are treatable - although some of them have nasty effects. I mean you don't want to have a young girl getting gonorrhoea because of .. the effect on her fertility and things ...*' (1888ff). However he was not sure whether his daughter was aware of this risk, and also felt it not '*the major concern in children going out and embarking on sexual relationships*' (1858) he '*would be much more concerned about their emotional health*', (1938). This is partly because '*at the moment the risk of HIV from .. heterosexual relationships is really .. quite low in this country*' (1867), but also '*if they're going to have a sexual relationship .. em .. it's going to be with boys of about the same age*' (2013) and he '*would imagine that the prevalence of most .. sexually transmitted diseases in .. fourteen fifteen year olds ... is not terribly high*' (2027). This is akin to the 'circle of friends' argument again, but ignores two potentially important considerations, first the relative permeability of sexual relationships in this age group, with a few young people having more relationships and/or relationships with a wider age range of partners, and secondly the 'habit' factor in condom use, especially since, as he acknowledges, '*but that [STD prevalence] goes up quite a lot er - at em .. just a slightly older age ...*' (2035ff).

5.4.5 Life is risky?

Alongside the downplay of seriousness or prevalence of HIV risk seen above was the positioning of sexual health risk as one amongst the many risks in life, as in concern for 'emotional health' in the last example. Several of the parent group commented that sexual health risk fell within a broad remit of concerns for their children and, for most, fears about possible engagement in drug taking (which for some included inappropriate use of alcohol) was a more 'immediate' concern.

Participants from the main study similarly positioned sexual health risk

against the background of general life risks, sometimes quite explicitly. One woman pointed out '*well you know life in general is risky I suppose*' (3963), and one of the men '*... you've gotta take certain risks in this life ...*' (4819) and later '*you take a certain amount of risk sometimes otherwise you wouldn't go out the back door ...*' (4964ff). Woodcock et al. (1992) report a similar line of argument from their interviews with young people, where '*AIDS*' was discussed as '*a risk you take in living*' (Woodcock et al., 1992, page 235).

An unexpected 'general life risk' emerged, in the main study here, amongst the reasons for using dating agencies. In the words of a single man looking for a regular relationship '*developing relationships at work is a very risky thing I think (slight laugh) you never know what's going to happen there ..*' (124). The woman already mentioned made a similar point about men using the 'no commitments' agency: '*perhaps they think this is a better way to go about things than ... going off with someone in the office or someone too close at hand, you know family or their partner might know ... they're too dangerous*' (1699ff).

Avoiding risk to 'other' relationships may seem a concern particular to the 'no commitments' setting, however a single woman in the main study made a similar point about caution in developing a more conventional relationship: '*if it was someone that I knew through friends ... or my brother .. it would take a lot longer ... I would hate anything I did to reflect badly .. on .. my brother [with whom she worked] or .. my family*' (1177). This was associated with another attraction of dating through Heartlines, the opportunity to develop a more independent relationship '*that's ... not sort of a friend of the family ... somebody that's .. you've found yourself type thing ...*' (389ff).

Far from considering dating through an agency as 'risky', participants who had used such an approach often, as in the examples here, perceived it as

relieving a number of wider relationship 'risks'¹⁰ (at the same time as widening the choice of potential partners). The possibility that the associated lack of 'historical' (friends and family) knowledge about the person might *increase* the potential health risk (compare the 'circle of friends' discussion in the previous section) seems not to be considered, or is of lesser importance.

5.4.6 'Risk groups'

Again as found by Woodcock et al. (1992) participants often associated HIV risk with specific 'groups' of people, *'I mean nowadays most people associate AIDS I think with homosexuals who - haven't got the sense to take precautions ... and - they associate it with the drug takers, and they associate it with a a certain - em - lifestyle [pause] and I think that's what I did .. and still do ...'* (4920ff). The reference to '*homosexuals who haven't got the sense to take precautions*' is interesting here, since the extract is from this man's response to some exploration of why *he* did not take precautions in a particular encounter. Attribution of these accounts to the ubiquitous 'they' is also interesting, providing here some kind of 'I'm only doing what everybody else does' rationale, or even 'justification', of '*what I suppose was a calculated risk, if you like ..*' (3007). One of the women mentioned a similar range of 'risk' groups, then more specifically a bi-sexual friend whom *'in the past I may have been tempted to have a .. liaison with him .. but now I just think .. Oh thank goodness I didn't have - I mean no way would I even consider it in a million years .. now'* (2105).

Further 'risk groups' were mentioned by participants in the present studies, including an account of a friend who had '*slept with somebody ... from Africa*'

¹⁰Data were also collected about participants' approaches to managing the risk of first meetings with a 'stranger' via a dating agency, but this is not reported in detail here, since beyond some comments (mostly from men) that there was more risk for women than for men, the responses mostly reflected the fairly standard advice printed in the Heartlines column (and other similar columns).

(1663).¹¹ More often these 'groups' were mentioned as *not* part of the interviewee's experience, for example: '*I mean I'm not sort of .. [sigh] picking up lorry drivers at service stations*' (3287). This last example occurs, as with the man above, as perhaps 'justification'¹², here in response to exploration of a more general reluctance to use condoms. The example also reflects an awareness of potential transmission routes reported more recently through the media. However it illustrates how these reports tend to be interpreted in terms of new 'risk groups', rather than in terms of a new reason to anticipate that HIV might become more prevalent in the general population, and therefore a reason for everyone to be more cautious.

A further 'group' example occurred in discussion of knowing '*a little bit about the partner*'¹³ (1686). '*I wouldn't jump into bed with a Stonehenge .. type hippy, for instance*' (1696). This more idiosyncratic, perhaps geographically salient, 'risk group' was offered as a contrast since '*it's down to [pause] the type of person. If the person .. i' looks vaguely, is .. obviously o-of a decent quality of person*' (1692, leads into 1696 above). Since this man adds that '*I don't jump into bed with lots of people anyway*' (1702) the point at first seems a little academic, however it reappears later in the context of his children: '*It's down to the type of person that they .. mix with. .. I guess. Em .. We're not terribly happy about the type of person that .. [daughter's name]'s mixing with. .. But then .. she is going out .. fairly steady with one person now ...*' (2417).

¹¹See also 'HIV test', Chapter 6.

¹²This and the previous extract suggest a certain 'defensiveness' from participants which I had not intended to promote, but which is perhaps inevitable since any 'exploration' of behaviours implicitly begs justification. However a 'defensive' response perhaps also indicates some lack of confidence in the behaviour 'choice', and may indicate a 'knowledge' of risk which is generally 'suppressed' from day to day 'awareness'. Alternatively simply engaging with the interview topic might prompt participants to question, and challenge, their previous behaviours and assumptions in this area.

¹³Prostitutes in Amsterdam were mentioned in a similar context, see 'sexual history' below.

5.4.7 'Type of person'

The first man above who mentioned a range of risk groups *had* found himself in bed with a partner rather sooner than anticipated. He continued his account of unprotected intercourse on that occasion drawing on a similar 'type of person' explanation to the one above: '*I sort of looked at her and I thought .. this isn't the sort of person that em .. that gets AIDS, because .. er it sort's - It is a sort of snobbishness and elitism I suppose .. because she lives in a nice house and .. she obviously keeps it clean and she's a clearly not sexually promiscuous so how could it happen ...*' (4943). Later stages of this extract were subject to some 'interviewer contamination' since I could not suppress a little laughter at the notion of a 'nice house' 'kept clean' as a prophylactic to HIV infection, but it is an interesting extension to the '*not that sort of person*' accounts of young people (see Woodcock et al., 1992, page 239).

5.4.8 Promiscuity

Absence of sexual promiscuity, the final appeal in the account above, is a more intelligible risk indicator, and *is* relevant to population health risk. It is not practically relevant at the level of an individual encounter, since *one* interaction with *one* previously infected partner is sufficient for transmission of any STD. However it is perhaps the interaction of these two considerations that lead people to focus risk evaluation on 'risk groups' as seen above. The following extract, from a man discussing risk from 'more serious' STDs, acknowledges the relevance of personal and partner history, yet still perhaps attempts to 'play down' risk at the level of an individual encounter: '*I think the risk of those sorts of infections comes much more from - from .. a very .. promiscuous .. pattern of sexual activity or mixing with partners that go in for that sort of thing ..*' (2001).

'Sexual promiscuity' (or not) of self or partner appeared in several more

accounts, some of which are discussed in later sections/chapters. They included a man who drew on his own lack of promiscuity as mitigating risk, but combined this with a 'know your partner' argument, as well as identifying a further risk group: '*because I'm not particularly promiscuous / I don't sleep around ... I tend to sleep with people I've known .. for a very long period of time .. and .. Probably quite stupidly, .. I think it must be safe. .. Because I know them. .. Rather than it being somebody I've just picked up in a disco. ..*' (3129ff). This nicely indicates the way several strategies to downplay risk are often integrated, and often with some kind of wry acknowledgement ('*probably quite stupidly*') of the inadequacy of the argument presented.

5.4.9 'Protection' or 'contraception'?

I have suggested that some of the arguments were presented as 'justification' for not considering sexual health risk. This might seem an inappropriate interpretation of the contributions if participants were simply 'unaware' of risk, or genuinely believed there to be no risk. That this is not quite the case can be further illustrated with an extract from one of the men quoted earlier. He first talks about carrying condoms as '*like most males .. especially with the AIDS problem .. em you tend to carry something with you just in case .. er .. be prepared is [laughing]*' (2914ff). Yet the condoms were not used, as he continues immediately: '*.. and I think she must have said "yeah that's alright I'm on the pill" so .. off we went ..*' (2928ff). However when I then asked '*so you would usually .. carry condoms with you?*' he replied '*Yes. em .. yeah I think it's essential .. and .. I think anybody who doesn't .. is very irresponsible because .. things can happen very quickly ... if ... you're not prepared or w' it's .. it's either frustration or it's er a big risk ...*' (2935ff). When I questioned the apparent contradiction here there was some back tracking, and memory of discussion of previous partners and so on, and eventually a reconsideration that '*.. I suppose the o', th' the reason I've always gone .. o' o' tried to be equ', suitably equipped if you like is rather to avoid [breathes in] conception .. than to .. protect*

against HIV and it [pause] in those days .. e' a' and still .. these days I think it's a f' i' I I view it as a s' fairly small risk .. compared to the risk of an unwanted pregnancy' (3026ff).

The way the 'condoms for AIDS' versus 'not used because of pill' dichotomy emerged in this particular interview made it possible to explore it in some detail. However the contradiction seems implicit in many other accounts where at some point participants expressed knowledge, awareness of, or, often, specific intentions to use condoms because of potential health risks, yet did not use them when there was no risk of pregnancy (because of a partner using the pill, as here, or partner vasectomy, or hysterectomy and so on, see Chapter 7). In the account here themes from a discourse about 'condoms for AIDS' appear to be used to legitimise carrying condoms rather than to report an actual concern, except that later in the interview this man recalled being '*worried for a little while, quite a little while afterwards thinking "Oh, my God supposing ..something's gone wrong here you know supposing .. she - she possibly has infected me but I'm su' .. sure she probably thought the same thing herself ..*' (4870ff).

However, as with young people, the most salient 'risk' associated with sex for this group seems to be pregnancy, in the words of this same man '*I mean .. once upon a time pregnancy was .. er' unwanted pregnancy was a .. a real .. fear for me .. I think now [he has a three year old son] it's even more of a fear for me [laughing]' (4763ff), but then '*I think I'd make damn sure that that .. that sort of problem didn't arise' (4787).**

This primacy of concern about pregnancy can also appear implicitly, as where a man reports not using a condom first time with a partner on two of the four most recent occasions (over a period of about four years), despite not knowing the partner's contraceptive status until later. Although elsewhere in the interview he expresses some knowledge and concern about STD infections he dismisses lack of discussion about protection by himself

or the partner(s) since ' ... *they knew they were safe. You know so that might have negated the need to .. ask me the question [about condoms]*' (6878). That the partners *might* have been expected to ask in respect of *protection* rather than *contraception* is simply not considered.

The last example also indicates that, whilst more salient than protection, contraception was not such a 'fear' for this interviewee. Other participants discussed pregnancy as a calculated risk, as with a woman in her mid forties '*I'm too old to get pregnant now I think? .. I don't know. .. There's a slight risk though. I certainly wouldn't want a baby*' (1757ff). Though she adds '*I probably would have it because I don't like the idea of abortion*' (1775) and later, a point also made by the man above, '*I tend to be the kind of person who .. takes life as it comes*' (1794ff) though unlike him she '*wouldn't be happy about it*'. Another man who had a reversed vasectomy reported that '*although I have got a sperm count it was very low, so em ... she [a recent partner] didn't think ... she'd get pregnant basically .. because ... it was so low ..*' (6579). However she had also said that '*if we have a child we have a child*' (7948) and he felt '*we'd have been quite happy to have had a child*' (7972), though his feelings had been quite different with other partners.

5.4.10 Perception of risk - summary

Although selected to illustrate a few key themes, the extracts in this section also reveal the complexity of patterns of risk evaluation in this cohort, in particular sexual health risk evaluation. There is some knowledge about HIV, and, to a much lesser extent about other STDs, despite these being a higher probability risk. There is universal *knowledge* of condom use to limit risk of infection, and also *some report* of behaviour change in response to this knowledge. However there is at least as great a tendency as is found amongst young people (Woodcock et al., 1992, Waldby et al., 1993b) to discount the risk for 'self'.

Some of the arguments here are similar to those reported for 'young people', such as a safe 'circle of friends', or a partner who is a safe 'type of person', though here this extends to evaluation based on a nice house which is kept clean. There is still a focus on specific risk groups, but here the groups include 'lorry drivers' and 'Stonehenge hippies'. Some new arguments emerge including GP assurances, and a 'sex in the sixties' 'cure for everything' optimism. Participants also emphasised that HIV is only one amongst many 'life' risks which, for the dating group, included reservations about developing intimate relationships with people from work, or people known to friends or family.

Perhaps most importantly, even where use of condoms seemed to be attributed to need for *protection* it often emerged they were not used when other methods of *contraception* were present. Possibility of pregnancy emerges as the salient concern, and although 'fear of pregnancy' is not universal, it *is* the risk that is usually addressed.

5.5 'Responsibility' - who 'owns' the risk?

Adopting a 'strategy' to reduce risk implies that someone has perceived a risk and has decided to do something about it, taken some kind of 'responsibility'. For example a man in his mid forties in response to the question about 'negotiating safe sex' replied '*... Well could that possibly mean .. discussing the responsibilities?*' (6692). Before moving on to explore 'strategies' in more detail, it is useful to consider how participants discussed this concept of 'responsibility', either in response to the specific question in the interview schedule or when they volunteered the concept unprompted¹⁴. The man above went on to say '*I'd find that easier with somebody .. I was setting up a relationship with .. rather than somebody I'd just met and was going to bed with*' (6705). Though later he remarked that

¹⁴NB Data in this section are drawn exclusively from the main study, since no comparable question was raised in the pilot study, where discussion about 'responsibility' tended to focus on delivery of sex education.

'funnily enough ... a woman'll ask .. you know "Oh, have you got the condoms?"' (6803) whereas 'a woman' would not initiate a more general conversation on the topic of 'safe sex'. The comments here could relate to protection or contraception, but this is the man who, in an example reported above, said that since new partners '*knew they were safe*', they did not need to ask about condoms, in which context 'safe' must mean 'safe from pregnancy'.

A woman in her early forties thought '*it ought to be both partners responsibility. In reality ... it is the woman who conceives if there's something goes wrong!*'¹⁵ (4104, see also Chapman and Hodgson, 1988). After expanding on this a little she suddenly interjected '*What am I saying? [pause] Certainly in a mature relationship .. mature people - whatever that means! .. it should be shared*' (4110). By contrast an older woman, past childbearing, acknowledged that '*really .. I'm terrible with things like that because .. you know I just .. leave it to .. to them*' (2790ff). Later, discussing a recent new partner, she commented '*I should have thought that men would have been a bit more responsible these days*' (2862) but this was in the course of offering a number of reasons why she and the new partner did *not* use any protection, though perhaps '*we ought to*' (2848).

We already have the case of the man who thought it irresponsible not to carry condoms, but did not use them (see '*Protection*' or '*contraception*' above). Later in the interview, in response to a more general question, he added '*I imagine the majority of women a' are still .. on the pill .. so that .. mm' you know th' the initiative in a way is with them*' (4732). The first man above made a very similar point (see Chapter 7, '*Sex in the sixties*').

Most of these examples suggest that where 'responsibility' is taken at all seriously the focus is on risk of pregnancy. Once that is taken care of

¹⁵In this case the question specifically referred to contraception.

initiative for any further protection is devolved to the other partner (see also Chapter 6, '*HIV test*').

Otherwise 'responsibility' is somewhat dependent on choice of contraceptive, women and the pill, as above, and, as one of the younger men suggested, '*Well it's both of us. But it invariably, because it's condoms it drops onto my shoulders to - to buy the condoms ... so in answer to that question, probably me - not that I think it should be like that.*' (2920). But again the primary concern was contraception, and this man's present situation was a stable relationship, where, as suggested by the first man, responsibility is perhaps more easily discussed, and might be shared.

5.6 Chapter summary

Overall the evidence from the two studies suggests some, albeit low, presence of sexual health risk amongst this age group, despite the presence of a substantial proportion of faithful monogamous relationships.

Unfortunately, even on the self report of this small sample, partners are not always faithful, and worse (from a risk management perspective), each individual case seems somewhat unpredictable, often even for the participant.

At the same time participants perceive sexual health risk, if they think about it at all, as very low, for the most part drawing on remarkably similar arguments to those offered in interviews with 'young people' to explain (or justify?) this position. Concern about pregnancy was more in evidence, though responsibility for this was perceived as primarily, though not necessarily 'ideally', the woman's. Any other responsibility for sexual health seemed strangely devolved to the partner, irrespective of the gender of the speaker.

Although some participants reported lifestyles that appear 'safe' in terms of sexual health, it did not seem that sexual health had guided the choice of lifestyle. Perhaps what emerges most clearly is the great diversity of patterns of relationship, and that there is little straightforward mapping between lifestyle and potential risk.

However the interviews did include some accounts of strategies which might limit sexual health risk, either intentionally or by default, and these are explored in the next chapter.

Chapter 6 - Safer sex: strategies and limitations

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In Chapter 4 I introduced the studies from which the following data are drawn, and in Chapter 5 something of the lives, at least in respect of sexual health risk, of the participants and something of their perceptions of sexual health risk.

In this chapter I will move on to explore some of the key issues relating to strategies for safe(r) sex, and the lack of such strategies, which emerge from the (age, approximately, 'forty something') participants' accounts.

The interpretations presented here, as in Chapter 5, are drawn from how people *recount* and *account for* their sexual relationships and (insofar as is possible to ascertain from these data) how they *conduct* their sexual behaviour. The topics are organised primarily on the basis of themes relating to safer sex which emerged from the content analysis of the interviews. Sometimes this content speaks for itself, but where appropriate it is related, for example, to a more interpretative analysis of participants' experiences, or is linked to wider discourses. These broader, more interpretative topics are introduced 'as required' in this chapter to illustrate the various 'strategy' topics. Some of the experiential material links back to the previous chapter, but other key themes and discourses are drawn together and discussed further in Chapter 7.

We saw in Chapter 5 that any concept of 'safe sex' has been dominated by concerns about pregnancy for most of the participants, despite knowledge of HIV and, though to a lesser extent, knowledge of other STDs. Given also the evidence there of confusion regarding talk of sexual risk, alongside the critique of rational behaviour models in earlier chapters, it would be surprising to find much evidence of neat, coherent 'strategising' here - even though most of us 'talk' about our behaviour in such terms from time to time. Hence a caveat: the findings do not fit as neatly into the topic headings as one might otherwise anticipate.

Only a few coherent strategies emerged which focused 'unambiguously' on sexual health risk. They are included in the relevant sections. However, strategies focusing on contraception, or managing relationships more generally, can also have a bearing on sexual health, as can 'lifestyle' options, which may not be experienced as 'strategy' in any sense. Since these lifestyle options contribute to sexual health at the population, as well as the individual, level, and since in many ways they inter-relate with strategies that might also be used to manage sexual risk (for example 'saying no' in different contexts), they are included here.

Other information related to 'potentially' safer sex has been grouped first into 'ways of talking', or at least thinking, about sex (for example saying 'no', or sharing sexual histories, or even 'planning' intercourse) and, second, into various aspects of using, or not using, condoms. So the first focuses primarily on the 'discourse' and the second on the 'material' of any 'material discourse' about safe(r) sex (see Yardley (1997), Ingham and Kirkland (1997a, 1997b)). But inevitably these two groupings are to some extent arbitrary and in many respects inter-related.

However 'lifestyle' options are considered first, since they provide the 'background' to the more specific behaviour choices and strategies introduced in subsequent sections.

6.1 Lifestyle

Data from participants' accounts relating to 'lifestyle' were introduced in Chapter 5 regarding the extent to which they indicate *presence* of more or less sexual health risk. Here these same accounts are explored, but the focus is shifted to aspects of lifestyle which might be expected to contribute to 'safer sex' and how, or whether, they were perceived and experienced in this light by participants.

6.1.1 Virginity

Virgins¹ are clearly free of risk from any strictly defined² sexually transmitted disease. If followed rigorously, a lifestyle which pursues virginity for both partners until they contract into a strictly monogamous lifetime relationship (usually marriage, as, for example, in the ethics of most Christian sects) would clearly remove any concerns regarding sexual disease or risk of infection. If adopted sufficiently broadly it would also introduce a measure of protection for the community as a whole, by limiting potential pathways of infection.

As mentioned in Chapter 5, two participants in the parent study fit these criteria, one male, one female. For the man the outcome seems to have been entirely satisfactory. As he had explained to his daughter, before marriage he and his wife had not had penetrative sex '*but we used to .. used to have non penetrative sex before we - we got married .. mainly because we were concer' - er well I think there were two things, one was .. w-was concern about getting .. pregnant .. a-and .. and the other was that - that er [pause] [wife's name] had, I think, I think had moral .. concerns about it as*

¹N.B. Lifetime virginity / abstinence was not relevant to participants in the present study so is not considered here.

²Of course this does not precisely address infections such as HIV where there are alternative transmission routes, as via blood and blood products.

well .. more than I would have done ..' (3805ff). He thought she felt that 'penetrative sex before marriage was something that - that em .. that was wrong .. in itself' (3882ff) whereas his concern 'would be not to do something .. that she felt was - was wrong' (3874). His concerns about pregnancy had also figured in not having penetrative intercourse with his only previous girlfriend, though there it was also because 'we didn't want .. to commit ourselves to that ..' (3911) emphasizing that 'it was a different time from now [laughing] and I think .. think attitudes might be different now!' (3916)³.

'In the early days' of the relationship with his wife-to-be he felt he 'certainly wouldn't have wanted to, either' (4065ff) and it was never a cause of problems between them 'I mean it wasn't something that I felt terribly .. strongly about ..' (4075). However it was something they talked about 'frequently' (4015) usually when it 'came up in the heat of the moment' (4029). Then it would be 'a question of er .. "No I don't want to" "Alright"' (4041) though he supposed 'we must have talked about the er .. the moral issues outside as well sometimes' (4036).

This man's view of penetrative intercourse as a sign of commitment, but as a step one *might* consider ahead of the formal commitment of marriage, resonates with the woman mentioned (Chapter 5, 'Lucky escapes') who, whilst not a virgin at marriage, only made love with her partner when, after five months, she had decided she wanted to marry him.

Despite previous abstinence penetrative intercourse seems to have presented no obstacles for either of these participants. However the situation was a little different for another woman who married as a virgin. Having 'waited for this big moment' (3961) she 'found it all a bit of a let down really' (3965) 'you think that you're going to be absolutely .. wonderful ... we weren't really' (3975ff). She feels part of the reason was 'because .. my

³NB this is a further example of contradictions in discourses about comparative sexual trends, compare 'sex in the sixties' (discussed in Chapter 5, section 5.1.1).

father was very very strict em .. and .. it took me a long time to relax about sex (2571ff) but gives an alternative account that '*I think we were both just very naive actually*' (2731ff, she believes her husband was also a virgin, 2741). It is perhaps this latter consideration that leads her to hope that her children '*do actually have sex ... when they're ready for it*' (2549) as she would not wish her experiences on them (2525, 2577, 2593). Indeed she still wonders '*... it must be different with other people (laughing) and I've missed out (laughing)*' (2566ff) though she eventually came to enjoy sex within her marriage.

A lifetime monogamous relationship can clearly be a delight (the first account here, and see previous chapter '*Parents*') as well as limiting sexual health risks for self and the community. However the later account here highlights how a less enjoyable experience⁴ can lead to a re-evaluation of priorities, such that wider sexual experience can become valued in itself. This woman still considers it important for her children '*not to have sex with ... anybody and everybody (pause) to make sure it's somebody very special (pause) and to use very safe contraception (laughing)*' (2494ff). The laughter seemed to acknowledge the 'idealism' of this list, and possibly that the inclusion of 'very safe contraception' was for the benefit of the interview context. Once again, sexual health is not the first concern in intimate relationships, and more specifically 'virginity' seems never to be discussed in terms of sexual health.

This latter point is underscored by a woman in the main study who seems to discount lack of previous sexual experience of two of her partners insofar as sexual health risk is concerned (see '*Avoiding intra-vaginal ejaculation*' below).

⁴My clinical caseload indicates that this woman is not alone in experiencing difficulties in 'virgin marriage'. However there are many other scenarios where first experiences of intercourse are far from satisfactory.

There was no specific discussion of virginity in the main study, primarily perhaps due to the focus on 'most recent' relationships.

6.1.2 Celibacy

Celibacy is another lifestyle free from any (new) sexual health risk. Although it was the *actual* lifestyle of several people interviewed, as discussed in the previous chapter ('Is anyone safe?' and 'Parents') it was only *intentional* for three of the parents (two of whom were currently married), and then for relationship reasons, rather than for sexual health reasons. Hence it appears as a 'lifestyle' which incidentally reduces risk, rather than as a 'strategy' for risk reduction.

Nonetheless it might be anticipated that participants who reported a longer time since last intercourse would tend to approach sexual intimacy with a little more caution than others. Certainly the man from the main study who reported himself as 'celibate' also commented that in his last relationship (with a woman he subsequently married) the move to intercourse after only two or three weeks '*was very quick and it, for somebody like me who'd actually been .. fairly celibate for ... a considerable time before that ... it came as quite a shock ...*' (2194ff). This is quite a contrast to the man who recounted '*it was a New Year's party ... She ... just said 'Are you coming home with me [name]? and so ... we just went back together .. and that was it .. But that was just casual ..*' (4673ff).

However in both the above cases no condom was used because the partner was using the contraceptive pill. Whilst the latter case initially suggests a more overtly 'risky' lifestyle, the man has some reservations about the sexual history of this partner, and has used a condom with her on subsequent occasions. The 'celibate' man still took a sexual health risk, but dismissed it since his partner was '*not the sort of person that ... gets AIDS*' (4943ff, see Chapter 5, 'Type of person'). Here adopting a generally less risky lifestyle

seems to lead to 'discounting' a specific risk, an approach reinforced since there was no 'unhealthy' outcome. However the 'casual sex' man also assesses some partners as 'not risky' and then uses no protection.

Just these two examples, selected from several in the data, demonstrate how little straightforward mapping there is between lifestyle, behaviour and *actual* risk taking.

6.1.3 Monogamy

Given the recruiting criteria for the main study, participants in this group could not be regarded as in 'monogamous' relationships, since the few current relationships they described were relatively 'new'. Sadly it was also the case that these participants tended to contribute accounts where breaches of 'monogamy' contributed to the break up of (often quite long term) previous relationships (see Chapter 5, '*Extramarital affairs & other 'parallel' relationships*'). However, besides the two celibate marriages mentioned above, at least five (and probably seven or more) of the parent group participants seemed to be in unequivocally monogamous relationships (Chapter 5, '*Parents*').

As discussed in the previous chapter ('*Lucky escapes?*') successful monogamous relationships were more often described in terms of 'luck' than 'strategy' - and certainly not in terms of sexual health. However the accounts of two people who reported 'nearly' having an affair, and how they avoided it, do provide some indication of how monogamy can be maintained, whether in the interest of safe(r) sex or, as was more usual here, in the interest of maintaining sound relationships.

One woman described how a neighbour '*started coming on strong*' (3695) to her at another neighbour's New Year's Eve party. She described being '*so flattered, 'cos when you've been home with two children - em - it's rather*

nice ...' (3742ff), though dancing later she was less taken with '*all this heavy breathing of his'* (3760). She feels she was still rather naive about his intentions until the following day after a visit from his wife, who was asking questions about '*open marriage*' and the like. Talking about it later her husband '*admitted he was getting a bit hot under the collar'* (3809) at the dancing but '*then he was laughing about "Oh he's got good taste"*' (3816). She described this as her husband having '*always been brilliant - for my ego - morale'* (3818). Still she discussed with him that she might have been much more vulnerable had the episode occurred during one of the occasions when he was working away for a few weeks. He had said "*I'm very aware of er, leaving you, my lovely young wife at home*" (3862) and she adds '*and all this*'. This husband's success (which may or may not be counted a '*strategy*') seems to lie, at least in part, in that '*he's always made me feel good about myself*' (3864). However there is also evidence of a comfortable '*openness*' in the way this couple communicate, as well as a liberal dose of humour in a situation that might have proved very difficult - especially if either partner had felt less confident in their relationship.

Another woman described a rather different development of a relationship with a man she would still count '*as a particularly close friend*' (2872). Her husband knew about it at the time as they '*went out a lot with this couple - and - I mean he always got on well with the wife - we didn't ever get to the - wife swapping stage [laughter]*' (2841ff). She thinks she might have considered an affair '*purely out of a sense of experimentation to see - what it was like with somebody else*' (2983). Her husband '*has this very sort of - calm exterior*' (3015) so initially she '*just thought it was OK and he didn't really mind*' (3020) until, very unusually, '*he just lost his temper one evening*' (2995). She feels that as the relationship changed '*he began to feel that it was a threat rather than - just a - an attraction - and then - he did become jealous*' (2908ff). His reaction made her '*look at it in a different way - and then I drew back myself - because - I didn't want to threaten my marriage*' (2923ff).

Again the husband's response is crucial, even if superficially somewhat different from the man above (perhaps due to the rather different circumstances). Again the married couple were able to communicate, even if the wife had initially mis-read her husband's outer calm. In reference to a quite different situation she commented '*I mean ... we talk about it now and he says you know - how awful it was at the time and I say how awful it was at the time [laughter] but at least we can - talk about it*' (3049).

The other feature these two accounts hold in common, in the words of the first woman, is that '*... you might find someone attractive, but you'd never risk what you've got. Well I wouldn't ... I know people do but ...*' (3869). The second woman suggests this is down to '*how you handle it*' (3103). She describes a friend who is '*always getting themselves (sic) into ... situations that - she manufactures*' (3079). '*She will put herself in a position where she is alone with this person where she pushes it to the point where - it becomes a problem - and then she turns it back around and says - oh you know - he is pursuing me*' (3085ff). Whereas, personally, if she becomes '*aware of the fact that somebody is quite attracted to me I will - be friendly but ...*' (3082). If '*you just - remain on a friendly - open basis but you don't - go over the top and don't attract too much attention ... things will be all right*' (3108ff).

This is similar to the comment of one of the men: '*I think it's easier to avoid those difficulties at an early stage rather than at a later stage*' (4435) so he would hope not to get '*into that level of difficulty*' (4443). However he has seen it happen to others and thinks '*it would be terribly flattering if somebody actually - took that sort of interest in you*' (4399), reflecting the feelings of the first woman above. A further man described the 'avoid problems early' strategy⁵. He occasionally found himself in a potentially difficult situation in his business environment, but if the conversation strayed

⁵These points are drawn from interview notes, since this section of the interview was not recorded correctly.

then he would quickly return it to the business issue. Also he does not go out in the evening drinking and so avoids getting into any situations when his 'resistance is lowered'.

Also relevant here are the feelings of 'discomfort' or even 'guilt' which some participants reported when in any way involved in a non-monogamous relationship, as discussed in '*Extramarital affairs & other 'parallel' relationships*' (Chapter 5). Another man explained that '*... one of the reasons that - I think stopped me from - going the whole hog*' (5141ff) in a consensual move towards intercourse with his brother's (nearly) ex-girlfriend '*was the realisation that you know alright, okay the relationship with - with him was ending but it still hadn't ended and it was wrong - for me to do something - which in a way was adul' you know - hm was adul'le - con' was - complicit with adultery*'. He had earlier commented that if he found someone attractive he would check her ring finger and '*wouldn't go after that - woman*' (5094) if she was married or engaged. These examples illustrate some of the ways that sexual relationships are limited by the 'moral codes' inherent in various discourses of monogamy, though it is perhaps unclear to what extent this contributes to reducing sexual health 'risk'.

Although monogamy, or at least serial monogamy, seemed generally to be perceived as desirable it did not appear with a very 'sexy' image. The man above had commented that he does '*believe quite strongly in the sanctity of marriage*' (5071) yet preceded his account of avoidance of (attractive) married women with '*maybe it's just timidity*' (5093). Another man, in response to the question about dealing with unwanted advances, commented '*I - I'm really quite monogamous - I'm quite boring to be honest with you*' (1281ff). He continues directly '*so when I'm in a relationship I don't notice ... I don't look at women waiting for a reaction, I don't do any of that stuff ... if I'm in a relationship ...*'. This introduces the rather different concept that not everyone finds monogamy, or at least their part in it, difficult. One of the men describing the 'early avoidance' strategy (above) had added that

there are only 'a small - minority of women that I find myself very attracted to' (4417), at least 'not in such a way that one would have a - any sort of sexual response' (4489). One of the women explained that 'during the - period I was married I didn't have any - extra marital relationships at all - [DK 'No'] And I - really - wouldn't have wanted any I don't think ... it wasn't an issue ...' (3024ff), even though she suspects her husband 'did play fast and loose once or twice' (3015). Another 'early avoider' emphasised that women were not exactly 'throwing themselves at his feet' all the time. Again 'lack of difficulty' seems not to be unitary, but to arise differently for each person from a range of considerations.

A contrasting view of monogamy was introduced by the woman involved in the no commitments dating agency. She suggested that for some men '*perhaps they're hoping .. that - their marriage will be saved - in fact by - em having a bit of outside - interest*' (1382ff). Though she went on to qualify this: '*Well, perhaps not saved ... but - make it tolerable*' and '*as long as both parties are happy with that*'. Of course, as discussed in the last chapter, it may not be quite so 'tolerable' for the *third* party if they found out. One of the women mentioned there stressed that '*now ... if I found out anybody was cheating on me I would not be able to go on. ... It would be the end of it*' (2136ff). Yet she continues immediately '*Whereas I really - used to look at my kids ...*' suggesting she too, at least for a while, placed concerns for her family, and therefore her marriage, above her preference for a monogamous partner. By contrast one of the men reported being '*really shocked*' (1796) when he was propositioned by a (married) close family friend.

Again we have accounts showing interplay of strands from competing discourses. One might be flattered, or shocked, to be propositioned. It might be easy to avoid an advance from someone, especially if you avoid it early enough, or one might consider seeking out a further relationship - with or without commitment. It might be natural to see other people as potential partners whether one pursues them or not, or one might simply not notice

them.

Although 'safe sex' was never mentioned as part of the 'rationale' of maintaining a monogamous relationship, it did get mentioned as a potential and desirable 'by product'. For example for one woman the 'safety aspect' (2080) had '*not really been a problem*' (2092) because '*I've always been, up until now, in long term relationships*' (2090). Interestingly she seemed not to take into account that one of her long term partners was not faithful.

Another woman commented that '*what I haven't done I think, which has been th' - a life saver 's , I haven't really - apart from that time - I - I don't have two partners at once*' (5404). Again she seems to discount the 'exception'. One of the men said that he would always use condoms, but '*not in a long term relationship though*' (3245). However he continues '*I think this is where it is so many people get caught out ... Where their partner's actually - having sex with somebody else who's infected*' (3250ff), showing some awareness that he is disregarding a potential risk.

The accounts above indicate that lifetime monogamy *is* achievable, especially by adopting a strategy of avoiding any tendency towards sexual intimacy, or in some cases *any* intimacy, from the outset of new relationships or friendships. For several people interviewed this seemed to present no difficulty since they felt little or no amorous interest in other people whilst in a committed relationship - even where this was not their 'only ever' relationship. Rather more participants mentioned at least some sense of 'discomfort' at any involvement in 'parallel' relationships. It is not possible to disentangle from the data here the extent to which this has a biological or social aetiology, though in the accounts it is often associated with some moral ethic. In any event it was usual for participants to express some distress, or even dismay, if they discovered their *partner* was not 'faithful'. These later considerations all seemed to contribute towards a tendency towards 'serial monogamy' which has some advantages in terms of sexual health - though, as emphasised by the last extract above, it may lead

to a false sense of security.

6.1.4 Other lifestyle considerations

Here and in Chapter 5 the primary focus has been aspects of people's lives which relate *directly* to more or less sexual risk. In the course of the interviews many other lifestyle issues arose which appear to have *some* bearing on sexual risk.

One consideration, mentioned in the discussion of '*Parents*' in the previous chapter, was the extent to which life seemed to revolve around home and family. A somewhat contrasting pattern was the extent to which, for a few participants, social life involved a larger circle of friends, in some cases centering around a '*pub*' culture, with the associated concern to maintain a positive personal identity in that wider circle.

A rather disturbing feature of the accounts in the main study was the extent to which they focused on the *ending* of relationships (see '*Relationship - progression*' in Appendix M), especially since the focus of the elicitation questions was the *beginning* of relationships. Up to a point this also relates to the underlying account of *loneliness* from several participants, particularly in reference to living without a partner, even where the participant was engaged in an otherwise active social life. Both these issues entwine in complex and diverse ways with accounts of engagement in, or avoidance of, new sexual encounters.

Unfortunately space precludes any more detailed exploration of these various aspects of lifestyle, though they are evident from time to time in interview extracts illustrating other themes.

6.1.5 Lifestyle - summary

Virginity⁶, celibacy, monogamy and serial monogamy are all sexual lifestyle options with potentially beneficial implications for sexual health. Whilst sex was relevant to these choices in terms of avoiding pregnancy, or of providing a stable environment for raising children, they were primarily discussed in respect to relationships.

Whilst virginity has ideal advantages in avoiding risk of sexual infection, reports were mixed in regard to any fuller sense of 'sexual health' since prolonged sexual inhibition can *sometimes* lead to later sexual difficulties, which in turn can lead to the view that broader sexual experience may be desirable.

Celibacy was the adopted lifestyle for some of the parents interviewed while they raised their children, but otherwise where it occurred it seemed 'unintended'. Whilst it sometimes indicated lack of engagement in 'casual' sex it was not necessarily an indicator that sex would be safe(r) (ie 'protected') when it happened.

Though not applicable to participants in the main study, lifetime monogamy is also a very safe option, though perhaps difficult to achieve, as marked by references to 'luck' by the few parents who were in that situation. However it is in this context that the first 'strategies' begin to emerge. Well timed and appropriate responses from their respective husbands contributed to deterring two women interviewees from sexual experimentation with a different partner. More generally monogamous interviewees reported avoiding potentially risky relationships, preferably earlier rather than later. For some this entailed avoiding certain social situations. This approach of 'avoidance' also appeared in the context of maintaining 'serial monogamy'.

⁶See footnote 1 above.

Some participants reported finding this avoidance relatively easy as they are not interested in other potential partners when already in a relationship.

Though there was one counter-example, participants generally seemed to draw on a shared discourse about partner fidelity. However the focus of this discourse was relationship rather than safe sex. And for monogamy to entail safe sex the fidelity must be mutual.

Of course, at a minimum, serial monogamy is required for strategies like HIV testing prior to giving up condom use (discussed below) to be effective.

6.2 'Talking' - more or less

This section is intentionally loosely inclusive. It is used to group together a number of topics which are, in the colloquial sense, 'more or less' about talking. However, although 'talking', especially in the sense of communicating, was often suggested as desirable, so 'more' would be good, much of what is covered here suggests an absence of 'talk'.

As indicated in the chapter introduction, one premise of a 'material discourse' analysis is that 'talk' and the 'materiality' of life ('doing', ways of 'being', and the artifacts we make and use) are inseparably enmeshed. Hence it is inevitably an 'artifact' to separate out specific bits of 'talk', such as 'saying no' to intercourse (or to anything else), from 'beings' and 'doings', such as presence or absence of coitus, or from material 'things', such as condoms. However exploring the data from a variety of perspectives indicates something of the range of issues relating to each, and occasionally uncovers some commonality in the experiences of the participants.

Perhaps the most discursive (in the conversational sense) of possible strategies for sexual health is the appropriate use of 'saying no' and that is where this section about 'talking' begins. Perhaps the most material intervention is use of a condom, which is the major concern of the next section. Between these emerged a range of other (variably successful) activities requiring more or less talk or action, which is to some extent reflected in their positioning in the following sections. However one can 'say no' to sex without speaking, or 'say no' to using a condom, and it emerged that one of the concerns about acquiring condoms was the extent to which it involved speaking to anyone, so there is inevitable overlap between these sections. To limit repetition sections are cross referenced where a topic potentially relevant to one heading has been, or will be, discussed in detail elsewhere.

6.2.1 Saying No

We have already seen that a degree of 'saying no' is required to maintain lifestyle options such as virginity before marriage and monogamy, though, particularly with monogamy, the preferred, and perhaps most successful, strategy seemed to be to avoid getting into a position where one might need to 'say no'.

Participants also recounted many approaches taken, when not currently in a relationship, to averting unwanted advances or to 'turning down' a date more overtly. These ranged from the direct '*go away I'm not interested*' (923) to an expectation that '*body language*' cues would be observed and honoured (1736, 1878ff).

'*Body language*' was not always entirely successful, perhaps because, in some cases described, the cues seemed so subtle as almost to require '*mind reading*'. However, as with avoiding other relationships from within '*monogamy*', such an indirect approach was usually preferred, and a direct response would only be adopted as a last resort. One of the men explained that it would have to be a very serious situation for him to say something like '*look, I'm sorry I'm just not attracted to you, leave me alone*' (1186ff). He would initially '*ignore it* [any unwanted advance]' (1156) (an approach similar to '*read my body language*'?) or he would possibly '*make a joke of it*' (1160), either way being careful never to '*put somebody down*' (1164).

Another woman sent a message to a 'would be' suitor via a friend, saying she '*couldn't possibly be interested*' (367) because she was too involved with somebody else. However this message seems somewhat equivocal, perhaps intentionally so since she eventually became involved with this new suitor.

The strategies of '*avoiding situations*' or of '*gentle distancing*' are all very

well if you are already in a sound 'couple' relationship, or are not at all interested in the person who is approaching you. It is perhaps more difficult when meeting someone at least partly in the hope of developing a closer relationship. In the words of one of the men '*one of the things that was tied up in this sort of mish mash of emotions was just basically the fact that I was lonely - and I was looking for company*' (1117). This was a common theme. One of the women talked of '*an emotional need to share my life*' (972). Another man let slip that he was '*desperate to find somebody*' (1957) and although he quickly retracted '*desperate*' the tone of much of the interview conveyed a certain '*urgency*'. However, like all the interviewees, there was no sense he would settle for '*just anybody*'. For one woman part of the rationale of using a dating agency was to meet '*somebody that's - you've found yourself type of thing*' (393) rather than '*the spare fellar*' (411) '*invited ... to make the numbers up for dinner*' (409).

These extracts convey something of the difficulties, experienced by many in this older age group, in meeting a potential new partner, and which led some participants to use heartlines or dating agencies. However further concerns emerged about '*saying no*' when meeting specifically to consider establishing a more permanent relationship. One of the women commented (in contrast to Morton, 1998) that you can't easily say '*I don't think we're suited, thanks very much for spending a hundred pounds on the meal*' (475ff). She found that '*quite a good ploy is to say 'well look, I'd like time to think about it'*' (465ff) especially since she could not always make a decision when it came to the question about meeting again.

However she experienced some difficulties on an occasion when curiosity drew her into asking questions about propositions which sounded somewhat '*naughty*' (4231ff) so that when she said '*Look - I, I don't think we should meet again*' this was met with '*Why ever not?*' (4259ff). The man concerned was '*quite upset about it and I I said but - I just don't think we're suited - and he was very surprised and as if NO-one had ever turned him down before*

[laughing]' (4266). For her this scenario seems to have caused no major difficulty, though she feels she has been '*very NAIVE sometimes*' (4325) she has '*learned fast*' and '*you have to - be aware of how you feel about things*' (4340ff) and '*be a bit more up front about er - saying you don't want to know or - or whatever*' (4346ff).

A separate concern was that she finds agency dating an interesting way to meet people and '*sometimes they're just very good company and you like to have them as friends*' (906ff) but '*they don't always just want that obviously ... so you just sort of agree to ... call it a day*' (912).

This last approach seems relevant where intentions become explicit quite quickly. However the situation can be different when a relationship is developing but the participants are uncertain, or they have mixed, or discordant, intentions.

The woman whose body language was not understood found it difficult to be '*up front*' though she explains she eventually '*had to be much more direct with him. Which took a bit of building up courage*' (1745). She describes how she '*more or less said to him 'Look, this - this isn't what I want' em - i - i a' I don't welcome this attention*' (1757ff). She explains that she '*didn't say w' - 'Will you back off?' - Those weren't the words I used but that was the message I was putting across*' (1761). These extracts are from a longer account, but the hesitations, as well as some of the concerns raised, indicate something of the difficulty and affect generated in what might be expected to be a fairly straightforward situation. This woman feels she would handle such a situation better now, but again it indicates that '*saying no*' is often not experienced as '*straightforward*'.

Another woman described how, now single again, she has '*spent more time putting people off*' (4276) because she '*could sleep with a different man every night if I wanted to*' (4281). However this has rather backfired since

she has '*been out with some really nice men*' (4296) and '*had only nice nights out with them*' (4307) but she has '*been so negative with them - that I just don't see them again*' (4301). She puts this down to being '*very apprehensive*' (4253) because she '*always pick[s] the wrong men*' (4242). It seems though that with potentially '*right*' men her proactive attempts at '*putting off*' sleeping with them are mis-read as a more general lack of interest - not perhaps surprising since she tells them '*all the reasons why I don't wanna be in a relationship*' (4312).

In these last two accounts it is interesting that the affect generated through personal difficulty in '*saying no*' seems to lead to ignoring the '*feelings*' of the other person. A different woman suggested that there is usually no problem putting people off because '*men ... especially older men, don't like rejection*' (970) so '*they like to sort of, em - feel their way*' (975). She thinks that '*everyone steps very warily*' (1021). But this may reflect a difference between '*casual*' dating and a slightly more formal '*agency dating*' approach, as well as a difference in the initial un/certainty about whether to pursue a relationship.

The examples up to this point explore general complexities surrounding '*saying no*' but are not self-evidently relevant to '*safe(r) sex*'. However it is already apparent that to '*say no*' can be a complex and affect laden, if not hazardous (in relationship terms) undertaking. Further, '*saying no*' is often dealt with through avoidance or innuendo, suggesting that, even in general terms, for many people '*saying no*' overtly, or to an overt request, is neither a practiced nor a skilled behaviour.

More directly relevant here is the case of developing a closer relationship but still wanting to '*say no*' to intercourse. We already have the account of the woman who found some men not at all interested in pursuing '*just*' friendship. She described an example of a '*gentleman*' she had met on '*several occasions*' (787ff) who in the car on the way back from dinner

'started talking about the fact that em - he thought by now that things would have progressed a bit further - etcetera etcetera' (827ff). However she *'just didn't feel the urge'* (845). They discussed it and she *'said well I didn't feel that it was appropriate, one thing and another'* (850ff). He was staying in town so, a little to her surprise, they still met the next day, but she did not hear from him again (867).

Some participants experienced no problems 'saying no' to intercourse. Aside from laughing that she *'just kept picturing my father's face'* (2621) the woman who married as a virgin thought she *'was perhaps just very good at fending people off'* (2628). However she also said she was not aware of previous boyfriends being interested in sex.

One of the men in the main study described being interested in sex, but not within a short term relationship: *'I've had I don't know how many situations that should have turned sexshua' she' sexual (breathes in) - and - I decided they shouldn't. ... I'm not moral about it, I've got nothing against people having one night stands it's just they're not for me'* (1629ff).

When I put it to the man who married as a virgin that this outcome was perhaps primarily because his 'wife to be', who was generally the one to 'say no' (4051ff), was assertive (see 'Virginity' above) he emphasised that it was also that he *'wasn't terribly em demanding really'* (4089ff).

These examples all run counter the 'male sex drive' discourse (Hollway, 1984, Wight, 1996), though in slightly different ways ('not interested', 'not casual' or 'not demanding') and without quite positioning the men in a permissive discourse or in Wight's (1996) 'romantic' discourse. The virgin bridegroom seems more consonant with a 'have/hold' discourse, though still with a rather different subjective positioning than allowed for men in Hollway's account.

Another example of a man 'saying no' again challenges those earlier analyses, and on its own reads more as an account of resisting 'female sex drive': *'... she was looking very attractive, and she made a big play for me ... everybody else had left ... and even though we'd been kissing - she wanted me to come back with her - and what was interesting my body was just saying 'YES! YES! Yes' and my head just went 'No, I'm not coming back with you'* (3865ff). However since this was only 'about two weeks after we'd stopped seeing each other' (3848) the woman here might alternatively be understood as enacting the 'hold' in 'have/hold'. Women initiating first intercourse with a new partner is discussed further below (see '*Planning intercourse*'). More centrally to the current discussion there is no element of 'strategising' or 'saying' in this man's account of 'no'. It appears that once he had made the decision he simply did not 'go back' with this previous partner. He 'explained' that he knew '*that it was wrong*' (3894) but unfortunately his understanding of 'why' it was wrong is not clear from the account.

Except for the couples who were engaged, the examples above led to the end of the relationship, or marked a relationship as 'not sexual'. More challenging is how to 'say no' without discounting intercourse as a future possibility, that is, how to say 'no, for now' (outside the case of engagement to marriage). One of the women succeeded with a relatively light hearted '*I hope you haven't booked a room ... 'cos if you have you'll lose your money!*' (2123) at a first 'formal' date where '*the alarm bells rang when it was in a hotel*' (2111) and though '*he was as good as gold*' (2129) she felt that '*obviously it [intercourse] was expected*' (2131). But this was with a man she had known for some time.

One of the men was less successful when he declined an implicit invitation to move upstairs with '*look there's no rush*' (3852). When the suggestion was repeated ten minutes later he capitulated to his partner's persuasions with '*oh, alright then*' (4002) and in his words '*so we went to bed and had sex ... But it wasn't what I wanted*' (4006).

Another man described a more complex situation. When he was already in bed with a woman: '*the first time I turned her down. It was sexual but it wasn't penetrative sex. And while it was going to become penetrative I actually turned it down s' - very very - gently sh' - I don't even think she realised. I made an excuse not to have sex with her - penetrative sex with her*' (4016ff). However it is unclear whether this can be counted as a successful strategy for 'saying no'. He explained that the relationship had happened '*when my loneliness thing came back ... and I was attracted to her - And I told her - and - for about a week afterwards we slept together - without it being sexual*' (3962). However '*the physical nearness of - somebody of the opposite sex in a bed next to you who is - also attractive - Is going to lead to a sexual relationship*' (3984) which it did, and with some temporarily unhappy consequences.

This last example seems to illustrate something of the confusion between 'intimacy and intercourse' discussed by Gavey et al. (1999, see especially pages 52-3), though here both are confounded with an avoidance of 'loneliness' (see also Fromm, 1997/1942). However where Gavey et al. attribute the confusion as a primarily male trait the penultimate account above perhaps provides a counter-example. Together these accounts also suggest the difficulty of 'saying no' to intercourse in the absence of other sources of physical intimacy or affection.

All the above accounts of 'no for now' eventually led to intercourse, though in the first example above this was some months later. However it is possible that this is a co- incidental artifact of the interview schedule (there may have been no reason, in this context, to mention relationships that never included intercourse).

A range of reasons were offered for not wanting intercourse in a relationship, whether 'not at all', or 'not for now'. These ranged from not wanting a one night stand, as mentioned above, through not wanting the relationship to be

'a purely sexual thing' (2299), to one woman who 'didn't really want to have sex with him, I didn't really want to, you know, ... it wasn't so much with him but anyone - you know I was completely 'off men' (1285ff). One or two other reasons are reported elsewhere, but what all these accounts have in common is that 'saying no' to intercourse was about relating and relationships, and was not about 'health' considerations.

However health considerations emerged occasionally, if not primarily, when it came to 'saying no' to intercourse without a condom. 'Saying no', 'negotiating' and other strategies related to condom use are explored in '*Using condoms*' below (see for example '*Insist*' and '*Just put it on*').

Meanwhile the main theme that emerges here is the preferred discursive strategy of an indirect approach to 'saying no', often justified in terms of protecting the feelings of the other person, but also protecting the speaker from any 'confrontation'. Whatever the motives an effect of this preference seems to be lack of practice, and therefore skill, in more direct ('up front') approaches to 'saying no'. Consequently, when required, more direct approaches seem often to be associated with considerable affect on the part of the speaker - paradoxically to the detriment of concern for the feelings of the other person.

Humour appeared in accounts of one or two more successful strategies, but humour can be difficult to find when 'under pressure'. It often seemed that difficulties were greatest in the face of uncertainty and participants mentioned the importance of knowing what they wanted. There was less evidence that what men wanted was 'intercourse' than has been argued elsewhere. However there was considerable evidence of participants being uncertain about their 'wants', and several indications that 'loneliness', in terms of lack of partner rather than general lack of friends, contributed to this confusion and the already present confounding of intimacy with intercourse.

Having proceeded through dating to increased intimacy if neither party has 'said no', implicitly or explicitly, then the subsequent move might be to intercourse. Having discovered that 'saying no' is rarely explicit it is less surprising that there is little explicit 'saying yes' to intercourse, despite the 'oh, alright then' above. The next section is an exploration of the extent to which first intercourse with a new partner was planned, explicitly or implicitly, and the implications for safe(r) sex.

6.2.2 Planning intercourse

First intercourse has traditionally, in almost all cultures, been associated with the complex planning of 'wedding', and has been expected to take place on the night of the ceremony or soon afterwards. Since both parties have been expected, formally at least, to be virgins no sexual health risk has been anticipated. In practice this assumption may have been misplaced, for example in Victorian England, where syphilis was prevalent and the interdiction on sex before marriage was not applied as stringently to males as to females. Nonetheless, as discussed earlier, lifelong marriage has some advantages for limiting STD prevalence within a population.

The occurrence of 'affairs', 'mistresses' and other such parallel relationships has always provided a route for limited transmission of STDs through the 'general' population. However in the late twentieth century more routes to such infection are opened by the increase in pre-marital intercourse, and more especially the shift to some expectation of 'serial monogamy' rather than life-long fidelity, at the same time as an increased acceptance of parallel relationships through such routes as 'casual sex' and 'open marriage' (as for some participants in the 'no commitment' dating agency). For all these reasons although the rationale for special ceremonies of 'wedding' to mark a 'social' commitment are reduced, it might be anticipated that some of the effort would be transferred to 'planning' first intercourse with a new partner for 'health' reasons.

However there was little evidence of such a move in the present accounts.

For at least one of the women 'first ever' intercourse, when she was twenty, seems to have been quite unplanned, at least on her part. Visiting friends together she and her partner had been invited to 'stay over' but the friends assumed the couple were sleeping together (3416ff) '*so the offer was there - and - we'd took - we took it up - We - we spent the night together there'* (3432ff). However her memory of the occasion is hazy (cf Thompson, 1990), except for, firstly, the pleasure of her partner's skin on hers (3498) and, secondly, joining everyone at breakfast the next morning when she '*... felt uncomfortable about being in that situation*' (3455) but was '*not really sure why ...*'.

For one of the men first ever intercourse, at age eighteen, was a surprise when, going back to his room at college with a girl he liked, '*I was making the coffee, I turned round, she had no clothes on! - literally! ... I think I got the message then!*' (3205ff).

Neither of these accounts include any mention of contraception or protection, and neither participant had time to 'plan', though in each case the partner may have 'planned'. Although neither was particularly young at the time both incidents were many years ago, and well before concerns about HIV emerged. However there were several more recent accounts of first intercourse with a new partner where '*It just happened*' (various participants: 4012, 2066, and see Chapter 4, '*Interview as process*',).

One of the men explained that, apart from his 'first love' (1825), his relationships '*weren't em - orchestrated, they weren't thought through, they just happened ...*' (1819). Two of the men were keen to emphasise that they never planned intercourse: '*No there was no sort of em - like you see in the films ... plan of seduction*' (2192ff) and '*I DON'T plan*' (2065) '*subdue the lighting, put on the music, got her a bit squiffy - NO WAY*' (2111). These

responses were a little unexpected, since, some way into the interview, they were in response to a question intended to elicit whether they had considered contraception or protection. They are a useful example of how a theme from an earlier prevalent discourse (about the evil of seduction?) could unexpectedly confound an intended health message about potential benefits of planning intercourse.

These contrasted with other accounts. One woman's partner suggested they should '*go and lie on the bed it's much more comfortable*' (2508) '*cos it was so long since he'd had a cuddle*' (2517) which she thought was '*very well planned*' (2524). Another woman's boyfriend '*invited me over for a meal. ... And it was partly the - the warmth of the situation and p- and partly the wine - that [slight laugh] knocked down my defences*' (2261), (though perhaps not difficult since she had packed a toothbrush). The first, '*very well planned*', boyfriend had not however planned any protection, though the second had condoms available (2408).

Two of the men mentioned women inviting them over for a meal, or to stay over after a concert, as a prelude to first intercourse (eg 3839, 4894, 2251, discussed elsewhere) and interestingly one commented that '*it wasn't very well planned on her part - er - the - the physical arrangements weren't terribly good. The bed was too small ...*' (2251ff).

One woman discussed wanting to make the first time '*special*' (2338), though a surprise for her partner, whilst another made detailed plans with her partner to go '*somewhere really nice*' (1194). This explicit discussion and shared planning was unusual in these accounts. More often there was uncertainty about the other person's intentions. Wearing '*clean knickers*' (2369) or not: '*I didn't even have my best knickers on*' (2386), were markers of presence or absence, respectively, of anticipation of intercourse, as was, more frequently, packing a toothbrush.

Although participants often mentioned some detail of the occasion of first intercourse with a new partner, there was always initial reticence about mentioning planning for safe sex (condoms, contraception etc), even well into the interviews. Information was never volunteered and often could not be recalled, or only with difficulty.

One man initially described first intercourse with a particular partner as unplanned (5051, 6170), yet later remembered they had discussed it in advance, and both had '*an AIDS test*' (6226). The later version might appear a fabrication in response to 'demand characteristics' of the interview, however other clues suggest the later account was probably the more accurate. It was also the only account of careful mutual planning regarding sexual health before first intercourse with a new partner.

Considering a newly developing relationship another man mused '*I don't think I and the ... other person involved would have any problem with that [planning safe sex] ... I don't think we're gonna just - to jump into bed, without thinking about the con- the possible consequences*' (4750ff). However his focus shifted back to contraception, and despite carrying condoms on a previous occasion with a new partner he had not used them (see Chapter 5, '*Perception of risk ... 'Protection' or 'contraception'?*').

Despite the general lack of evidence for 'planned' first intercourse, and in particular planning regarding sexual health risks, there was usually some consideration of possible pregnancy, albeit often quite late in the process. Explaining not using the condoms the same man said '*We must have discussed it - before 'e just before [slight laugh] it as it were ...*' (2905) when '*I think she must have said 'Yeah that's alright I'm on the pill' so - off we went*' (2928).

Another man thought that discussing contraception would be easier once intimacy had been established, with '*somebody I was setting up a*

relationship with, rather than somebody I'd just met and was going to bed with (6706) because later you 'do discuss it you know: 'Oh well, if this is going to carry on what are we going to do about 'This'?', you know and 'are you gonna do this or am I gonna do that?' (6713ff). One hopes that once intimacy is established 'this' and 'that' can be replaced by more concrete options. Meantime the use of vague referents again perhaps reflects a general paucity of terminology and discursive strategies for tackling 'intimate' topics.

A further man initially suggested condoms were 'taken for granted' with one partner, but then recalled that 'Yes, we did actually. We did have a chat about it, we were both decided that she shouldn't go on the pill' (2537). However since he later recalled that intercourse was unplanned and unprotected the first time, this 'chat' may again have been after the event.

So not only does it seem that first intercourse with a new partner is not overtly planned, it also seems for many people particularly difficult to discuss contraception and protection before the event. (This is discussed further with regard to condoms later in the chapter.) Unfortunately these factors can combine to leave any protective action very late. Aside from post hoc emergency contraception, the latest point at which any action can be taken to avoid pregnancy is 'withdrawal'. It seemed from many accounts (drawn on elsewhere, and see 'Avoiding intra-vaginal ejaculation' below) that this was often the 'limit' of 'planning' first intercourse.

Although 'unplanned', it seems that first intercourse with a new partner is often not entirely 'unanticipated', as discussed above. However there seems some inherent uncertainty, with an associated poor prognosis for safer sex. One of the men drew on '*an old adage*' (2068) to explain that '*you go out with a woman - and ... they actually have a - one big plus on - They know if they're 'going to' [agree to intercourse] - You're always there wondering'* (2078). Another man disclosed that '*in a way I prefer - if there is any*

initiative I almost prefer to let the woman take the initiative ...' (1465). Again these claims run counter to any 'male sex drive' discourse, or the 'male dominance' attributed to patriarchal hegemony. However themes from these discourses can be traced in the fuller version of the second account:

'I must admit - you know I - you might call this erm - being a bit of a coward - or you might think it's quite a reasonable way to do it but I, in a way I prefer - if there is any initiative I almost prefer to let the woman take the initiative - to a certain extent, rather than forcing myself - and that maybe goes back to - adolescent years when it was exactly the opposite way round, when I think I was far too forceful - and - Yes, you do learn from your mistakes ...' (1461ff).

Hegemonic 'male dominance' is acknowledged and hedged with 'must admit' 'a bit of a coward' 'to a certain extent' and perhaps resisted with 'rather than forcing myself' and 'far too forceful'. There is a suggestion of 'adolescent' male sex drive. All this is shifting with time and experience (and possibly age?) leading to '*more respect now for the opposite sex*' (1489). However, whether or not this new approach is preferable, from the extended account it seems apparent this man is reticent about it, so perhaps unlikely to acknowledge it readily in a more public forum. Even if gaining ground it may still be a view which would be difficult to promote. This may be why many women seem unaware of it (though some are, see eg. Holland et al., 1992a, and Chapman and Hodgson, 1998).

This is reminiscent of the woman who only realised through the course of the interview that she sometimes initiated first intercourse (see Chapter 4 '*Interview as process*'). There was further evidence from the interviews that women often *do* take control of first intercourse, including the account above of a girlfriend presenting herself naked (a more frequent occurrence than one might anticipate judging from my clinical work). Examples discussed

elsewhere include the woman at a New Year party who said 'are you coming home with me?' (4667ff) and a woman who said 'Do you want me to video this?' (3845) followed up with 'look we're not schoolchildren' (3979).

These examples were reported by men but one of the women participants commented similarly that '*when you get to ... our age it's not like teasing, sort of like you're sixteen and - wondering what's - what it's all about*' (1304). In response to 'Who made the first move?' another woman replied 'Me probably!' (474), with a slight laugh. And a further woman had 'dragged a couple of men up to bed' (675) hastily adding, laughing, '*not at the same time!*' (676). One of the men commented that '*a lot of women - have - have said that - you know 'there's no point in messing about*' (5566) sounding a note of disapproval with '*you know 'r-rip em off ...*' (5568).

In all 'women initiating intercourse' was commented on by four of the five women and three of the four men in the 'dating' group. It was by no means *always* the woman who initiated intercourse, and more pertinently here, as discussed above, it was often presented as not quite 'normal'. In the words of one of the men '*it was initiated by her and not by me - which was a strange thing - well not strange ... perfectly natural ... it just seemed to me that it happened rather more quickly than I expected it to happen ...*' (2294ff).

There were no similar comments about *men* initiating first intercourse, though in many cases it was implied that they did, adding further to the argument that '*men initiating*' was the '*taken for granted*' discourse. However it may then be that the woman discussed in Chapter 4 is not alone in *thinking* she does not initiate intercourse with a new partner but on examination discovering that she does. This seems to be another case where there is some muddle between expectation and practice. And if women are more in control of initiating first intercourse than is generally acknowledged, by women or men, it is perhaps not surprising that '*planning*' is either absent or haphazard (see also Chapter 7, '*Gender*').

In summary, overall there was little evidence of planning first intercourse with a new partner, especially in terms of sexual health. Indeed for many men 'planning' seemed consonant only with 'seduction', which was generally seen as 'to be avoided'. Even concerns regarding pregnancy were often left to the last 'moment'. Intercourse was often anticipated but uncertain, which may in part explain why it seemed difficult to talk about intercourse or protection before intercourse happened. Confused expectations regarding gender roles may also contribute to these difficulties. It was less clear why any planning of protection that did occur was difficult to recall, or at least to 're-tell'.

There was one account of 'planning' here which included HIV tests, and, as will be discussed below, there was some carrying of condoms (along with the toothbrushes and clean knickers) though the condoms were not always used. However any further planning or pondering seemed directed primarily to concerns regarding the relationship, and sometimes to making the occasion in some way 'special'.

6.2.3 Sexual history, or '*knowing your partner*'

'Knowing your partner' has been promoted as an alternative or, preferably, complementary safe(r) sex strategy to using condoms (see Ingham et al., 1991). Since it is not customary for anyone's detailed sexual history to be 'public' it is a strategy which is particularly dependent on 'talking' skills. Given the limited planning and discussion of new sexual intimacy outlined above, it would perhaps be surprising to find too much knowledge of sexual history of a partner in the accounts here.

Ingham and his group (see Ingham et al., 1991, 1992, Woodcock et al., 1992) have discussed the limitations of this strategy amongst younger people because of irrelevant interpretations of 'know' your partner. As discussed in Chapter 5 (*'Perceptions of risk: Promiscuity'*) one man felt that

because he tends 'to sleep with people I've known for a very long period of time ... *Probably quite stupidly - I think it must be safe*' (3138). The distinction from the situation reported by the Ingham group is his acknowledgement (with the phrase 'probably quite stupidly') that a general kind of 'knowing' is not very relevant.

Generally participants in the present interviews seemed aware of this issue but rarely acted on the knowledge. One of the women was quite firm about using condoms in what started as a holiday romance where she did not know her partner's sexual history very well because she '*didn't really know - didn't know 'im that well ...*' (3085). However she goes on to acknowledge some inconsistency in comparison with her evaluation of an earlier relationship '*Not that I really knew [earlier partner], but I knew him a lot - I know it sounds daft - Yeah, I, I s'pose I knew as much about his [holiday partner] sexual history as I did about [earlier partner] initially I suppose - but emm - it seems odd - on a holiday*' (3088ff). The implication here seems to be that she knew little of the sexual history of either partner before intercourse, but this seemed more relevant to her in the 'holiday' situation where she had less knowledge of any kind of the new partner (though this new relationship lasted some time, until eventually undermined by geographic and cultural distance).

In contrast to insisting on using condoms in the absence of sexual history (or perhaps just general 'history'), one of the men discussed impotence as a reason for not using condoms and therefore *needing* to know the sexual history of a partner (see Chapter 7, '*Impotence*'). However he did not always succeed in meeting this need.

Another of the men apparently knew something of the sexual history of a 'casual' partner since he explained that she '*enjoys sex and she picks up sex when [recording unclear]*' (4406). However, as discussed below (see '*Using condoms: Depends on the partner*'), this knowledge of sexual history,

though partly taken into account, did not lead to *consistent* use of condoms.

A further man conceded he might have put himself at risk of 'STD - probably the last couple of relationships right at the start ... because I don't know - about their sexual history' (4626). He knows one partner 'had relationships while she was abroad' (4716) but explains that he's 'not interested in that ... I never ask people where they've been' (4721ff). As with younger people (Ingham et al., 1991, Woodcock et al. 1992 and including young adults Chapman and Hodgson, 1988) it seems any discussion of previous relationships would be perceived as an unwarranted intrusion, making discussion of sexual history from a health perspective 'inappropriate'. And in this man's words '*it's amazing how honest people are when you don't ask them!*' (4728).

Paradoxically one woman, even though she believed her partner to be a virgin (see 'Virginity' above), did not take this into account in regard to safe(r) sex. One might consider this positively, as a safer strategy, were it not that intercourse was anyway unprotected. Her account suggests that sexual health, in contrast to pregnancy, was simply disregarded. For this woman '*he'd never had another partner*' (3394) signified as an explanation of her partner's tendency to be '*obsessed, and possessive*' (3422) rather than as an indicator of risk or any other sexual connotation.

More promisingly one man explained that he and a partner had '*discussed previous partners and this sort of thing we'd a' all that had been discussed - em - not in great detail but em i' - th' things y' you know th' the sort of lifestyles we'd led etcetera etcetera ...*' (6644). However this was not explained in his original account of the relationship but was mentioned later, apparently to set another situation in unfavourable comparison: '*None of which had been discussed with the other one and - which is what I wanted to discuss with the other one over a period of time - which is why I felt things ... had moved far too quickly ...*' (6665ff). However his '*resistance*

was low (6679) so he '*just went along with it* [intercourse with the 'other one']' (6688). This kind of inconsistency in behaviour is not unusual in these accounts. (This case is discussed further under '*HIV test*' below.)

Another man who had described unprotected first intercourse with a new partner also recalled, again later in the interview,

'... that actually brings back ... another memory, yes, we actually talked about it - before on that evening - and she said something like ... well if we're trusting each other this much then we can trust ourselves to t' be honest so Yes, I was taking a bit of a risk - em - but we had talked about h' my previous relationships, and she'd talked about her previous relationships - and - she didn't seem the sort of person that would jump into bed at a - drop of a hat ...' (2979).

Again, using a longer extract indicates how talk of one strategy, in this case 'knowing your partner's sexual history', was often embedded in an account along with other arguments the participant felt relevant to the situation: here for example 'trust' and 'sort of person' (see also Chapter 5 '*Protection*' or '*contraception*'?). It also indicates that, although discussed, this was not an aspect of the occasion that was to the forefront of this man's memory, indeed he only recalls it in the context of explaining ('justifying') not using a condom (not too dissimilar from the situational recall and use of information above). It is unclear whether the information was never a high priority for him or whether, because the discussion provided 'satisfactory' information, it ceased to be of any particular note. However later in the interview he recalled he had '*worried ... afterwards*' (4870).

In this account the man also, drawing on the argument presented by his partner, identifies that 'knowing your partner' is not a satisfactory strategy on its own - it is only useful if the partner can be 'trusted'. He acknowledges

'taking a bit of a risk'. As the examples of '*parallel relationships*' in Chapter 5 suggest 'knowing your partner' is a somewhat hazardous strategy. Talking about new partners one of the women observed '*you just don't know - what partners people have had*' (2837ff). Another commented that '*even if I knew a lot about them, I'd still think well they might not mention that .. nipping off .. you know, to a prostitute in Amsterdam, or something ...*' (1334). She later said of a specific partner '*I mean I'm sure he's not one for a lot of casual liaisons - but then .. five, seven years ago, I mean heaven knows what he was doing .. then*' (1380).

Another of the women seemed more sanguine, commenting of a partner who did not use condoms that '*maybe he felt the same as I did, that he hadn't had - e' m' many partners maybe or, he felt, he - he was low risk ...*' (2868). Having decided there was little risk this woman was evidently happy to 'trust' this man's judgement of his risk status and consequently she saw no need even to attempt discussion of sexual histories.

As with other strategies for safe(r) sex although there was discursive knowledge of a strategy of 'knowing your partner', and perhaps a more appropriate understanding of it than shown by some younger groups, there was only minimal evidence of any practical engagement with this strategy. Even the woman who insisted on condom use with a 'holiday' partner she perhaps initially 'knew' less well than others may ultimately have been more concerned about pregnancy than sexual health (see below '*Using condoms: Insist*'). Like planning first intercourse it seems a topic which is difficult to engage with. And, unlike subsequent planning of contraception (if not of protection), 'previous partners' perhaps *remains* an 'inappropriate' topic of discussion.

Nonetheless there is some evidence of such talk, though any fuller accounts seemed only to occur in a 'justificatory' role. Unlike planning intercourse, there was some reluctance by participants to acknowledge the utility of

'knowing your partner's sexual history' as a strategy, not least perhaps because it is so vulnerable to 'trust'.

A practical, and more 'material', alternative to knowledge of a partner's sexual history would be evidence of their present sexual health status. This is where a strategy such as using an '*HIV test*', discussed next, may become relevant.

6.2.4 HIV test

Though this is a strategy which may seem more 'material' than 'discursive' it is included in the present '*Talking*' section because the few points raised in the interviews focused on discussing, or more generally *difficulties* in discussing, an HIV test, rather than any practical difficulties in being tested (though there are some⁷).

The few participants who mentioned HIV testing referred to it as either an AIDS test, or a 'blood test'. In response to a question about 'safe sex' a woman in her early forties replied '*I would assume you always have to have condoms unless you both went to get an AIDS test just to make a hundred and ten per cent sure*' (2809ff). But she went on '*I'm very wary of that. ... there's the stigma attached to AIDS test as well and I don't, I think that's a sense of (pause) you've had more than one sexual partner you know*'.

This argument is reminiscent of Holland et al's (1991) finding that '*[h]aving a*

⁷People are sometimes put off because a GP will generally refer them to GU medicine for an HIV test rather than carry it out in the surgery. This is in part because of the requirement that people be 'counselled' before taking the test. This 'counselling' in practice may not cover very much more than a reminder of possible implications of stating on an insurance policy application that you have been tested, which in itself can be a deterrent. However the idea of 'being counselled' can also be a deterrent, as voiced by a young man at a Southampton youth group where I attended an HIV awareness drama session. The actors commented that this was not an unusual concern, and I have heard a similar objection raised by a man in his forties, who turned down an HIV test on this basis though acceding to a range of other STD tests.

condom on one's person indicates a lack of sexual innocence' (p143).

However whilst it seems an 'understandable' concern for the young women Holland et al. interviewed it is unclear why it should be an issue for the cohort in the present study. The older woman here is perhaps acknowledging this when she later adds '*and I don't see why there should be a stigma attached to it or anything*' (2849). However the stigma is apparently still felt, and still acts as an inhibitor.

A man in his mid forties made a similar point '*HIV ... I just don't know what you do about it I mean .. Yeah, you can use a condom .. but do you go on using a condom for every' or you say to your .. your prospective partner "well look, go and have a blood test first and .. show me the results before we (laughing) I consent to have relationships with you" ... '* (4793ff). He goes on to talk about trust, and judging character, finally adding '*but I'm certainly not going to ask for physical certified proof of .. (slight laugh) a clean bill of health*' (4902). Another man in the same age group commented that '*it's difficult to ask somebody for a clean bill of health ... a certificate from the doctor that you're safe from AIDS ...*' (1722ff).

However that is exactly what a partner did ask of a man in his late forties '*I have to say with the first one she actually asked me to go for an AIDS test which I did*' (6223ff). This seems to have raised his awareness of risk somewhat, since he comments about a subsequent relationship '*there was always the possibility of AIDS .. there, I mean I knew I'd had an AIDS test .. not .. long before ... and the only other partner I'd had was the one .. who had also had an AIDS test so .. em .. 'ts .. so I'd no doubts about myself ... but I'd no idea about her you see ..*' (6981). However this seems not initially to have deterred him from being led to bed (see '*Sexual history*' above, though it is not clear whether there was penetrative intercourse on this occasion). There is an interesting twist in this last example, since it is presented in the context of criticisms of the second woman, and her reputation is effectively challenged because she does *not* insist on a health

test (yet without the interviewee apparently experiencing any reflected culpability, perhaps a further example of devolving responsibility to the partner, see Chapter 5).

Earlier studies have reported young people believing that any blood test would automatically include testing for HIV, so if they had had a recent blood test they must be clear of the virus (eg Ingham et al., 1992, page 166). This was not suggested by participants here, though one woman (who thought she might consider '*an AIDS test*' for her and her partner in a long term relationship (1644, 1811)) commented on giving blood as an indirect approach to HIV testing⁸, but with an emphasis on how '*that's really stops me taking the risk. Because .. I can't hide my head in the sand. Because going blood doning they test you. So I know I'm going to get to know ... and ... I can't not go because then I'd .. be admitting that I might be at risk ..*' [laughs] .. and so that rea', that really stops me ...' (1652ff). She goes on to describe '*a friend who .. slept with somebody who'd .. come from Africa*' (1663ff) some five or six years ago, and will no longer give blood because of a '*little niggle of a worry*' about HIV and '*she'd rather not know*'.

So, not only did the participants here suggest it would be difficult to discuss sexual histories (see above) but, with one exception where the account is anyway somewhat confused, it seems that requesting a sexual health check would be equally, or perhaps more, difficult to negotiate.

6.2.5 Negotiating

The overlaps of content mentioned in the introduction to '*Talking*' are perhaps nowhere so prevalent as in this discussion of '*Negotiating*'.

⁸In the course of general discussion about this research, a number of my 'contemporaries' suggested to me informally that this was their approach to knowing they and their partner were 'safe'. (NB I would then try to alert them to the disadvantages of such an approach - for themselves as well as for any potential recipient of the blood.)

Partners must 'talk' to achieve many of the objectives outlined in other sections of this chapter, and that talk is often some kind of 'negotiation'.

In the longer extract in '*knowing your partner*' above it is not clear whether the man 'negotiated' or 'failed to negotiate' intercourse in terms he was comfortable with. His partner's arguments prevailed at the time, so he did not use a condom. However since he reported being 'worried afterwards' his 'trust' in his partner's sexual history seems limited. It is unclear whether he regarded the information adequate at the time it was given.

A consistent feature of the sections so far is the difficulty people often experienced in talking at all about such topics as when, where and how they might first have intercourse, or about previous sexual relationships.

However some successful negotiating was achieved. The use of 'body language' rather than words might be considered a successful negotiation of '*Saying no*' where it worked, as might deterring an unwanted advance by ignoring it, or with gentle humour. '*I'd like time to think about it*' seemed an effective way of avoiding an unwanted second date, and '*I just don't think we're suited*' seemed a useful backstop argument when the negotiation became more difficult. Sensitivity to the other person's point of view was also helpful, being prepared to '*agree to call it a day*'. Negotiating '*no*' broke down when affect was heightened, but was easier when no-one was too demanding.

First intercourse with a new partner also seemed more often to be negotiated through subtle innuendo and body language, or even a very *unsubtle* removal of clothes, than through any verbal discussion. There were mixed accounts of the presence or absence of '*seduction*', which sometimes, but not always, included provision of condoms. It is perhaps significant that one of the men thought he and his new partner would '*think about*', rather than '*talk about*' possible consequences of intercourse. Yet he

and other participants reported some discussion, at least of contraception. This apparently involved some negotiation of who 'was doing' or 'would do' what - but again was often presented in vague or euphemistic terms. Waiting for some 'initiating' sign from the other partner *could* be presented as a kind of 'negotiation', as, in extremis, might coitus interruptus.

Overall however there is rather more evidence of not negotiating, and certainly of 'not talking'. One of the men who had described unprotected first intercourse with a partner felt there was no associated STD risk, despite no certain knowledge of her sexual history. Additionally she was not using any other contraception, yet he was '*not sure - er - what she felt er about the pregnancy side of it*' (6892), indicating just how limited knowledge of a partner's concerns and the discussion of any implications of intimacy may be before sexual intimacy occurs.

Generally with regard to sexual histories the tacit negotiation seems to be to *not ask too much about past relationships*, which participants seemed not to regard as much of an issue since it was often assumed partners would not remember, or anyway would not tell, salient detail. Similar concerns seem to preclude negotiating an HIV test before intercourse, and, though not mentioned by any of the participants, (lack of) trust may be a relevant concern here as well (see Chapter 5 '*Is there a risk?*').

In response to whether he had ever talked about contraception or protection one of the men (who had explained he now 'might not say anything') replied:

'Yeah I - Yes, I have done. (pause) But em - Those were in the - early days and er you always got the same answer so (breathing in) i-instead of talking about it it was, you know, em 'Oh, er just thought I'd ask 'are you on the pill?' - And that was the sum - er, sum, er topic of - of it. And if it was 'Yes' :- alright. If it was 'No' :- condom.' (6778ff).

This illustrates something of the genesis of the 'sex in the sixties' assumption that a partner will generally be using the contraceptive pill. But there is perhaps some associated shared understanding (unspoken discourse?) that once you are 'knowledgable' about intercourse it does not require much 'talking about'. There is an implication that to enquire too deeply would be passé, or unsophisticated. Something similar occurred in an exchange with one of the women. When I asked '*Did you talk about it at all?*', she replied '*What? Contraception?*' (2905) sounding somewhat surprised. To my '*Yeah*' she replied firmly '*No*' and as I added '*Right - Not before, during or after*' she repeated, laughing, '*No!*'. She appeared not to consider this a serious question, perhaps because she was past menopause (2900), but it is not clear how her partner would have known this.

However there were just a few accounts of negotiating safe(r) sex with regard to HIV.

I mentioned above (see '*Sexual history*' and '*HIV test*') the man who had discussed previous partners and had agreed to his partner's request that he have an HIV test. Unfortunately his embarrassment at the contradictory way this information was revealed precluded any further exploration of the nature of these discussions. However since both activities seemed to be in response to his partner's requests it is perhaps only she who could have explained her successful '*strategy*'.

One of the men had not so far broached the topic of HIV with a partner, but felt that in future he might '*say to somebody 'Look - we both - are mature enough to realise the problems associated with AIDS - em - and after all, I'm just as likely to give it to you as you are to me, so - where are we at there?'*' (4828). His strategy was so far untested, but is in some ways similar in tone to the successful '*these days*' argument of a younger partner reported by one of the women: '*I know that you're not .. well, sleeping around, but I guess we have to do these things these days*' (1499ff, and see

'Condoms: insist' below). However the fundamental difference between these is perhaps the 'have to do' leading to condom use, compared to 'where are we at?' leading who knows where.

One of the women described how she had 'broached the subject' '*at the second or third lunch*' (2725) when she had '*got the signals and knew it [intercourse] was on the cards*' (2732). She had begun (2739ff) with a story of someone taking an overdose after '*bad sex*' or '*unprotected sex*' '*And basically - got along to pregnancy and HIV AIDS and things like that*' (2747). This sounds quite promising '*but he had had a vasectomy - and - he just did oral sex with partners before me - and so, you know we didn't take any precautions ...*' (2749). Recalling this prompted her to muse about the veracity of his account, and whilst she said '*I think he's basically he's telling us the - telling e' - was telling me the truth ...*' (2761), it perhaps had occurred to her that, being married and a father, there must be a little more to his sexual history.

This woman has negotiated condom use successfully with a more recent partner, as described along with other examples in '*Using condoms: insist*' below. However, as the title suggests successful 'negotiation' of condom use seemed to depend more on insistence than discussion. Another man was clear that '*It's never been a negotiation*' (4570). This and similar comments from other people are discussed in '*Using condoms: Just put it on*' below. All of which suggests that 'negotiation' of condom use can be just as dependent on innuendo and body language (or here just specific use of the body) as any other 'negotiation'.

A theme amongst the specific arguments which were used was a focus on 'caring'. One woman had argued '*we'd take care of ourselves*' (1466) though her partner seemed less convinced (see '*Using condoms: Insist*'), and another woman had argued, more successfully, '*I just feel it's safer for you*,

it's safer for me (3058). Superficially in contrast, the man who had had an HIV test said '*the second one, she didn't discuss anything at all ... and quite frankly - i' I know it's a dreadful thing to say but I - I just couldn't care less ...*' (6620). Chapman and Hodgson (1988, page 102) reported a range of similar 'uncaring' comments. However the man here cared enough to note that '*she'd had a hysterectomy so - she wasn't gonna get pregnant*' (6632), and (see '*HIV test*' above) he had '*no doubts about meself ... but ... no idea about her*' (7001) regarding HIV status, so it seemed he had 'cared for' her interests though not his own.

One of the women who was not entirely happy with her previous approaches to the topic thought '*you could sort of say - something like em, 'I'm afraid that I'm keen on safe sex' or something*' (1555ff). The somewhat 'apologetic' tone here is not promising and she went on to explore '*... you could always - give the indication that you want to protect yourself against pregnancy*' (1573). Having been '*sterilised*' (1567) it seems unlikely that she *would* give such an indication (and see Chapter 7), though it is a strategy that was reported by some of the young women in the WRAP study (see Holland et al. 1991).

This section provides only a summary of some of the background to 'negotiating' safer sex, and a few of the arguments and themes which emerged in the negotiation of condom use. More specific accounts are explored below (see '*Using condoms*') with a little more detail of context, arguments and, importantly, counter arguments.

The Collins Dictionary (1979) gives the first meaning of 'negotiate' as '*to work or talk (with others) to achieve (a transaction, an agreement, etc.)*' which fits the approach perhaps anticipated in the present research. However the second meaning given is '*to succeed in passing through, around, or over: [as in] to negotiate a mountain pass*' which is perhaps closer to many participants' experiences of 'negotiating' safe(r) sex.

Unfortunately since this form of negotiation seems to be dependent upon innuendo and body language it is less amenable to the present research method.

6.2.6 'Talking' - review

A number of potential 'strategies' for safe(r) sex have been considered together in the preceding sections because, to be successful, they are all to some extent dependent on 'talking'.

Paradoxically one of the most successful strategies to emerge, in the context of maintaining monogamy or serial monogamy, was avoiding potentially risky 'new' relationships before there was ever any need to talk about them.

Unfortunately this avoidance of talk seemed to permeate many of the other scenarios, where it was typically less useful, at least with regard to achieving 'safer' sex.

In particular 'saying no', to anything, was generally presented as better avoided, partly in terms of consideration of the other person's feelings. But, since being 'up front' seemed often to engage considerable emotional energy, this 'avoidance' may also be a 'self protecting' strategy. 'Avoidance' was often presented as less desirable when someone else was not being 'direct'.

Avoiding being direct extended beyond sex specifically, since it was considered preferable to avoid having to 'say no' even to an invitation to a further 'date'. An unfortunate consequence of such avoidances may be failure to develop any skill in 'saying no' more directly, so that it becomes difficult or impossible even when it would be appropriate.

At the same time talking about any aspect of 'sex' seemed particularly

difficult, even where there was evidence that a couple found 'talking in general' easy enough. For example one of the men described how '*we were walking back chatting as mates ... yacking as if .. it felt natural .. you know we were just good friends with an arm round each other yacking*' (2251ff)), but soon afterwards they had intercourse for the first time together - without any discussion, and without protection.

Overall this difficulty people experience 'talking', and perhaps 'thinking', about sex was the most persistent theme to emerge.

Some aspects are nicely illustrated in a few brief extracts from the account of one of the women. First, sex is a feeling: '*... it's just a feeling you get isn't it?*' (568), primarily physical or affective rather than something 'cognitive' that can be put into words. It is something you do not think about 'cognitively': '*'cos you don't really analyse what you do, do you really, when you're doing it ...*' (589). And 'it' is something that goes 'un-named':

'cos first of all, the first time we didn't do it and then .. I went over to see him .. and we didn't do it .. and we didn't - we did kiss and cuddle but we didn't do it .. And the third time I went over there .. we kissed and cuddled and we did do it. (pause) And then we've been doing it ever since.' (625)

Discussion of sex was described as especially difficult *before* becoming physically intimate. Intercourse might be anticipated, but was rarely discussed beforehand undermining any possible 'planning' of protection, even for contraception. Several interviewees thought it would be inappropriate ever to inquire about a partner's sexual history. And these concerns seemed to converge so that asking a partner to have an HIV test (which anyway carried some kind of 'stigma') seemed almost 'unthinkable', to all but one of the few participants who considered HIV testing in any way.

Taken together these prevailing themes of 'avoidance' and the difficulties associated with discussing sex perhaps make more intelligible the woman's bemusement and laughter in response to my question 'Did you talk about it?' (see '*Negotiating*' above).

'*Negotiating*' was often recounted in terms of innuendo and body language, rather than 'talk', and this applied as much to negotiating an agreement to, or rejection of, a date as to more intimate sexual behaviours.

Sexual intercourse is a physical act, and evolved long before language, so perhaps one should not be surprised that people find it easier to negotiate intercourse physically, whereas verbal negotiation and planning seem less appropriate. One is reminded, disturbingly, of Freud's observation that sex represents a victory of the species over the individual (see Rose, 1982, page 35).

I do not intend to argue here, after the manner of some evolutionary psychologists, an 'ought' from an 'is'. We have more recently evolved sexual technologies which may protect us from overpopulating the planet and so engendering our own extinction in the manner of many previous species. Such technologies also free human energy and resources to explore pursuits and developments other than reproduction, as well as providing the techniques to avoid, or at least limit the effects of, any infections potentially associated with intercourse. Thus we are free not only to exploit the associated pleasures of intercourse without consideration of any biologically determined outcome, but even to treat intercourse as a leisure pursuit.

However these 'freedoms' are only available if the associated technologies are adopted adequately. The purpose of the present chapter is to explore what inhibits this, and to some extent it seems to be the difficulty of engaging more cognitive faculties necessary to promulgate and practice these technologies when engaged in what is perhaps a more 'primitive' and

certainly primarily a physical activity. Success in this integration seems variable. Some people just get 'carried away', and whilst coitus interruptus can perhaps be 'negotiated' through body language, mutual agreement to HIV testing ahead of time cannot. Use of condoms is perhaps intermediate here, some people seem able to 'just put one on' or 'insist' on use of condoms, but not everyone.

For most people, despite recent developments in the media, sex is still something you 'do' rather than something you 'talk about'. After the interview was completed one of the men in the 'parents' study stayed a full further hour to discuss (in contrast to just reporting his views on) some of the topics we had covered. He commented that this was the first time in his life he recalled having a 'conversation' about sex. He was comfortable enough talking to his wife as a lover, but other 'talk' was limited to exchanging dubious stories with male friends 'in the bar' and the like. He had expressed some regret at finding '*it a little bit difficult to talk*' to his daughters (104) and was '*a bit er .. embarrassed*' (283) and '*a bit guilty*' (290) at his lack of involvement in their sex education, but felt it was partly because '*my mum never spoke to me about it*' (2711). So lack of talk about sex extends well beyond any immediate, or precursory, negotiation of specific sexual encounters⁹.

It has long been argued that 'thinking' is in many ways dependent upon language (see eg Rorty, 1980, for discussion and further references). Since our initial access to any language is through 'talking' this lack of 'talk' might be argued to explain in part some of the mismatches already introduced between what people (said they) 'thought' they did, and what they 'reported' they did. For example the women who thought they did not initiate intercourse, yet realised through the course of the interview that they did;

⁹Lack of experience talking about sex is also frequently encountered amongst clients in the psychosexual clinic, and these are the people 'brave' enough to seek help for their problems. In a different environment, a substantial proportion of my ex-colleagues in industry display some embarrassment when I disclose my current occupation.

people who thought they always used condoms, yet realised through the course of the interview that they often did not; and people who thought they would discuss and plan intercourse, but did not report ever having done so.

The main focus of this review section has been the 'lack' of talk encountered. However this is not the whole picture. A few more constructive 'talking' strategies emerged, as summarised in each section above and in the introduction to '*Negotiating*'. These strategies drew on some potentially useful arguments in support of safe(r) sexual behaviours, though many, perhaps more, counter-arguments were reported. However before summarising strategies overall, at the end of chapter, it will be helpful to explore how participants talked about condoms.

6.3 Condoms

Next to 'no sex' using condoms is the safest protection against sexual health risk at an *individual* level, since strategies such as monogamy combined with previous HIV tests depend on partner fidelity. Using femidoms would be equally safe, but these were not mentioned by anyone in the main study, even though participants between them mentioned every other approach to *contraception* that I am aware of, or reported by Wellings et al. (1994) with the exception of the, very unreliable, douche¹⁰.

Condoms are therefore the most 'material' intervention considered, though the present research is dependent upon what people *said* about them. The first major subsection covers what people said about *using* condoms. Since much of this discussion is about *not* using condoms some of the explanations of dislike of condoms are explored in the second subsection, followed by a review of prevalent concerns about buying and carrying condoms.

6.3.1 Using condoms

We have seen in the previous chapter that whilst some interviewees felt that concerns about sexual health '*should be for everybody*' most in practice focused only on *contraception*, and *most* reports of condom use related to contraception. Use of condoms for contraception was most often associated with some dissatisfaction with 'the pill' or other forms of female contraception. As one man in the main study reported '*the downside ... of the other sorts of contraception are such that we just wouldn't even - tolerate using them really*' (2956ff). Other participants talked more specifically of needing to 'take a holiday' from the pill, and/or of having difficulties with IUDs etc., much the same reasons that led those who felt their family now

¹⁰See Appendix M, 'Other methods: safe sex'. 'Pessaries' and 'sponge' do not appear there but were mentioned in the parent study.

complete to seek sterilisation (see also Chapter 7, 'Age and fertility'). It might seem a positive advantage, in terms of reducing infectious sexual health risks, that disquiet with other forms of contraception leads to increased use of condoms. Unfortunately the case is more complex since condoms are not as effective a contraceptive as, for example, the contraceptive pill or IUDs.

Given that background, there is still a wide range in both intention and practice regarding condom use, both between participants, and in the range of practice reported by any one interviewee. There are many ways one could organise the various strands and fragments of participants' accounts of this topic, but since the focus here is *strategies* for safe(r) sex this discussion is organised around *intent* regarding condom use, focusing on 'success' (or otherwise) in achieving that intent, and implications of intentions and strategy for safe sex in terms of effective 'protection'.

6.3.1.1 Won't use / Don't use condoms

It is apparent from the discussion of 'responsibility' (Chapter 5) that many participants had little 'intent' regarding *protection* (versus contraception) in sexual intercourse. Some were clear that they not only *did* not, but probably *would* not use condoms. The woman who would 'leave it to' the men who she thought '*would have been a bit more responsible*' (in the light of HIV) was quite clear that, given '*I've got no problems about the conception or anything like that*' (2810), '*I certainly [pause] wouldn't have suggested it [pause] although I'm always telling my children they should use condoms ...*' (2815ff).

Another woman went further '*er I must - can honestly say I've never ever contemplated .. using Durex*' (4390). This very clear affirmation came quite late in the interview. Earlier she had commented '*I've never even thought about it to be honest - It's not something I feel comfortable with, I don't even*

*like them, at all to be honest with you' (2027ff). At that stage I had intended to explore what she *did not like* about them, and missed the point when in answer to the question whether she had ever used one she replied '*I think I might have done when I was married*' (2035). It was only later, in relation to the 'negotiating safe sex' question, that she said '*What using a Durex? ... it wouldn't bother me, but I don't think I will*' (4351) expanding '*it's not part of my life style you see? I wasn't .. it's not something that's been drummed into me* [pause] *I suppose as well that being a Catholic you know you're brought up like* [pause] *"make babies"* (4359). This had not prevented her using the pill (1979), and eventually having a hysterectomy (1119), but it was in the context of exploring whether her religious belief affected her approach to sex that the strong statement (first above) was made. Talking about Catholicism seemed to renew a sense of justification for a position with which she earlier seemed less comfortable, perhaps in the light of a riskier life style in the preceding twelve months. Just preceding the earlier comment she had said '*I suppose I'm promiscuous at the moment*' (2018). This is perhaps a particularly telling example of how discursive context can elicit a *qualitatively*, and here perhaps even *quantitatively* (had/not used a condom), different response within a single interview.*

A woman mentioned earlier, who felt she would now risk pregnancy because it was improbable, had not used condoms in some earlier relationships because, in her words regarding one of these relationships, she was '*in love with him*' (3324ff) and '*would have been happy to have his child*'. She said of using condoms for safe sex '*Yes, I think it's very good. It's a very good idea*' (1805) but in her current relationship they are not used: '*Well just 'cos we don't*' (1815) though she added '*it does bother me actually*' (1819). This relationship had not been entered into idly, and intimacy had been carefully planned: '*I was determined that he was .. you know to wear a condom and all that sort of thing .. But er .. He didn't*' (1517). I will include her account of how this came about in full, since it illustrates many of the factors which can come into play, and the complexity of how they may interact.

'But he didn't actually .. sort of .. ejaculate or anything like that, so .. you know .. That was alright. .. I mean I suppose. I mean you know .. It was a bit dicey but I mean you've got to remember I was drunk at the time! [laughing] .. But I mean I was - I was very determined but it turned into a game, I mean it was - It was good sex you know, but I mean it was like a 'em, you know .. I mean .. well to be quite honest with you he broke the condom. I mean it wa' - you know [DK - slight laugh] well he did. He did - it di' It didn't work - so I mean it's .. you know so [DK: So it just split or?] Yeah, yeh .. So we couldn't use it anyway and I mean he - you know I mean [DK, laughing 'you hadn't taken spares?'] Well yeah he did! but it was like, you know, we were sort of .. into it by then so it wasn't really .. you know [pause] And he was very careful you know? I mean I .. He was more interested in sort of .. his endurance you know than .. than anything else you know and enjoying the night. Without actually sort of .. em, orgasming and .. you know being wiped out. You know which was .. Great for me!' (1531-1596).

So this woman who was 'determined', and has most other aspects of this relationship under her control, was thwarted in her intentions regarding condom use by a combination of alcohol, the first condom 'breaking', the process being turned into a game, her partner's care in not ejaculating, and 'good sex'.

A realist analysis at this point might attempt to determine 'which of these factors is most significant' and 'which, if not present, might have changed the outcome'. However a more discursive reading suggests that different aspects probably came to the fore at different stages of the encounter, and some perhaps only in retrospect. It is only 'after the act' that 'he didn't ejaculate' becomes a relevant 'fact', and, as is acknowledged here, one of

dubious merit regarding either contraception or protection. Once that has been acknowledged ('*It was a bit dicey*') a series of different arguments are drawn on in an attempt to *do* something here, perhaps explain or justify the risky behaviour to me, or to herself. We cannot know, nor can we know which of these discursive fragments the speaker has associated with this episode in the past, and which she has drawn on *only* in the context of the present interview. However we *do* know that they are all drawn from discourses or 'ways of speaking' which she is sufficiently familiar with to *use* here, and which she deems *appropriate* to this context.

Whatever the approach to analysis, sexual arousal seems to have played some part in that encounter. From this it seems it is not only because '*I'm a man enough*' (6755ff) that for a mid forties male '*the hormones are such that .. I might find it very difficult*' (6756) to '*Stop everything and say "Who's got the condoms then?"*' (6743ff). It seems women too might be swayed by their hormones, even when it is not the (apparently) pressing situation this man described of '*somebody you've just met and it - the situation has just moved you towards .. you know .. sleeping with them*' (6732ff).

Here then we have a range of accounts from participants who seem not very motivated, and sometimes quite antagonistic, towards condom use, at least in the context of the situations related in these extracts.

6.3.1.2 *Insist*

On a more optimistic note some people interviewed had strong intentions regarding condom use (though often primarily for contraceptive purposes) and negotiated successfully, at least on some occasions. One woman emphasised of condom use that '*in terms of .. of sexual health it's an important issue to me*' (2372) though if they were not available it was '*from the point of view of em .. risking an unwanted pregnancy*' that '*I'd have been .. quite strong in that situation*' (2388). She insisted on their use until one

partner had a vasectomy. Unfortunately, as discussed below (see 'Vasectomy') this ultimately led to some health risk (though fortunately no infection).

Another woman, who went along with unprotected intercourse with a vasectomised partner she had known for some time, was much more assertive with a partner she met in a Spanish holiday resort. She has a personal rule of '*never ever on the first night*' (2918) and rather surprised herself when '*I think it was the - the third night? And I slept with him I couldn't believe it!*' (2928). It was the start of an eighteen month relationship, but '*just like on and off holiday type things*' (2941) which she described as '*lah-lah land isn't it, it's not real life*' (2956). But real enough that when '*the ardour was rising .. I said em, you know I will not - indulge in - any rudeness without em .. a condom*' (3051) and (more persuasively?), '*I just feel it's safer for you, it's safer for me*' (3058). Asked about his response she said '*He was alright about it I mean it - he's a bit macho .. type thing I suppose, it's either that or nought. .. 'Cos I mean there was just no way, you know*' (3069). There are many aspects of this account which suggest that sexual health risk was a primary concern here, but it may be that contraception was still the significant issue, since at one point this woman also commented '*but he was, you know in fu' in full working order so to speak!*' (2932), in contrast to a more recent 'impotent' partner.

The '*safer for you, safer for me*' argument resonates with the '*take care of ourselves*' (1467) argument of another woman, which she maintained against a raft of counter-arguments from her prospective partner since: '*his attitude was .. that you should just go with the flow, and that it was all media hype and the chances were really remote and .. you know things happen if they're going to happen, and .. you know "horrible things, they'll spoil the whole thing"*' (1414ff) leading to a debate about '*whether you could actually protect yourself from life*' (1452). This is in marked contrast to a study reported by Coleman and Ingham (1999) who found '*only positive reactions to verbal*

communications about condoms' (page 478) reported by younger people. This woman won the day 'But when I went to stay with him .. after that .. then I think his true feelings came out' (1471) and in the end 'it has spoilt .. the whole thing' (1437), the relationship ended.

Although successfully assertive about condom use this woman felt she might have been more successful overall by raising the topic earlier, but found this difficult. '*Logically I'd think, you know, say it really early ... to get it over with, but, I found myself thinking well .. not yet, and like it was .. and before I know it was .. at the time. It seems too late really and then you think "Oh I wish I'd said this earlier because it em spoilt the moment ...'* (1536ff). She compared this with another partner '*who's a lot younger ... he brought the issue up, before. I guess that was quite good you know.'* (1489ff). She also liked the way this younger partner approached the topic: '*He was nice, he sort of said "They're horrible things and I'm sure you know, you're not - and I know that you're not .. well, sleeping around, but I guess we have to do these things these days" ... he obviously was .. had already made up his mind to, to bring up the issue ..'* (1499ff).

The accounts here are all of strategies which imply some degree of 'assertiveness', but also indicate the role of arguments brought into a 'Negotiation' of condom use as discussed above.

6.3.1.3 Just put it on ?

Other strategies recounted suggested a more 'material' less 'discursive' assertiveness. It is interesting that the younger man mentioned above did introduce some 'discussion' about using condoms, even if he had '*already made up his mind*'. However the (older) men who were interviewed suggested that, when they did use a condom, '*I might not say anything and just make sure I got a condom with me and just put it on*' (6761) or, in the words of another '*It's never been a negotiation it's just been .. "I'll get the*

condoms" (4570, though elsewhere this second man reported discussing contraceptive alternatives with longer term partners).

These data, compared with the women's accounts above, suggest that it may be more straightforward for men than women to introduce condom use into a sexual encounter (see also, eg Holland et al., 1992b, Terry et al., 1993a, though Coleman and Ingham, 1999, found some young women equally competent in this regard). However, in practice it may not be as simple as these men's statements suggest. Even discounting the examples described above where men (in these cases partners of participants) were not keen to use condoms in any event, there were a number of accounts (see, for example, Chapter 5 '*Experience of STDs*') where men were keen, or at least intended, to use condoms but were easily dissuaded by apparently minimal resistance from a partner.

Moreover one of the two men above realised in the course of the interview that, although he generally used condoms, first intercourse with a new partner had *always* been unprotected (for more detail see Chapter 4 '*Interview as process*'). This may again reflect the apparent difficulty of discussing condom use with a 'new' partner, even where the relationship has developed over time. As one of the women who had used condoms for 'a period when I was married' (3198ff, during '*time out*' from '*the loop*') said '*unless you know your partner very well .. it can .. be inhibiting, i' it can make it very .. em unromantic*' (3326). She thought that '*when you're in a long term relationship with somebody it would be something .. that em, I would consider*' (3207ff) but continued immediately '*now that I can't conceive it doesn't arise*' (3211). (Her reasons for discounting risk '*from the health point of view*' (3286) were included above.) It would seem then that both discussing and using condoms might be easier once some 'barrier of intimacy' has been breached.

Conversely a woman who had been married about ten years, but whose

husband worked away for four month stretches, found it difficult to 'negotiate' condom use when AIDS '*became em .. newsworthy and .. worrying and em, I mean .. to start with I made it fun, with him coming back ... getting flavoured ones and funny ones, so he wouldn't think "Oh! I'm worrying about you"*' (3528). Again instead of 'negotiation' we have a practical strategy for 'putting it on'. She did this for 'a long time' (3332) and emphasised that '*I was the one that provided the condoms*' (3337). However she explained: '*my husband's extremely moral [pause] he gets annoyed with me, if he thinks I distrust him, and most of our arguments are over distrust*' (3328) and in the end she '*just gave up doing it ... because ... it upset him so much*' (3392ff) even though she '*still wouldn't trust him as far as I could see him ...*' (3540). The difficulty here relates explicitly to the partner's sense of being mistrusted, consonant with Willig's (1995) finding of trust as a key component of '*marriage as a condition incompatible with condom use*' (see also Holland et al. 1991, Willig, 1997). This theme seems an extension of the more general account that requesting condom use would imply 'an insult' to a partner (eg Chapman & Hodgson, 1988, Holland et al., 1992a). So again it may not be the 'long term partner' / 'new partner' distinction that makes negotiating condom use easier or more difficult, but rather the contraception / protection distinction.

Finally this more 'material' strategy seems a little more straightforward for men than for women.

6.3.1.4 Depends on the partner

The last example above also illustrates how determination to use condoms may vary over time and with a changing situation. It may also vary depending on the partner, as with the 'holiday' relationship discussed earlier. In that case the woman explained '*I mean I didn't really ... know 'im that well*' (3085ff) and '*it seems odd, on a holiday ... and definitely on a holiday, so I thought "Well right, definitely use the old condoms"*' (3093ff).

Difference of practice with different partners might also depend on the partner's point of view, especially if strongly held. The case of a younger man negotiating condom use (albeit with a partner who shared his objective) has been discussed above where, contrary to most examples here, the foremost concern of both partners was *protection*. An older man recalled a rather different concern of a partner in an earlier relationship '*No, she certainly wasn't on the pill because .. I think she felt that was demeaning to women so .. er, we used a condom .. and I think we .. probably always did in our relationship ...*' (3971ff). So here we have safe(r) sex as a fortuitous side effect of a (particular) feminist stance. However condom use may not always be associated with such strong feelings. One of the women interviewed was not keen to use condoms, but '*if one or other partner feels that it's desirable, you know I .. go along with that*' (3364).

One of the men interviewed was quite explicit about making a distinction between partners. He had had several 'offers' of intimacy a few days before the interview. '*If I'd taken up ... any of the offers that were made on Saturday*¹¹ ... *Two of them I didn't know .. and one of them I knew I would have probably worn a condom ... I know ... she ... enjoys sex and she picks up sex when [unclear]*' (4381ff). These women were contrasted with '*the one I like .. She's .. doesn't .. shag around ... you know [pause] so that ... if we're talking about er sexually transmitted diseases there wasn't a problem .. with her, or I didn't feel that there was. Whereas with the other one .. I'd say there may be .. slightly .. increased 'e'e at least .. more element of risk .. and .. then I would have carried a condom ...*' (4411). This latter woman may be the one where he describes that the first time '*it just happened [without a condom], but she was on the pill so*' (4878). He went on to acknowledge '*but that's er beside the point*' (4882) and, being aware of some element of risk associated with her, '*after the first time I thought "no I'd*

¹¹There followed some disclaimers, but the 'offers' had been described earlier in the interview. Unfortunately the present exchange was on a poor quality section of the recording, but the text above has been selected to reflect the tone of the interview as far as possible.

"rather wear a condom" (4915) which he did on the 'couple of times since'. What goes unremarked in this account is the transmission of the 'element of risk' from the latter partner to 'the one he liked', since *first* intercourse was unprotected with both these women. In this more recent relationship he again plans to use condoms in future, but in this case to allay any fears about potential pregnancy. So it seems condom use may not only depend on the partner, but may also be adopted for different reasons with each partner.

These few examples illustrate in a different way from the 'long extract' (see 'don't use / won't use' above) that intent and strategy are fluid and continuously contested, rather than sitting in any predefined category of 'intent', as is perhaps superficially suggested by the organisation of the discussion here. It might be argued from a more 'realist' stance that some 'decision' is weighed by the number of risk factors pertaining in each case (or at least by the factors 'noticed' by the actor(s)). However, such an analysis is again undermined by the apparent failure of any practical grasp or risk assessment of the implications of 'own' behaviour, as in the last case above.

6.3.1.5 Would use / Could use

The notion of 'would use' 'could use' permeates the last account, as it does the discussions of using condoms prior to a hypothetical 'HIV test' (see above).

One of the women talked about a relationship where they didn't use protection, then said '*If [laughing] I ever have sex again [laughing] I should be .. I'd have a use for it*' (2764). When I referred back to the case of not using any protection she responded '*No. No, no no. Says she. Talking a load of crap yeah. I would i' i-in in future you know I mean I don't know why I didn't then really, I mean I remember sort of saying "oh not without a*

condom" (2854ff) but her partner's arguments (vasectomy and oral sex, see 'Negotiating' above) had prevailed '*an' I'm still here*' (2869) as she observed. Of course this practical outcome may well modify her assessment of the risk disproportionately, and further undermine her resolve regarding condom use on future occasions.

One of the men had a more pragmatic assessment of his probable behaviour regarding using, or at least discussing using, condoms '*I would do it .. if I thought it wasn't gonna stop things*' (6753).

6.3.1.6 *Using condoms - summary*

Despite a liberal sprinkling of 'would' 'could' and 'should' regarding condom use for sexual health protection reasons there were few accounts of condom use except for contraceptive purposes. Since condoms were viewed primarily as contraceptives there is some logic to the argument '*I can't conceive so I wouldn't suggest using a condom*', and a vasectomy then seems a powerful argument against needing one. This dominant theme is discussed further in Chapter 7 (see '*Age and fertility*').

There were some accounts of *insisting* on condom use (from women) and of '*just putting one on*' (from men), but although these strategies were sometimes associated with concerns for sexual health protection closer examination often suggested the primary concern was contraception. Such strategies were often undermined by '*fertility*' arguments, as were the few cases recounted of strategies involving more '*discussion*'.

There were relatively few accounts of discussing condom use. Participants suggested it could be difficult to discuss condoms with a *new* partner (see also '*Talking - review*' above), but it was often no easier in an *established* relationship since then suggesting condom use raised concerns about trust (see also Willig, 1995, 1997).

Both men and women were reported as having argued *against* condom use, and although participants here did not report *themselves* having argued against condom use both men and women interviewed offered arguments as to why they might not, or would not, use, or had not used, condoms.

Beyond the 'fertility' issues these arguments ranged from religious conviction (despite reported use of other contraceptives), through trust, debates about 'care and safety' versus the (im)possibility of 'protecting' from the hazards of life, to an unwillingness to 'stop things'. In the latter case 'good sex' could be just as persuasive for a woman as (and as more typically presented in the literature) for men.

Introducing condom use seemed easier with some partners, but was considered more important with others, though for a variety of reasons, for example the partner was not known, or was known to have casual partners, or was 'cared for' regarding pregnancy.

A diverse range of risk assessments, strategies and arguments are rehearsed above but it must be emphasised they are drawn from just the few interviewees who considered condom use at all relevant to them. Each person drew on a range of 'arguments' to 'account'¹² their behaviour and typically condom use was *not* consistent. Sadly the one person who negotiated consistently and effectively for condom use had some regrets about the outcome since it had 'spoilt' one of her relationships. More worrying in terms of sexual health promotion people seemed not to notice the risk implications of inconsistent condom use (see eg '*Depends on the partner*' above).

The woman who used 'novelty' as a (very 'material') strategy for establishing condom use within marriage provides a very positive rationale for the variety of condoms now available. However interviewees were not generally

¹²I choose this expression carefully to suggest something more than a simple 'recounting', but less than a formal 'accounting for' or 'justification'.

positive about condoms - 'horrible things' was not an isolated epithet. Just what contributes to such responses is explored next.

6.3.2 'About' condoms

Even though risk of sexually transmitted infection was perceived as relatively low, most participants seemed to recognise condoms to be a generally effective prophylactic measure, so, all else being equal, one might have expected condoms to be used. (Much as, although it is a dull occupation, most people clean their teeth regularly.)

Some people like condoms and one interviewee, although he did not *always* use them, was very positive '*... I don't have a problem with co' - I actually like condoms. I - in fact I think they enhance sex. [laughing] I know it's the song, but I think they do*' (4583ff). When I asked if his partners had ever had a problem with them he seemed surprised '*Well why should they?*' (4598).

However if such feelings were universal one would not expect participants to encounter the difficulties negotiating condom use discussed in the previous section, and indeed most, even amongst those who used condoms, indicated some dislike of condoms, or preference against them. This is consonant with *all* the expressed views of participants in Chapman and Hodgson's (1988) 'Showers in raincoats' study in Australia (see *ibid.* page 100).

Although perceptions of condoms had not been an intended focus of the studies here a considerable amount of relevant information emerged in interviews where condoms were in some way relevant to the interviewee's approach to sexual intimacy. Since use of condoms is key to sexual health protection these generally negative perceptions of condoms become particularly significant. Although a general dislike of condoms is often

reported, or implicit, in sexual health research (eg Holland et. al, 1991, 1992a, Ingham et al., 1992, Moore et al., 1993, Nucifora et al., 1993, Willig, 1995) exploration of the 'dislike' is rarely detailed. Paul Flowers account of meanings of intercourse for gay men provides a notable exception (see Flowers et al. 1996) but his findings are not readily generalisable to a heterosexual population.

Chapman and Hodgson (1988) provide one of the most detailed accounts of this topic, based on twelve single sex focus group discussions with young (age fifteen to eighteen) and adult (age eighteen to thirty-five) antipodean men and women. There is considerable overlap between their findings and comments from the somewhat older interviewees, ten years later, of the present study. Although the present data are from a very small number of participants, an in-depth private interview enables some, albeit limited, contextualisation of the comments and has on occasion yielded more personal detail, thereby warranting further exploration of these accounts.

Initially here too the comments were of a quite 'general' nature. One of the women commented '*Oh I prefer not to [use condoms] ... I mean that's presumably one of the advantages of having .. gone through the menopause [laughing]*' (3256ff). She had used a 'cap' early in her marriage, because her husband '*didn't like condoms and .. nor did I really*' (3396ff). The woman who insisted on condom use despite her partner's resistance added that '*I don't like them either, it spoils it for me as well actually*' (1457). Later she expanded '*it really annoys me actually that .. this whole AIDS thing came up just really - you know I'd been sterilised so I thought .. You know I'd just been let off the hook ... of pregnancy. ... And then today ... it's just the horrible condom lark ...*' (1771ff). This is a marked contrast to the man above: '*I think they're really good fun - they come in different flavours, different shapes. [laughing] Different senses! [laughing] ... I personally don't have a problem with them*' (2599).

More detailed explanation of liking or disliking condoms was rarely 'volunteered'. This topic is perhaps not usually discussed, or not beyond the level of '*dislike ... horrible things*' above. However a request or, if necessary (and it seemed appropriate), an appeal such as '*a lot of people vaguely say they "prefer not to", but I was trying to get at any .. particular reasons why you find a condom a problem*', usually elicited some attempt at more detail.

Explanations most often related to 'spontaneity' and 'sensation', with some mentions of the 'mechanics' of condom use. But again experience varied, and a problem for some people might seem an advantage to others.

6.3.2.1 Spontaneity

Several objections to condom use related to (lack of) spontaneity and overlapped with remarks reported by Chapman and Hodgson (1988), however here it was possible to explore the underlying issues in a little more detail. One woman finds them 'inhibiting' or 'unromantic' (see '*Just put it on ...*' above). She was not persuaded differently by publicity campaigns when '*they try to incorporate it into love making ... all the lessons you get and all that when they're .. doing all the publicity when the HIV scare first started .. but I just feel that it in' interrupts th' the process ...*' (3336) '*it's a question of the spontaneity*' (3370).

That it '*takes the spontaneity away*' (8021) can become a more serious interruption, as for one man '*because of my problems*' (8026) since these related to impotence (see Chapter 7).

Another man described how he and his most recent partner used no protection or contraception the first time: '*it was like we didn't want to break the flow*' (3800). This is reminiscent of the woman whose partner argued to '*go with the flow*' against her insistence on condom use (see '*Insist*' above). She prevailed, but having to '*stop, and like do this negotiation*' (1447) '*spoilt*

the whole thing (1438). Not stopping seemed no better a strategy, since in the first case above '*It was thought of straight afterwards*' (3809) but '*Too late then.*' (3814). There was subsequent concern about pregnancy, particularly from his partner (though we do not hear whether it '*spoiled*' it for her).

Later, in a more general discussion about condoms, this man drew on some assumed shared discourse of 'sex as natural' to support the case that '*.. things being what they are if you were in the middle of .. getting somewhere and .. Most people won't let condoms stop them, the lack of condoms stop them .. that's doesn't suit Nature does it .. em .. the power of sex .. can over-ride a lot of common sense, can't it?*' (4634). Again, discussing a different episode he began with '*when you're a single male ... If something happens ... you're not going to say "Oh, you know .. I've .." well, you shouldn't I suppose if it's [unclear] "I haven't got condoms so we'll have to do something else*' (4801). Here the fragmented middle section of the account suggests some 're-thinking'. However, when '*something else*' was explored his only suggestion was to '*get some basically but er then where do you get them at three o'clock in the morning?*' (4836ff) apparently resisting the earlier fleeting re-evaluation of priorities.

In this case '*lack of spontaneity*' seemed to divert to lack of condoms (though this man described other '*problems*' with condoms). This led into some discussion about carrying condoms '*a habit that I I I have to get in - Into .. nowadays*'¹³ (4941) unlike when '*women were on the pill*' (4955) (topics explored further in '*Buying and carrying condoms*' below and '*Sex in the sixties*', Chapter 7). Again the emphasis had returned to contraception, even though this man also discussed using condoms for *protection* with specific partners.

¹³The reason, if any, for the unusual hesitation (for this speaker) in this section is unclear. However it may relate to his voiced dislike of buying and carrying condoms, common amongst this group (as discussed in the next section), or may indicate some '*thinking through*' of a new approach in the course of the interview.

All these examples fit loosely under the heading '*spontaneity*', but the detail reveals a range of underlying experiences and concerns. Interrupting 'the flow' might disrupt the relationship, the 'romance' of the event, or the consummation of the event, either by allowing time for reconsideration, or by disrupting a fragile physical response. Even when condoms are not considered a problem, and are theoretically available, there is the '*invisible purple gorilla*' (2665) described by another man: '*when you're having sex they take your condom from where you knew you left them .. and threw them to the other side of the room so invariably you're always trying to find the damn things .. sort of mid intercourse*' (2671ff).

6.3.2.2 *Sensation*

A conventional criticism of condoms is loss of sensation, usually discussed with reference to material and thickness of the condom. This aspect was mentioned by several interviewees, and again views varied. One woman mentioned advertisements referring back to 're-usable' condoms from the war. '*I could understand that, you know the chaps used to say when ... they were a lot thicker ... the feeling isn't the same ... But I mean now they're so sheer and that, you know I just think it's ridiculous .. I think it's sort of a .. overhang of machoism*' (3162ff). One of the men expressed a similar view '*all these men who wi' widgering about .. condoms remove fe' - I think it's just crap .. I mean it's just .. Men talking bollocks basically*' (2590).

However another man does not like condoms. Without them '*it feels better .. You know em .. you can feel more for one thing I mean er it - You put er anything over your dick and you er, you're bound to lose sensation*' (4978). That this is a material (tangible?) shift in sensation seems reinforced when he adds that '*Sometimes that's a good thing ... Because it makes it last longer*' (4986). Interestingly Chapman and Hodgson reported, apparently sceptically, '*one man who claimed condoms prolonged intercourse*'

(Chapman and Hodgson, 1988, page 98, my emphasis)¹⁴. However loss of sensation can go too far. Another man described how '*my wife presented me with this hideous thing once and em, it was rather like trying to play the piano in boxing gloves you know [laughing] Totally useless ... it was black em .. and it was thick .. and it was - obviously ribbed or something like that, supposed to excite .. your partner but em ... you know you need a bit of sensitivity there otherwise .. what's the point?*' (4117ff). The variation in accounts here suggests that as well as the variation in 'sensitivity' afforded by different condoms there may also be some variability in this dimension amongst the men who use them (whether at a physical or emotional level).

Another of the women was more cautious '*Well I think the sensation can be affected although with th' the modern em .. materials and everything I think it i' it's probably a lot better*' (3385). However she added '*somebody once said to me it's like washing your feet with your socks on! [laughing] I mean that's really the .. the top and bottom of it ..*' (3413). This last metaphor seems to shift the focus from touch as a 'physical' sensation to more 'chemical'¹⁵ skin on skin sensations, an interpretation consonant with an earlier comment from the same woman that using condoms '*makes it all a bit sort of .. sanitized and I mean sex isn't [slight laugh] sanitary let's face it .. far from it and ... it detracts really from ... the whole procedure ..*' (3351).

This links to the point made by another participant that using a condom '*reduces what you can do with sex afterwards as well. ... It puts spermicide both on you and her and it - If you want to do anything else in the sexual sort of line .. you really need to wash*' (5010) again, not from any wish to

¹⁴Again clinical evidence provides support for this claim for some men.

¹⁵The physical / chemical distinction used here is in the sense of the, now academically somewhat dated, natural science divide which is still present in everyday usage, as reported below.

'sanitise' sex, but 'because it tastes disgusting'¹⁶ (5019). The taste 'stays in your mouth for hours - even brushing your teeth it doesn't come out. It'll stay there for about twenty four hours' (5069). This man could not say whether flavoured condoms were any better, as he had never used them. Conversely for another man '*It really doesn't matter whether it's .. liquorice flavoured or .. just a straight condom really*' (2643) and regarding flavour his partner '*doesn't give a damn ... we just don't see it as an issue*' (2654) but it was not clear whether sexual scripts here included oral sex.

The first of these men also discounted considering a 'dental dam': '*I know there are things you can use on oral sex but ... that would make it seriously clinical. ... I don't think ... of protecting from oral sex .. because that would detract from the act itself*' (5100).

Although only two participants here raised these objections to 'sanitising' sex or making it 'clinical' Chapman and Hodgson (1988) report a similar comment from a woman who argued that '*sex is to be enjoyed and all the messy bits that come with it should be enjoyed too I reckon. The condom catching all the drippages spoils it*' (page 100). These various comments perhaps link to some more widespread (if fragmentary) discourse about the 'chemistry' of sex, which was mentioned by six of the remaining seven participants in the main study. This is an area where 'scientific discourse' is also fragmentary. Research into human pheromones is inconclusive, and much remains unclear about the function of the many components of secretory fluids (even perceptibly 'obvious' processes like the coagulation of semen, see Tortora and Grabowski, 1996, page 921).

Whilst the design of condoms has undoubtedly improved considerably, particularly in recent decades, many issues relating to 'sensation' appear

¹⁶No other participants raised this particular objection, but sex workers have joked with a local outreach team that they need toffees along with condoms 'to take the taste away' (E Jaramazović, September 1999, personal communication).

unresolved, at least for some users, and potential users.

6.3.2.3 Mechanics?

Condom design is perhaps also implicated in the final few 'difficulties' participants had experienced with condoms: breakage, not staying in place, and a certain 'finality' about using one.

Although not an infrequent occurrence (it is one amongst many reasons why people seek emergency contraception) only one participant in these studies reported experience of a condom splitting, and her words were a rather ambiguous 'he broke the condom'. This account has already been discussed in some detail (see '*Don't use / Won't use*' above) and does not seem to have been a cause of particular concern on this occasion.

Another participant reported that condoms had never split '*Well not that I'm aware of*'¹⁷ (2718) though '*actually one did come off some time ago. But .. I am .. we are quite .. em, active sexually so .. it's not a bad average [laughing]*' (2696). They realised what had happened and '*it wasn't a problem*' (2712).

The lack of any more anxious accounts regarding these two kinds of failure in condom use, which are the two most usually cited in potential failure for both contraceptive and protective purposes, suggests that for this sample group, where condoms were used, they were at least effective for the intended purpose (contra the *perception* of condoms as 'unreliable' from participants in Chapman and Hodgson's (1988) study).

However the last problem in this set, the perceived 'finality', was again

¹⁷Anecdotally, when discussing this research with another (similar age) friend he said that when occasionally condoms had split he did not tell his partner, to avoid her worrying. He seemed unaware of the advent of emergency contraception, which I suggested might be a preferable option.

raised as contributory to reluctance to use condoms in the first place. '*Really .. yeah .. you put a condom on and .. "have it" .. and .. and .. That's it. You know.*' (5028). Interestingly this point was raised by one of the men interviewed, again confounding some gendered discourse expectations, in this case male orgasm and ejaculation as the focus of intercourse (see eg Holland et al., 1992a, 1994). The data here seem more consistent with an alternative focus on intercourse as 'connectedness and closeness' as discussed by Gavey et al. (1999, see also Waldby et al. 1993a) though of course this does not necessarily disrupt the notion of the coital imperative¹⁸.

6.3.2.4 Knowledge

As with earlier topics¹⁹ the interviews revealed a few limitations in knowledge about condoms.

One man who used condoms from time to time was not aware they had a 'shelf life', though two women mentioned shelf life in relation to having condoms but no opportunity to use them.

There was also some uncertainty (which I was unable to resolve immediately) as to whether flavoured condoms included a spermicide.

Finally a man reported using a condom '*the next day*' (4081), even though his partner used emergency contraception that morning because they had failed to use a condom the previous night. Here the confusion may relate rather to limited understanding of emergency contraception, or perhaps it was an intentional strategy to develop the 'habit' of safe(r) sex in this relationship as soon as possible (the concern here, again, was contraception).

¹⁸Segal (1994) provides a useful review and discussion of some of the many issues raised in the plethora of literature on this topic.

¹⁹eg STD terminology, side effects of STDs, and awareness of emergency contraception.

6.3.2.5 About condoms - summary

With minor exceptions (the man who was positive, the occasional possibility of a condom prolonging intercourse) where participants expressed a view about condoms it was negative, and when pressed for more detail they indicated aspects of condom use which seem to illuminate the general reluctance to use them. The detail elicited could simply be justification for behaviour choices which had some other genesis, especially since one participant was enthusiastic about condoms. However he was also the youngest of the interviewees and perhaps therefore influenced more by HIV awareness campaigns, and less by 'sixties' discourses about sex and sexuality.

Conversely discourse about condoms is particularly limited and fragmentary, and objections to condoms are more often 'countered' ('so sheer now' etc.) than explored. Yet they involve fitting a covering to perhaps the most dynamically configured organ of the body when it is required to engage with a dynamic organ of another body while both are involved in particularly vigorous activity, so the objections may deserve further consideration, as discussed in Chapter 8.

Even if the views noted here are 'only' justificatory they may be used to counter a request for condom use by a partner and therefore still have implications for sexual health intervention (again see Chapter 8).

As well as being key to strategies for protection from sexual health risk (beyond 'no sex' or strict 'bi-party' monogamy), the limited, fragmentary, but also changing, nature of discourses regarding condoms are also peculiarly relevant to the exploration of 'material discourse' and may mark relevant sites for 'material' research (see Chapter 8).

However there is a further barrier to using condoms beyond any of their

inherent characteristics, as discussed in the next section.

6.3.3 Buying and carrying condoms

Many previous researchers have noted that the intent to use condoms is meaningless unless condoms are available when the time comes to use them (eg Nucifora et al., 1993, Moore et al., 1993). In depth interviews with young people have uncovered some difficulties and embarrassment about buying and carrying condoms (Holland et al., 1992b). It seems this is an area where age and experience do not greatly increase confidence. All five participants in the main study who expressed any intent to use condoms also indicated some kind of difficulty with obtaining or carrying them. One woman in her early forties is most direct about this '*I've not been a brave enough person to go into a shop and buy a packet of Durex - so I would tend to leave that to the other person*' (2363ff) though she would insist on using a condom. Another woman of similar age reports how she '*went to the chemist, very hideously embarrassed, I don't know why I should, I mean my God it's only sensible, and bought a pack of three con-doms ...*' (2773). She later added '*I always have them in me handbag if I'm going out on a date 'cos you never know?*' (3022). It is not clear whether the embarrassment persisted with repeat purchases, though the style of the disclosure above seems to suggest present, rather than past, affect. Despite the purchases she only used condoms consistently with one of her (very few) partners, though in that case eventually '*he normally had some but I always always always had some in my bag*' (3122ff).

One of the men (mid forties) was more specific about where he found difficulties '*I still have a certain aversion to going to a' into a chemist shop and asking a young lady behind the counter for er a packet of condoms ... you know it's just the way I am and I don't particularly like .. saying .. I want something .. that I'm going to use to have sex and you know I .. that's what I'm going to do and use it for because I just think it's a bit .. tacky ..*' (4026ff).

There seem to be several interwoven strands here: some sense of privacy about sex, but the emphasis on the '*young lady*' suggests this may be an 'audience specific' concern, interlaced with something '*tacky*', which might relate to condoms themselves, or having sex, or using something to have sex, or revealing to a young lady that you are going to '*have sex*' (very similar concerns are reported in Chapman & Hodgson, 1988). He continued his account '*you know if I can I'll go into a pub and use a machine .. Or I'll get it in the supermarket*' (4048ff). Earlier he had described that in the past he would buy in '*supermarkets I think because that's the most impersonal place to get them* (laughing slightly) *just bung them in with the rest of your shopping and nobody'll notice ..* (another slight laugh)' (4012ff). At another point he comments '*in the past, if I happened to be in a pub and I saw a machine I'd think .. 'Oh great!' .. I'm going to take the opportunity to get some quickly while nobody's looking ..*' (4086). This limited his choice of purchase, and was offered in contrast to now when '*... these days I say .. to a certain extent 'the hell with it'* .. (slight laugh) *get it in the 'mean I got .. phhew! really exciting and get them in a .. supermarket*' (4065) where he would tend to select '*well known brand names, as simple as that*' (4081). It is the '*to a certain extent*' that acknowledges the continuing affect, detectable even in these brief extracts.

Another of the men seemed quite relaxed about using condoms until I asked about '*trying different ones?*', which he does '*purely by default, because I tend to buy them in a pub when I'm pissed and I just tend to push any button, so I can end up with any sort ..*' (2615ff). This could simply be a 'last minute' shopping tendency, or even a strategy for an interesting and varied sex life, but it seems to reflect something other than considering condoms a mundane regular purchase, though he did add '*I'm always in pubs - so it's not an issue*' (2732ff).

The last person in this group does not currently need to buy condoms, as he has excess supplies passed on by a woman friend (non-amorous) who

receives boxes of them free as part of a 'PersonaTM'²⁰ trial. However, in the course of discussing that he would use condoms with *some* partners he added that '*I'm also embarrassed about carrying them because there's no .. that shows nowadays that you're presupposing that you're going to get shagged doesn't it?!*' (4437ff). Because of this he says he does not generally carry condoms, though it '*just so happens*' that he had some with him on the day of the interview, because of a possible meeting later in the day. It is again difficult to interpret the nature of the embarrassment. Chapman and Hodgson (1988) report women discussing the trade off between seeing a man carrying condoms as either 'presumptuous' or 'careful' and 'responsible' (page 102). In the case here there seems some kind of implicit 'optimism', but perhaps linked to the uncertainty and 'anticipation' associated with (not) '*Planning intercourse*' discussed above. Something similar seems present in the account (above) of carrying condoms in a handbag.

Whatever the nature of the embarrassments²¹, whilst they did not *always* preclude the purchase, carrying, and appropriate availability of condoms, they did *sometimes*. As a result at least two of the participants had experienced some anxiety, discomfort and distress for themselves or a partner seeking the 'morning after pill' (post-coital contraception) as a result of unplanned, unprotected, intercourse. Again though, the major concerns were recounted in terms of contraception rather than other aspects of sexual health. In this context coitus interruptus might seem preferable to no attempt at contraception.

²⁰This is the trademark of a relatively new contraceptive aid product which helps indicate 'safe periods' in the menstrual cycle.

²¹In some respects it would seem desirable to have pursued these topics in greater depth. However at the time of the interview the accounts seemed 'sufficient' to the context. As indicated, some of the more interesting aspects emerged during exploration of more detailed questions, for example about choice of condom. Further direct probing about 'why were you embarrassed?' or the less aggressive 'can you tell me some more about that?' might have been useful, but since there seems some consensus that it just 'is embarrassing' further discussion might once again merely generate novel constructions to meet the demands of the interview, rather than reflect discursive turns in more general use.

6.3.4 Avoiding intra-vaginal ejaculation

In the terms of the present study intercourse is only 'protected' in sexual health terms if the couple are effectively monogamous or are using condoms. However, as discussed throughout this and the previous chapter, for the participants the primary concern of protection was contraception and this was usually a very serious concern even where it was not addressed very effectively.

If condoms were not available or not used, whether because of difficulties buying or carrying them or for any other reason, then 'withdrawal' was always available as a 'last moment' option. Examples of such 'incautious' resort to withdrawal include the case of first intercourse with a new partner never being protected (see Chapter 4, '*Interview as process*'). Such accounts often included recognition of the associated risk, as with the parent who recalled early sexual experiences with the acknowledgement '*Lady Luck's been on my side*' (see Chapter 5, '*Lucky escapes*'). Knowledge of risk *could* be sufficient to preclude this option, as with the woman who replied, when asked if she had ever relied on withdrawal, '*I don't think so because I know how risky it is*' (3968). Yet again, given the context, 'risk' here seemed to be conception rather than STD protection.

It may be that most participants perceived STD risk as established through unprotected penetration so there was no consideration of increased risk through unprotected ejaculation. However a related, though distinct, approach of avoiding ejaculation altogether was presented more ambiguously. This scenario was introduced in the long extract in '*Don't use / Won't use condoms*' above. The same woman described another partner where '*we weren't actually having .. penetrative sex very much it was more .. other things ... Yeah, oral sex and stuff*' (3225) which she '*didn't really like*' (3234) and still does not. Although neither was young, neither of these men had previous partners. The woman is slightly sceptical of these claims,

saying of one partner 'Well he said [that]' (3398), but continuing ' .. And I believed him actually'. So with these two partners STD risk, and any associated need for condoms, seems minimal. She commented: 'I mean I know you can still get .. diseases without it actually being .. you know .. Without it - if you ejaculate it happening, but .. I still think there's less of a risk' (3365ff). If the men are believed then, except for pregnancy, these were very 'risk free' encounters for her (though not necessarily for the men), but because of their virginity, not, as she attributed, because of lack of ejaculate - which would only ever have minimal impact on risk of STD infection.

For another man who mentioned 'withdrawal', pregnancy again seemed the primary consideration. But this was in a longer relationship, and depended on '*where she is in her cycle - but obviously always 'withdrawal' if - it's not protected*' (2513).

This is yet another area where there seems a diversity of perceptions of risk among participants but also illustrates apparent considerable divergence in physical control ranging from coitus interruptus as a 'last resort' after unplanned intercourse, to avoiding ejaculation at all as a means of prolonging intercourse. However, although participants acknowledged some potential health risk associated with coitus interruptus, the risk they reported being *concerned* about was conception.

6.3.5 Condoms - summary

Ingham et al. (1991) noted that in their study '*women older at first intercourse ... are more likely to delay intercourse ... and to use condoms (at least at first intercourse)*' which they suggest '*could be explained by greater knowledge amongst older women ... or increased assertiveness*' and '*if the partners of older women are themselves older, they may adopt a more responsible approach*' (page 129). Unfortunately there is little in the present

study to bear out this optimistic premise that maturity in years might lead to improved efficacy in the context of safe(r) sex.

As with younger people (see eg Coleman and Ingham, 1999) some interviewees would 'just put one on' (men) or insist on their use (women) at least with *some* partners. However, as discussed in earlier sections, many did not consider condom use very important, at least for *them* (as opposed to 'for young people' etc.). As Chapman and Hodgson (1988) commented 'Complacency and even antipathy toward condom use seemed often to be quite independent of any conviction that AIDS is a serious disease' (*ibid.* page 104).

Many views expressed here about condoms and their use seemed little different from those found by Chapman and Hodgson a decade earlier. There is some age cohort overlap between their participants and interviewees here, yet geographically (though not necessarily culturally) they are as distant as is possible.

However 'in depth' interviews and analysis here revealed more detail as to what it is 'about' condoms that, for example, disrupts spontaneity and inhibits sensation (see above). Some key emerging themes again play a part: lack of talk about sex, contraception as the primary concern, and, for this cohort, some age related issues.

Reluctance to talk about sex in any detail, as much on the part of health professionals as the general populace, may contribute to our limited understanding of, for example, objections to condoms, as well as contributing to difficulties negotiating their use. Nonetheless the primacy of concern about pregnancy seems often to confound any other consideration of their use. This seems particularly salient to the present cohort, many of whom have by now addressed contraception by other means, and therefore incline towards celebrating 'risk free' sex, and do *not* want to consider

relatively 'novel' sexual risks such as HIV infection.

Implications of '*Age and fertility*' are discussed further in Chapter 7, as is another, superficially age related, concern - sexual performance (see '*Impotence*').

But perhaps the most disturbing age related finding is that, despite being 'over forty', the few participants who were disposed to use condoms still experienced embarrassment buying them (linking back to the 'difficult to talk' theme) and were easily dissuaded by partners from using them.

6.4 Safer sex: strategies - summary

At this point it is appropriate to draw together what has emerged by way of 'strategies for safe(r) sex'. There seem two difficulties with this task. The first is that disappointingly little that can be identified as a 'strategy' has emerged, which perhaps should not be a surprise, since it is consonant with Wellings et al. (1994) who found little report of risk reduction strategies in this age group (*ibid.* table 8.11). The second difficulty is that, in the light of the data, it becomes increasingly difficult to identify what should be considered 'a strategy'.

Much of the intervention literature would identify some of the topic headings above: 'saying no' to unprotected intercourse, 'knowing' your partner, using a condom, and appropriate use of services such as 'HIV testing' (see again Wellings et al. 1994). But from the accounts above it emerges that it is not just a question of 'saying no', but of finding ways to resist persuasive counter-arguments from a partner, or perhaps just of finding ways to raise the topic with a partner in the first place - and preferably earlier than when intercourse is just about to occur. To 'know' your partner, or at least their sexual history, presupposes that you can discuss sexual histories with someone *before* they are firmly established as your partner, or at least as an intimate sexual partner. All of these 'strategies' for safer sex require some form of 'negotiating'.

'What is a strategy?' will be explored further in Chapter 8 but, with the 'terminological inexactitude' noted, a range of 'contributors' to safe(r) sex discovered in the interview accounts, and discussed above, are summarised here. First is safer sex as a fortuitous, but usually unplanned and unconsidered, by product of some lifestyles.

Celibacy and virginity are perhaps special cases, not pertinent to 'safer sex' though they may involve 'saying no' to intercourse. Participants who

recalled pre-marital virginity reported being unaware of a sexual interest from earlier suitors, or alternatively 'fended them off'. However once engaged they relied on mutual agreement, and occasional insistence, to abstain from intercourse, but this was many years ago. 'Saying no' was in practice not generally relevant to 'celibate' participants in these studies, since usually they had not 'chosen' this lifestyle. The exceptions were two parents (one single, one still married), who had adopted celibacy for relationship and parenting reasons.

Lifelong *mutual* monogamy is free of sexual risk but, like (more risky) serial monogamy, it is dependent upon fidelity. A strategy often adopted here (one of the few which was intentional, as well as successful) involved avoiding from the outset (rather than ever having to 'say no' to) any relationship which was perceived as potentially unfaithful. Similar strategies were reported by the 'celibate' parents and are perhaps not remote from the 'fending off' reported by pre-marital virgins. In Chapter 8 (see '*Partner choice*') I will argue, perhaps controversially, that this 'relationship avoidance' is not dissimilar from the approach of avoiding potential partners who are deemed at all 'risky', which could itself be considered a strategy.

These strategies of 'avoidance' might be described as 'avoid the gap' (to paraphrase Gold, 1993). That is, avoid getting anywhere near a 'heat of the moment' situation, which Gold identifies as the place that 'cooler', more considered, more rational and 'safer' intentions are forgotten. However these 'early avoidance' strategies also tended to rely on innuendo and body language (doing rather than saying), with little, if any, deployment of 'rational' argument though pursuing rational intent.

Where a potentially unfaithful relationship was not avoided from the onset, and subsequently required some disentanglement, fidelity was sometimes bolstered by partner (in the cases reported: husband) intervention and support, which might be considered a further 'strategy'.

Several participants reported no inclination towards infidelity, whilst others reported being deterred by feelings of discomfort or guilt. Though not exactly 'strategies' these latter cases may illustrate a beneficial 'safe sex' effect of discourse(s) which privilege fidelity.

The second set of 'contributors' are closer to conventional safer sex strategies. Condom use was not difficult where *both* parties were in agreement, as long as one partner raised the subject or produced a condom, and there was one account of intercourse *planned* by a partner, though not mutually, with the advanced provision of condoms. Other accounts of condom use were less clear, or were successful but not mutually negotiated (see below). There were some accounts of sharing sexual histories, including one where both partners had an HIV test before intercourse.

Thirdly, there was one report of '(usually) no penetration' presented as contributing to 'safer sex' (beyond contraception), though the woman concerned reported that she was 'not keen' on oral sex. Other participants mentioned pleasure in oral sex but as part of their overall approach which included intercourse. One other person mentioned it as a possible (but improbable?) strategy for safer sex.

Fourthly, 'personal rules' played some part in interviewees' approaches to sexual intimacy and these contributed to reducing, though usually not eliminating, risk. They included 'never on the first night', 'not on holiday (at least without a condom)' and 'I always use a condom'.

There were, fifthly, some more general aspects of communication and interaction which contributed to successful negotiations: good partner communication (as with the husbands mentioned above); some reciprocal awareness and acceptance of the wishes of the other person (including accepting 'no'); and appropriate use of humour.

Although the 'innuendo and body language' present in the 'avoidance' strategies tended to generalise to most negotiation of intimacy there were, sixthly, some more specific 'arguments' reported. To turn down a date, or a move to more intimacy, these included: 'I don't feel it's appropriate', 'I'd like time to think' and 'I just don't think we're suited'. To elicit sexual history or negotiate condom use they included 'broaching the topic early', sometimes by indirect means such as reference to a relevant news, or other, story. In support of condom use arguments included appeals to 'caring for you / us', 'it will be safer for you and safer for me' and 'it's as likely to be me as you' so we 'have to do these things these days'.

Seventhly, there were rather more accounts of successful condom use where any discussion was avoided, and a more 'physical' approach was adopted: men 'just put one on' and women 'insisted'. However these cases were often in the interests of contraception. One woman suggested one *might* pretend to need contraception as a strategy to negotiate condom use for sexual health protection.

Some perceptions of condoms were very positive, which might obviate any need for deception to negotiate their use. One or two people reported liking them, the variety, and / or their potential to prolong intercourse. Sometimes, and always for one participant, they were considered preferable to other forms of contraception. Minor accounts of 'breakage' and 'slipping off' seemed to have caused no serious concerns for participants here, unlike some occasions of 'unprotected' intercourse. Those who used condoms reported a preference to buying from vending machines and some people carried condoms, if not regularly then certainly on any kind of 'date'.

Finally, if no condom was available coitus interruptus was always a last moment option, to address (though not very effectively) contraception. This was not, with one exception, seen as providing any 'protection' in the sense of the present study, perhaps because contraception was the usual concern

in 'protecting' intercourse for these participants, if there was any concern.

A few 'supplementary' issues emerged. One unanticipated finding was an account of blood donation acting as an incentive to safe sex, though conversely slight risk of identifying HIV infection was a disincentive to donating for someone else (see '*HIV test*' above).

More disturbing, but perhaps more readily amenable to intervention, were a range of lacunae in participants' knowledge: from STD terminology, through to ignorance of possible side effects of 'curable' STDs, of emergency contraception and of condom shelf life. And I was unable to confirm whether flavoured condoms include a spermicide - as far as I can ascertain they do not, but, like the other items on this list, it is not easy to find out and, unlike the participants here, I have some idea where to start looking.

Another disturbing finding is that many participants thought they were doing something that would contribute to safe(r) sex, for example 'always using condoms', but were not.

Moreover the careful reader will have noticed that earlier in this chapter many limitations were identified to the seemingly 'uncomplicated' strategies summarised here.

These limitations are discussed in the body of the chapter in the context of the strategies and are emphasised in each section summary or review. Some key recurring 'material discursive themes and fragments' relating to these strategies and limitations are discussed further in Chapter 7. Where limitations have implications for '*Safer sex - intervention*' they are discussed in that section of Chapter 8. Implications for method and theory are discussed in other sections of that chapter.

Chapter 7 - Material-discursive themes and fragments

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In the preceding three chapters various issues relating to sexual health which emerge from the interviews have been explored: in Chapter 4 some considerations about the nature of the data, in Chapter 5 information about the lives and perceptions of the participants relevant to sexual health *risk*, and in Chapter 6 some topics which emerged relevant to *safe(r)* sex.

Where relevant these topics have been linked to some wider, sometimes recurring, themes. Mostly these have been discursive in nature, whether related to broad discourse topics such as patriarchal hegemony, already much discussed elsewhere, or fragments of 'ways of talking' such as 'being lucky'. However sometimes they have been rather more physical or experiential in nature.

The purpose of the present chapter is to draw together some of the more pervasive or otherwise noteworthy of these themes. Those covered have been selected primarily because of their impact on sexual health or risk in the lives of (one or more of) the participants. Secondary criteria for selection are themes that are particularly pervasive, or novel, or introduce new aspects to an already documented discourse. Unfortunately there is not space to explore all the relevant themes and fragments introduced in the preceding chapters.

Particular attention is paid to physical and age related factors which emerged such as menopause, hysterectomy, vasectomy and impotence. These are highlighted since they were not anticipated, yet seem especially pertinent to the age cohort of the participants in the present studies.

7.1 Age and fertility

We saw in the previous chapter that any concept of 'safe sex' has been dominated by concerns about pregnancy for most of the participants, despite knowledge of HIV and, though to a lesser extent, knowledge of other STDs.

This seems particularly salient to the present cohort, many of whom have by now addressed this problem by other means, and therefore incline towards celebrating 'risk free' sex, and do *not* want to consider relatively 'novel' sexual risks such as HIV infection.

7.1.1 Hysterectomy/Menopause/Female sterilisation

In Chapters 5 and 6 we have seen several accounts of women being resistant to the notion that now fertility is no longer an issue they should have to think about protected intercourse. It is as though that might be perceived as a particular attraction of menopause, and they are somehow cheated if that expectation is not realised.

7.1.2 Vasectomy

Before discussing how vasectomy may interact with safe(r) sex behaviours I will draw on a range of accounts, mostly but not entirely from the parent study, to present this procedure in a wider context.

Eleven of the total twenty one participants discussed, or referred to, vasectomy. This included seven people from the parent study and four from the main study. In the parent study vasectomy was chosen or considered because of dissatisfaction with other forms of contraception, and a sense that the family was complete.

Four people reported that when they approached their GP about sterilisation they were advised that it would be better or easier for the male partner. One woman also reported the consultant, after the birth of her last child, saying '*What are you going to do about contraception?*' '*You ought to have the old man tom catted*' (3256ff). Two of the men in these cases rejected or have so far resisted the proposal. In one case when the topic was raised by his wife he '*said his grandfather had had a child. Yes. His grandfather had*

had a child at seventy five (3754). She took this as outright refusal, and was very distressed by it, given the implications of divorce or dying and her husband remarrying and starting a new family '*so when you're first married and you've .. had a baby and your husband tells you that you're very excited aren't you! ... I said "Bully for you" and I went to the ladies and cried all day I think huh*' (3761ff). The other man said '*I didn't want to take such an irreversible - I know it's not irreversible, but such an irreversible step you know*' (4327).

One woman who subsequently separated from her husband seemed quite surprised when he agreed to the procedure '*He was very good. I have to say that. Yeah he .. luckily he accepted it*' (4386). She went on to comment that '*it was very painful for him*' (4410). This last point resonates a little with the man, already mentioned, who attributes his loss of libido to the vasectomy '*We didn't want to risk having any more children. .. And so .. it was far easier for me to have .. the operation than for em - than for (wife's name). And less stressful. (DK: yeah) But it wasn't at the time! (laughing) As a - as a long term thing .. It was easy wasn't it?*' (DK: And that's worked out alright has it?) Yes.' (2115ff). This last was spoken very definitely, but as discussed in Chapter 5 (section 5.2.1), it was gradually revealed, through the course of the interview, to be less than the full story.

These accounts are important not least because news of such experiences might discourage others from the approach. However the picture is not always so bleak. The only other case where a vasectomy proved problematic in itself was for a man who underwent the procedure because his wife, who already had a child at the time of their marriage, experienced a series of difficult miscarriages, and it seemed the best option in the interest of her health. At the time he had no concept of the possibility of the marriage failing, but it did. However he had the vasectomy reversed shortly before settling down in a new relationship with a much younger partner.

At least four couples had discussed the decision quite carefully, taking into account the possibility of their marriage failing (though, as in the case above, this usually seemed improbable at the time), but also fears such as 'what if one of them died, and equally or more significantly what if one of their existing children died. These considerations were offset against feelings that '*if .. anything were to happen to the children it - we wouldn't decide to try and replace them anyway*' (male, mid forties 2056), not least because '*it's a bit .. it's immoral to have more than two kids at the moment. We've got too many people in the world*' (2066). For another man it was an '*easy decision*' (1992) and though he and his wife did discuss most of the topics already mentioned, for them choice of contraceptive was about '*what's "user friendly"?*' (1937). '*At the end - the discussion was about having free sex when, where and whenever .. and ... what inhibited that and what didn't*' (1996). He and the remaining people who reported they or their current partner had a vasectomy gave a fairly convincing impression that they continued to have an active sex life which they very much enjoyed. As one of the women commented '*I've not had to worry with condoms and all the other things there are ...*' (552ff).

Yet the last two extracts point to the down side of vasectomy regarding safe(r) sex. As one woman in the main study commented '*he had had a vasectomy ... and he just did oral sex with partners before me .. and so, you know we didn't take any precautions .. as such. So that was that. But .. there again you don't know 'cos people lie don't they!*' (2742ff). And she knew that her partner was a married man with children, so there was always some potential risk even if he had no current physical relationship with his wife.

For those reporting vasectomy in the parent study the consideration was avoiding pregnancy, and vasectomy undoubtedly has one of the lowest contraceptive failure rates. One of the women in the main study did not want children. She recalled that '*within a short time he decided to have a*

vasectomy - so that took away - m' 'e th' - the practical problem of unwanted pregnancies' (2414). She continued 'The issue of AIDS - sort of d' just, didn't come up at the time' and later says she 'felt confident enough - about him that I ... I didn't feel there was a .. a health risk from the point of view of AIDS' (2440). Although not married this seems to reflect a similar unconsidered confidence to that implicit in the accounts above from married women and is resonant with Willig's (1995) finding of 'an association between marriage and safety whereby being married came to signify a state of safety with regard to HIV' (page 79).

Unfortunately for this woman that confidence was misplaced, and she eventually discovered '*he had been having .. at least one other sexual relationship .. towards the end of our relationship ... Which initially I wasn't aware of ..*' (2468). Later she commented '*It was a concern to me. ... He didn't consider the risks .. risky enough to be regarded as - as risks I think really. em Which I thought was quite a poor attitude. ...*' (2586ff). As discussed in Chapter 6, it is not easy to introduce the notion of using sexual health protection in the context of a supposedly 'faithful' relationship.

On a more positive note, one of the older women commented '*... it's amazing how many men have had vasectomies but still .. will .. use contr' - em condom .. which is .. wh' which is Good!*' (3234). However this comment was in the context of discussion of sex outside any pretence of a committed monogamous relationship.

7.2 Impotence

Interviews for the main study were completed by June 1998, just a little while before news of 'Viagra' reached the mainstream media channels, with the pursuant alerting of the nation to the prevalence of difficulties with erectile performance. I will use the term 'impotence' here as it is the language of the interviewees, however medical and psycho-sexual literatures

describe a range of erectile dysfunctions, with varied aetiologies, very often compounded with psychological difficulties¹ (see eg Kaplan, 1974, Bancroft, 1989).

Four of the participants (two male, two female) reported some experience of impotence, either for themselves or for one (or two) partner(s). Two further participants (one male, one female) mentioned some related experience.

Impotence is not a straightforward condition. Many men over forty will have at least some transitory experience, in the words of one male in his mid forties '*I mean there've been obviously er .. occasions - when .. "Oops! it's not working very well" but (slight laugh) very few and far between*' (3397ff). For this man the experience was clearly just a part of life. For others such an experience can undermine self confidence and can lead to a seemingly (to the person(s) concerned) intractable condition. Others throughout their lives will experience 'situational impotence' which seems to be the difficulty for the interviewee discussed in 'Layers' of analysis' in Chapter 7.

Describing one particular situation he says '*Well I ... was able to have sex put it that way but it wasn't a full erection ... I mean ... When I say the impotence ... it's ... on occasions it doesn't work at all, but sometimes it does ... but sometimes it's only ... sort of half there ... at half cock so to speak ...*'² (7515ff).

A crude analysis might conclude that impotence removes sexual health risk since if you 'can't do it' you can neither impregnate a partner, nor pass on an undesirable microbe through penetration. However, as indicated above, the condition is rather more labile than that. From this study, and my clinical

¹Had I known more about the condition when conducting the pilot study, I could have reassured the parent who thought otherwise that it is not 'how vasectomy works', and should he wish to resume his 'sex life' there may be some remedy.

²This account was given rather hesitantly and the omission marks here (eg '...') represent only the deletion of such hesitation from the extract (eg '*I, I em er / I*').

experience, it seems that impotence (or its possibility) might increase risk in several quite distinct ways.

The first is that if an erection is a somewhat 'fragile' experience there may be considerable reluctance to risk 'losing it' during the delay, and for some the embarrassment, of putting on a condom. As one of the men in the study reported '*I don't mind using contraceptives .. personally I prefer the woman to use it ... because of my problems .. it does take .. certain thi' - you know it takes the spontaneity away ... so I prefer not to use it*' (8020).

The second and third arise from the discourse about vasectomy reported under 'Parents' above. This man had '*heard that it actually .. reduces your .. sex drive a bit*' (2152ff). This discourse might contribute to mens' reluctance to elect vasectomy as a contraceptive option (see 'Vasectomy' above - though none of the 'reluctant' males here *voiced* this particular concern). Given vasectomy is such an effective contraceptive measure this would be unfortunate. Conversely any reduction in vasectomies *might* be considered desirable since, as described above, vasectomy can contribute to unsafe sex, both because pregnancy is considered carefully but STDs are not, and because of the complications arising from supposedly (versus actually) monogamous relationships. There is some clinical support that a small proportion of men do *experience* some reduction in erectile performance which they *attribute* to vasectomy - though this seems most often³ due to the misattribution of a temporary reduction in function, as discussed above. This is generally amenable to therapeutic intervention (cf Kaplan, 1974) however, since most erectile dysfunction remains untreated, any difficulties experienced in this regard may lead to increased risk in the same way as impotence generally.

The example from Chapter 7 shows how life can be dominated by any

³It may also occasionally be due to coincidence with some less tractable age related reduction in function, as, say, with late onset diabetes.

medium or long term experience of impotence, to the extent that we cannot but re-interpret many aspects of that account given the 'revelation' of the man's difficulty⁴. Nor are men necessarily mistaken in believing their partner's perception of them altered by knowledge of their impotence, though not necessarily in negative terms. The two women who discussed new partners who were impotent (as opposed to more permanent partners who experienced a more transitory problem) tended to emphasize quite positive things about these men '*he was very caring and quite considerate*' (3417ff) of one, in the context of alternative sexual pleasures, elsewhere described as '*oral sex and this that and the other*' (1371). The other example was of a man relatively recently impotent, a symptom of diabetes, though interestingly the woman who recounted⁵ this attributed the impotence to his *treatment* for diabetes. She added '*we did sleep together .. and e' he was very affectionate and he was a lovely man*' (3537ff) and '*he was very tactile and em very considerate*' (3603). However in both cases there were difficulties, partly due to the mens' own responses to the problem. In the first example difficulties began when by the seventh or eighth date the man had made no physical approach '*It was sort of a bit damning to your ego ... not even a snog in the back row of the pictures or anything ...*' (1574). The interviewee acknowledges, if somewhat 'patronisingly', that this partner made some effort to address the problem '*bless him he even sort of went to .. the doctors, and he went to a urologist or whatever ...*' (1373) but to no avail and, perhaps more of a problem '*he was getting more and more frustrated with it*' (1383). Similarly the woman in the second example recounts '*it was*

⁴One can even, perhaps, begin to understand how he comes to say at one point '*I - you know I paid for this woman i' if you li' you know e' the woman who runs the agency is 'pimping' for me if you like*' (1828).

⁵It is of interest that this account was given during discussion after the interview had completed, luckily before the tape recorder had been switched off (which the woman *did* know). In answer to the question about general sexual health (which comes quite late in the interview) she had only mentioned that her ex-husband had a temporary problem at one time, linked to some medication. She had mentioned the relationship referred to above earlier in the interview. This case again exemplifies how interviewees will only have reported a sample of the relevant data, for whatever reason. In this case it seems this particular scenario had simply not occurred to the woman at the time of the earlier question, despite she clearly linked that question to impotence. She appeared to have no difficulty or hesitation in recounting this episode of her life once it had occurred to her.

*very frustrating for him .. because he .. had obviously .. e' up until he got this .. condition been, probably been very .. active sexually .. and em .. he was quite angry and upset about it all ..' (3569). She feels this contributed to their relationship ending '*because he probably felt that inevitably I would .. look elsewhere*' (3583). She is unsure whether this would be the case, given he was attractive in so many other ways. However there are clearly fears of *relationship* risk here, which might imply sexual health risk (if the woman should seek another partner), especially since no-one seems to consider the health risks.*

The account of the other relationship ending is somewhat different since the interviewee thinks she '*stayed with him longer than - If it had been a normal .. relationship I think we would have .. broken up after three or four months ..'* (1390). This was primarily accounted because '*he wouldn't open up to me? .. and as you probably gathered I like a chat!*' (1406). Later she commented '*I did feel sort of .. sorry for him which isn't .. pffff .. Not the right .. reason to stay with anyone ..'* (1455) hastily adding '*I mean nice guy ... he was lovely but he wasn't for me!*'.⁶ More relevant to safe(r) sex is the variety of strategies they tried for coping with the impotence, including when she '*gave him the two lolly sticks*' (3395) but these strategies did *not* include the use of condoms. With reference to contraception she said '*.. there was just no question of it at all! (laughing) He didn't have one that worked!*' (2887). Aside from this being a rather harsher comment on the condition than seen elsewhere, there is also the concern that lack of erection does not necessarily preclude ejaculation (see eg Bancroft, 1989) nor the presence of semen. Whilst the risk may not exist in the case described, and is always relatively low, I have seen men in the clinical setting who are unable to gain an erection with a partner, but have no difficulty gaining an erection and ejaculating when alone. There is always the possibility that something *may*

⁶Much later in the interview (3835ff) she commented that he was 'a giver' and that seemed to bring out a spiteful side in her '*I was like a spoilt child, I could feel myself doing it*' (3886). A feeling she disliked as she usually feels herself to be 'a giver'.

happen, increasing the general risks around impotence to include the possibility of unintended pregnancy.

Data from this study illustrate only fleetingly that general psychosexual health may interact in many complex ways with sexual health prophylactic measures. Clinical experience indicates these could be far more extensive than represented here. For example the female condition of vaginismus (where the vaginal sphincter contracts so tightly that it is not possible for the partner to penetrate, see eg Kaplan, 1974) can also be somewhat variable (though to a lesser extent than male impotence) and again tends to mitigate against the use of condoms.

7.3 Gender

In marked contrast to other texts I have analysed (Kirkland, 1995) gendered power relations did not initially stand out as a significant contributor to presence or absence of safe(r) sex in the data here. However, since this has been a recurrent theme in much of the previous (text analytic and/or discourse based) literature in this area it seems appropriate to explore related themes which emerged here as a possible source of contrast - especially since, as most of the earlier work is based on the accounts of 'young people', this may be a cohort related difference or, as emerges, perhaps even an age related change. Whatever the genealogy the presence of more equitable male female power relationships must initially be presumed to derive from some alternative discourse from the patriarchal hegemony typically invoked in the context of sex and gender.

On the whole, previous literature in this area, as emphasised by Stewart (1999) has emphasised 'conventional femininity' as 'passivity, helplessness, and victimisation' (Vance, 1984, cited by Stewart, 1999). However this is not the whole story. Holland et al (1992a) have discussed, albeit few, examples of 'more empowered' women, and Stewart (1999) develops this theme with examples from a large scale study of Australian teenage women.

But examples from Chapter 6 often run counter to the 'male sex drive' discourse (Hollway, 1984, Wight, 1996), though in slightly different ways ('not interested', 'not casual' or 'not demanding').

There were examples of men refusing sex and of men preferring to *let* the woman take the initiative, though hegemonic 'male dominance' is often acknowledged and hedged in these accounts. However the strenuous denial of any planning of sex since this might be read as 'seduction', suggests some complex discursive tensions in this area.

Nonetheless there was considerable evidence from the interviews that women often *do* take control of first intercourse, and this was commented on by four of the five women and three of the four men in the 'dating' group, although it was often presented as not quite 'normal', whereas men taking the initiative went unmarked and apparently 'taken for granted'.

I have suggested that therefore the woman discussed in Chapter 4 who was surprised to discover how often she is the 'initiator' may not be alone. Whilst her accounts suggested some 'actual' control of those situations, women's perceptions in this regard may be further confounded by just what the scope of the 'let' is when she is *let* take the initiative.

There seems to be considerable muddle between expectation and practice in this area, but if women are more in control of initiating first intercourse than is generally acknowledged, by women or men, it is perhaps not surprising that 'planning' is either absent or haphazard, everyone believes someone else has responsibility for risk management (see Chapter 5), and no-one is keen to be seen buying or carrying condoms, in case they may seem to be 'expecting something' that it is not in their remit to expect.

However if men are seen to 'take control' to some extent of when intercourse should happen, one might also link this to the discussion of situational impotence above.

In general discourse about sex there is an assumption that men can get an erection whenever they want, that the only problem is avoiding this. But whilst this is true for some men it is certainly not so for all, and is probably not even the norm. There seems little reliable data about this beyond clinical case load, but the introduction of Viagra to the medical pillbox surfaced a considerable 'latent demand' in this respect.

Zilbergeld (1980) has commented on the prevalence of myth about male

potential, but if men are required to *appear* able to perform at will in order to protect their male identity, and if women are not aware that men may be insecure in this regard, then perhaps taking control of timing and situation at least enables men to 'present' as fulfilling this subjective positioning - perhaps we should not be surprised at their need to be in control. If a woman is not aroused, intercourse may be uncomfortable, or even painful, but her identity is not (instantly) threatened. This is not to argue to retain these male dominant discourses, but to deconstruct them to everyone's advantage.

7.4 Sex in the sixties

Having discussed some possible age related differences emerging in the data there are also traces of some specific cohort effects, or at least an indication that people think of their situation in these terms. These might usefully be situated against the wider literature, using a more genealogical discursive analysis - I sniffed the occasional shade of 'flower power' - but regret there is not space to pursue this topic.

7.5 Monogamy / Serial monogamy

These were pervasive themes, though the 'safest', and apparently happiest, relationships seemed grounded in an acknowledgement of 'luck' - perhaps a separate discourse enabling some more positive validation of life? - but yet to be explored.

7.6 Condoms and material discourse:

Several discursive themes might be pursued regarding condoms, but these are treated under a more pragmatic discussion in the context of intervention, in Chapter 8.

7.7 Trust

There were several discursive strands in the accounts relating to 'trust', but again no space to pursue them in any detail.

7.8 Confusion: Intimacy, Intercourse and Loneliness

Strands from this topic seemed most deserving of attention on an initial reading of the data, however this was abandoned since a more psychoanalytic approach seemed to be required, especially since the data here, though 'insistent' was very fragmentary. A limited discursive treatment of these fragments might be more viable in the context of Gavey et al.'s (1999) recent discussions of 'meanings' of intercourse (grounded in more focused discussion of this topic), percolated as it was through nearly all aspects of the lives of many, though not all, *single* participants.

7.9 Discourse as process - verbal negotiation as 'the exception'

A lack of 'talk' about sex emerged only cumulatively as a pervasive theme through the analyses in Chapter 6. This 'process' theme is explored in more detail in Chapter 8.

Chapter 8 - Some implications

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I have sought in this thesis to explore something of the way that accounts of sexual behaviour can both inform and be informed by the theoretical assumptions we bring to bear on that research.

Chapters 5 and 6 illustrate something of how an inclusive, eclectic approach to text analysis, informed by some principles of discourse theory, can produce a clearer, perhaps richer, account of concerns relevant to safe(r) sex intervention.

In Chapter 4 extracts from interviews were used to illustrate discursive processes which occurred 'naturally' in the interview context, but which would be masked by social cognition model research (see Chapter 1), and which, whilst illuminating how some of the missing variance of SCM based studies might be accounted, must also undermine the relevance of their findings in this kind of applied research.

In Chapter 7 I have summarised some of the discursive 'themes and fragments' which, along with such discursive processes, underlie the contradictory but rich variance in the lived experience recounted by the participants in the present research.

In this final chapter I will summarise what seem to be some of the key themes arising from this research which may be relevant to sexual health intervention, before moving on to discuss in slightly more detail how the research method contributed to these findings, and then some possible implications of the implicit-explicit distinction developed in Chapter 1.

8.1 Safe(r) sex - intervention

Since most of the topics below were discussed in some detail they are summarised only briefly here. On the whole the range of concerns and difficulties were not qualitatively different from those of young people. However two particular themes emerged, perhaps because of the age range of the participants. Firstly some disturbing effects of increased risk arising from 'post fertility' and secondly some counter-intuitive effects arising from sexual difficulties. Both are discussed in Chapter 7 above.

8.1.1 Strategies for negotiating safe(r) sex

A disappointing aspect of the present research was that very few strategies for negotiating condom use were identified, and typically they were not used consistently, or were associated with other unhappy outcomes (see Chapter 6, '*Condom use - summary*')

More interesting were a number of themes about avoiding relationships (see Chapter 6, '*Talking - review*'). There were diverse inter-relationships of themes such as the nature of monogamous relationships, avoiding other possibilities of relationships, and 'luck', though there is not space to explore them here.

8.1.2 Age

Perhaps one of the most important messages from the present research is that sexual health risk is not only a risk for the young. Somehow busy GPs, amongst others, need to be made aware that, though their own sexual lifestyle may not entail risk, if a patient asks for advice about HIV it may be because his or her lifestyle does.

Although a few people interviewed perhaps evinced some aura of 'maturity'

with age', most seemed to have as many difficulties, and use as wide a range of accounting strategies as 'young people'. Although based on a small sample the data tend to warn against any age related assumptions.

8.1.3 Post fertility

There has also been a tendency within the medical profession, though this is beginning to change slowly, to consider that sexual activity ceases post fertility. The evidence here suggests that, although this may be the case for some, for others it may signal freedom from need of contraception and consequently lead to increase in risk.

Moreover sexual difficulties, for example erectile difficulties, may, at any age, potentially signal increased sexual risk (see Chapter 7).

8.1.4 Knowledge

There were a number of important lacunae in the basic knowledge of participants here. Advertising might be used to raise awareness of the 'best before' date on a condom packet, which condoms contain a spermicide and to increase awareness of emergency contraception. However, the STD terminology problem is a little different. There is a considerable literature on 'labelling' effects, for example the seemingly eternal search for labels in mental health which will not have negative connotations.

Since the interviews here, where many people did not recognise 'STD', there has been a further shift within sexual health promotion circles to prefer 'STI' or 'Sexually Transmitted Infection' (it is apparently less daunting to discover oneself 'infected' than 'diseased'). Aside from finding this particular distinction eludes me (whereas I can see some merit in the shift from the latinate 'Venereal Disease'), there is clearly a downside to any of these moves, since relevant literature, news items and so on may simply be

overlooked, or just not understood, because of them.

Moreover if, as is perhaps quite possible from the connectionist model (and consonant with research data in this area), the effect of the new label is simply to attach to a pre-existing constellation of meanings, then the process may anyway be somewhat futile.

8.1.5 Parenting

In Chapter 5 there was some evidence that parents were concerned to protect their own health for the sake of their children. This is a theme that might be explored further to see whether it might be usefully integrated into sexual health promotion literature.

8.1.6 Avoiding 'saying no'

There was cumulative evidence from the transcripts that people experienced difficulties 'saying no' which may or may not be linked to some more general discourse about co-operation. It may be over-represented in the present sample who, after all, agreed to take part in the interviews. However it seems a potentially useful theme to explore in the context of sexual health. This point goes beyond any more general consideration about assertiveness (see Chapter 6 '*Talking - review*', section 6.2.6).

8.1.7 Avoiding talking about sex

This distinct topic is also explored in Chapter 6 '*Talking - review*', but some further considerations are explored in the context of the 'explicit-implicit' distinction, below.

8.1.8 Condoms

The mechanics of condom use generally worked satisfactorily for participants here in respect of contraception, with only one breakage and one that 'came off'. However despite the somewhat fragmentary nature of the accounts a wide range of further issues emerged. These are discussed in some detail in Chapter 6, but two points are worth further consideration here.

In their 1988 report Chapman and Hodgson noted that '*Any condom can be stretched to proportions larger than any penis that might be placed inside it*' (Chapman and Hodgson, 1988, page 101) implying, consonant with 'received wisdom' of the day, that when it comes to condoms 'size doesn't matter'. However size can matter with respect to comfort (mentioned by participants here). From this data and the knowledge that GUM clinics have, at least since I began clinical training in 1997, offered the choice of extra large condoms, I initially intended only to comment that this topic might deserve more discussion in the context of intervention.

I have since discovered that, as well as their web marketing site, Durex have a 'science' site (<http://www.durex.com/scientific>), containing data from several studies. In response to research indicating considerable variation in erect penis size, and shape, and also suggesting some correlation between larger size and frequency of breakage, they launched 'Durex Comfort' in September, 1998, a few months after the last interviews were conducted. The participants in studies then could not be expected to know of that development, though I understand Virgin Mates introduced such developments somewhat earlier. (They have since sold out to Ansell who do not address this topic on their web site, though they do report ongoing research to address the small but increasing problem of latex intolerance.)

It is unclear yet whether such developments will have a significant effect on uptake of condom use. What is perhaps disappointing is that enquiring

informally amongst friends and colleagues, some acknowledged condom users, no-one knew about these developments, in August 2000, nearly two years after their introduction. Nor is it clear how participants from this study would get to know, or to make informed purchasing choices, given the rather ad hoc 'purchase whatever is in a discreet machine' approach identified above (see Chapter 6). However there is a further web site run by Interhealth, who not only offer condoms from a range of suppliers but do include a page of advice as to which might suit. Since they also provide postal delivery in unmarked packaging it would seem to address a number of the concerns raised by participants here - once they find and can access the appropriate web site.

However developments in this field do not address another concern emerging from the interviews, that condoms 'sanitise' sex or make it inappropriately clinical, which may be linked to the wider, though still fragmentary, discourse about the 'chemistry' of sex. Unfortunately this is less than encouraging for Willig's (1995) suggestion that condoms might be positively marketed as a 'hygiene' item.

8.2 Methodology

The few main points discussed here and in Chapter 7 are somewhat diverse in their nature, and I want briefly to consider how they relate to the various approaches to text analysis introduced in Chapter 2.

Conversation analysis afforded the detailed analysis techniques exploited to identify hesitations and so on, for example in interpreting some of the confusion over misunderstanding of STD terminology.

A very straightforward content analysis was sufficient to identify some of the issues about condoms, though others were more fragmentary and submerged.

Some key themes to emerge quite early in the *analysis* were some of the 'post fertility' topics like hysterectomy, vasectomy and impotence, though their emergence in the course of the interview (especially the latter two) had sometimes been somewhat tortuous.

Grounded theory techniques contributed to developing a 'thicker' description of participants lives, and with IPA warranted perhaps more focus on experiential aspects of the data. Here, for example, 'loneliness' is perhaps an experience rather than a discourse? and the role of 'affect' as it compromises 'saying no' is somewhat outside a strictly discourse theoretical account.

There was no direct use of social representations theory techniques, though one might posit that the interpretation of a condom as signifier of 'intercourse this weekend' might lend itself to such an analysis.

But the main focus of the analysis was discursive, both discourse as process: focusing on contradictions and omissions; discourse as subjectivity

- meanings of who initiates first intercourse and the way disruption of gender expectations might generate confusion; and an indication of the potential exploration of genealogy of discourses such as 'sex in the sixties'.

Above all perhaps an attempt to be reflexive about the analysis - to the extent of provoking one or two readers of some early draft sections to comment that I am 'too apologetic', but that may arise from their unfamiliarity with this research paradigm.

8.2.1 Interviewer skills

Without any doubt psycho-sexual counselling training and experience contributed significantly to the more direct and detailed material from the second study. It is interesting that the majority of interviews for the Gavey et al. (1999) paper, which explores more intimate aspects of intercourse, were conducted by Kathryn McPhillips a practising clinical psychologist working in a sex related area.

Not least such experience leaves one perhaps more prepared to accept interviewees' reports, unlike Chapman and Hodgson (1988) who report '*one man who claimed condoms prolonged intercourse*' (*ibid*, page 98, *my emphasis*). Clinical evidence provides support for this claim for *some* men, and overall perhaps increases one's sensitivity to the very diverse range of lived sexual experience.

Nonetheless one might still hope to be more sensitive to what an interviewee might be trying to say.

There is also a potential drawback. For example the interviewer is often expected to be knowledgeable, and it is difficult always to convey to participants that it is *their* view one is concerned with. So in the first interview when the man asked whether his associated experience of

impotence was 'how vasectomy works?' It is perhaps better *not* to know, in order to surface the interviewee's understanding and perspective.

8.3 Eclecticism

It is unquestionably the case that the present report demonstrates considerable eclecticism of methodology, though contained within a discursive framework.

This can be justified up to a point by the parallel research focus of exploring research theory and method.

More pertinent to the 'safe(r) sex' focus, whilst a stricter discourse theoretic would have some advantages it would seem wasteful to pass over more mundane, but perhaps more easily addressable, concerns like the STD terminology problem, or the range of dislikes of condoms, which are particularly pertinent to possible intervention. Equally useful, I would argue, is an integrated account of the issues, as presented here, in order to mitigate somewhat the possibility of drawing inappropriate 'de-contextualised' generalisations from a relatively small sample.

Recently Yardley (2000), discussing dilemmas in evaluating qualitative research, has discussed the importance of 'fit' between the research question, the philosophical perspective adopted, and the method of investigation and analysis undertaken (*ibid.* page 222). There is evident overlap with the concerns of the present thesis. However, in a conference presentation of this material (BPS, Winchester, 2000), she argued more strongly than in the paper that, in the interests of theoretical rigour, if a piece of research was situated within a particular theoretical paradigm then it should stay coherently within that paradigm throughout.

In principle, and in consideration of the examples Yardley cites in her paper,

I find myself fully in agreement. Yet in practice I find I have not adopted this criterion in its entirety, though this perhaps depends on how inclusively one reads 'discourse' - which in itself illustrates a further difficulty for this rubric.

Certainly it might be argued that, whilst an ethnomethodological account of the data may be a necessary step on route to a more discursive analysis (see Chapter 2 above), the final report should content itself with focusing on the more strictly discursive findings. Yet in this context I would not even claim that the primarily descriptive account in Chapter 5 of the 'manifest' aspects of sexual relationships which emerged from participants' accounts is in any sense strictly ethnographic.

To some extent one might fall back on the very 'inclusive' nature of Foucault's writings to warrant the present approach - however one of the few respects in which Foucault's writings are perhaps not 'exemplary' is in respect of presenting information in an easily accessible and readily digestible form, even for other theorists, let alone 'applied' practitioners - so it is appropriate to place somewhat different demands on applied psychological research.

Yet the inclusion and organisation of the material in Chapters 5 and 6 above perhaps best serves the interests of anyone who might be concerned to situate the present research into their own practice.

Against this background I would perhaps seek to reformulate Yardley's call for rigour and suggest that researchers should at least attempt to articulate how their research findings are situated with respect to any informing theory and methodology - as well as how and why they deviate. Which is perhaps the best I can claim for what I have attempted here.

'Intuition is not some fluffy stuff ... intuition without reasoning is blind, but ideas without intuition are empty' (Varela, 1996).

8.4 Implicit-explicit Knowledge

In his development of discourse theory Foucault focused almost exclusively on an analysis of 'explicit' knowledge - the talk and, more especially, the writing (a kind of documented talk) of society: exploring how pervasive themes in that explicit knowledge serve to construct us all. Yet interestingly Foucault's theorising was grounded in observations of the effects of talk on people incarcerated in 'total institutions' such as asylums and prisons - arguably those people in society with *least* access, or least effective access, to *explicit* knowledge.

Psychologists have drawn on the concepts Foucault developed in this theorising of social processes, exploring particularly the notion of the interplay between social discourse and personal subjectivity. However psychologists such as Potter and Wetherell (1987) drew on developments in psychology in the theory of discursive processes, such as Austin's (1962) notion of speech acts and theoretical developments in the analysis of the process of conversation, to explore the *process* (rather than structure) of social discourses in action in this process of construction at a personal level.

They exploited these research techniques to 'discover' themes and fragments of broader 'social' discourse in 'everyday talk'. Brought together with Foucault's insights psychologists illustrated, beyond Foucault's observation 'that' people are constrained by discourse, something of the process by which 'everyday talk' is permeated by social discourses which construct personal subjectivities, and is used by people to construct others (Wight's, 1996, 'slag' 'nice girl').

It is clear that these techniques are effective when working with explicit,

articulated, material.

However the techniques of discursive conversation analysis, though perhaps necessary, are not always sufficient to surface enough of what is implicit to explain this 'working through' of social discourse at the juncture of multiple subjectivities in a person, and from the start theorists such as Hollway (1984) drew on psychoanalytic techniques to encompass more of the underlying process at this 'juncture'.

Returning to the account of distinctions between what is implicit and what is explicit developed from a connectionist analysis (see Chapter 1) we might summarise these to consider: what is explicit, or partly explicit, and what is implicit, but more importantly, what distinctions are there amongst all that is implicit, and then consider how these distinctions might relate both to the processes of making the implicit explicit, and to the effects of broader social discourses. Finally how might they illuminate any of the observations from the data presented in the preceding chapters.

8.4.1 What is explicit

I have argued that primarily explicit knowledge is that which can be spoken or written, and which, somewhat less carefully ordered, is perhaps dominant in our more 'aware' thought processes, our 'stream of consciousness' (eg, as illustrated in James Joyce's *Ulysses*).

However, because they are less 'well ordered' and not necessarily fully articulated these 'partly articulated' thoughts may have effects on our behaviour of which we are only somewhat vaguely aware. More constructively it is perhaps the extent to which we have some capacity to articulate, or to develop such articulatable, or at least semi articulated, concepts that we can become at all 'aware' of what we do and might do (cf Mead, 1934/1967) and gain some *control* over this - what we glibly talk of as

'cognitive control', what the sexual health literature discusses as 'volitional control', acknowledging thereby that there is perhaps something 'outwith' this which is 'controlling' us. We might consider that something 'not volitional' is perhaps not 'explicated' (not 'cognised').

Our connectionist account of implicit processes may then help 'unpick' some of the different ways our mind may, or not, develop more 'grasp', which is of interest here since it may have implications for what is, or is not, possible by way of sexual health intervention.

8.4.2 What is implicit

First, developing the account of explicit and semi articulated knowledge, this explicit knowledge may have contributed to 'shaping' our implicit knowledge, through processes such as associative reinforcements. These may be likened to the ways society constructs our subjectivities without our being 'aware' of the process¹.

It is this aspect of what is 'implicit' which is perhaps next most amenable (compared with what is articulated and explicit) to the 'explicatory' processes of discourse theoretic analysis of conversational turns (cf Potter and Wetherell, 1987, Edwards and Potter, 1992) and even to the 'talking cure' of the analyst's couch. Freud's 'cure' was arguably most straightforward when the obstructive or disruptive influence could be traced to the semi-conscious, and sometimes 'unconscious', effects of what Freud called the superego - our internalisation of the socialising influences of parents or carers (Freud, 1923/1981) and perhaps we might add the wider community (the more or

¹Wetherell and Maybin (1996) provide a particularly useful example of the effects of such processes becoming suddenly explicit through a 'disjuncture', in their deconstruction of the account of a Japanese American anthropologist (Kondo), who, in the course of participant observation in a city in Japan caught sight one day of the reflection of a young Japanese woman shopping in the local market. The dis-location was her shock at the sudden realisation that it was *her* reflection. Her immersion in Japanese society and culture had become so complete that she 'no longer recognised herself', she had become reconstructed as 'Japanese'.

less subtle effects of processes such as 'slag' 'drag' labelling in the playground, Lees, 1993).

However I have suggested that connectionism enables us to identify other, perhaps less tractable, influences in these implicit processes.

8.4.2.1 Sense perception, pre-conscious

Firstly, and still somewhat tractable, is our internal and unguided patterning and organisation of the data we access through our sense perception (perhaps akin to Freud's notion of the 'pre-conscious'). The connectionist analysis helps to illuminate how these perceptions will be ever present, but somewhat 'fuzzy', contributing a different influence for each of us in the patterning underlying what can only be constructed in the sense of being *shaped* by society's discourses, rather than constructed anew in any purely abstract sense. (We teach children, and even adults, new colour names by showing them examples; we introduce each other to new words by way of examples - evidenced in the underlying structure of the Oxford English Dictionary; or via other words already grounded in such examples).

However our ability (not explained by the connectionist model) to struggle, and sometimes succeed, in 'explicating' these differences, might be argued to contribute not only (perhaps never) to the articulation (or manifestation) of entirely new discourses, but at least to our ability to resist and reshape those that already exist (a gradual cumulative effect built on Mead's notion of the first internalisation of a gesture from the 'other').

Moreover the psychological processes which enable articulation of submerged effects of social discourse may to some extent assist this process of explicating this 'pre-conscious' implicit 'knowledge' of which we are often only vaguely aware - perhaps when someone's argument does not quite 'ring true' in the light of our own experience, but we are, at least

initially, at a loss as to be able to explain 'why'.

Many researchers concerned with discursive processes (Billig, 1996, Edwards and Potter, 1992, Antaki, 1994, etc) offer insights into these processes, but so perhaps does Freud's approach of taking seriously the implications of patterning as it develops in the more pictorial symbolic interplay of our dreams - and his method for assisting anyone 'explicate' this (in the sense of helping someone articulate the pattern and hence make it explicit and external).

This further highlights that whilst such implicit processes may be ever active, by explicating them, and especially by making the explication *external*, that is, by explicating them to another, we can gain some control over them - though necessarily never being able to 'capture' all the detail (so losing some of the subtlety of the implicit process, as well as perhaps never being able to bring their effects under complete control).

It begins to be apparent why this analysis may be relevant to what is *possible* in terms of sexual health intervention, however this becomes clearest in the light of the final conceptualisation of these implicit processes which I have positioned, tentatively, on the premises of connectionism.

8.4.2.2 Awash with hormones

A connectionist analysis already surfaces that what we are 'paying attention to' at any one time is whatever is emerging most forcibly from whatever the complex array of interconnected networks is currently 'attuned' to². However if this is analogous to processes in the 'brain', then, as I argued in Chapter

²In the same way that the insurance data 'network' (see Chapter 1) is shaped by the history of the experience of all the records of the database, but when activated by the input of the parameters of any specific record focuses on the category that record most closely responds to. The patterns associated with that particular set of inputs become activated - which might be considered analogous to how our attention is prompted to attend to 'dog' rather than 'lion' depending on what we find standing in front of us.

1, these networks are 'awash' in cerebrospinal fluid and it seems that quite 'primitive' processes in the brain come into play when our embodied existence is challenged in any way - our more 'cognitive' musings may be flooded with hormones in such a way as to force us to attend to some behaviour necessary to our body's persistence. But these hormonal processes seem also to come into play in the service of species persistence. I may truly 'not know what came over me' if the hormonal hit was sufficient to wipe out any possible organised functioning of either the explicit, or even implicit, processes of my mind.

Moreover, one can draw on this connectionist account to question whether it will ever be possible to gain access or control at this stage of the proceedings. It may present an unbridgeable boundary to any 'cognitive' control. It is unclear how insights about discursive processes or dream analysis would help make explicit anything beyond the vague terminology we already possess of the 'mood' which then controls us.

This enables some reinterpretation of the strategy of those in monogamous relationships who avoid venturing anywhere near another relationship where this boundary might be threatened. The variation between participants in 'where this boundary is set' may indicate an important intuitive sense of where this boundary exists for them - and it may be very variable between different people - some seem never to 'lose control'³.

Nonetheless it may also be variable within each of us. Some indefinable characteristic of a potential partner may perhaps trigger the hormonal rush much earlier in any social interaction than we have experienced previously - and so we may be 'caught out'. Or one might venture that some cumulative effect of prolonged 'loneliness' may lower the threshold of our potential response?

³Indeed the outcome of clinical treatment of female anorgasmia often turns on success or failure of techniques introduced to encourage 'letting go'.

This has brought us back to how the analysis of some finer distinctions about what is implicit or explicit might help us further interpret the data from the research reported in preceding chapters.

I would now like to try it out on the recurring theme of 'not talking about sex'.

8.5 Not talking about sex

In the introduction I suggested that perhaps the social taboos related to sexual intercourse, and in particular the consequent lack of opportunity for our more usual 'learning through observation' may contribute to some of our difficulties with this topic. This can now be linked to the notion of the usual 'richness' of our 'perceptual' 'preconscious' knowledge base about a topic - we simply do not know as much about sex (actual intercourse in contrast to 'idealised' 'melted into his arms' versions) as we do about most other things in life, and we have no 'implicit knowledge base' against which to test the stories we are told (in contrast to our more usual situation).

The 'stories we are told' are then often not very helpful, especially the stories we are told when we are young, and the bases of our future understanding are being laid down.

From these two considerations it is perhaps not surprising that we lack confidence talking about sex - it is like trying to talk confidently about an unknown country of which we only have fantastical hearsay.

If, on top of all this, we are so awash with hormones by the time intercourse occurs that our usual 'critical faculties' simply cease to operate we may not be terribly well placed even to accumulate a better understanding through repeated experience of intercourse (especially if it is usually brief and unsatisfactory, which seems too often, though by no means always, the case, especially for casual intercourse, amongst the young).

These considerations are only a part of the story, most of the participants in the present study appeared to have only good experience of intercourse and, in their middle years, to be quite articulate about it. Yet they still reported discomfort shopping for condoms, or negotiating a new relationship, or, in many cases, talking to their children about sex. Here I would only like to suggest that these persistent insecurities may in part be the outcome of developing our understandings of sexual intimacy on very insecure foundations.

In turn this may leave us with far fewer resources than we could muster for most aspects of our lives, when we come to try to balance the competing claims and meanings attaching to discourses relevant to intercourse; whether those arising from male hegemonic discourses which Crawford et al. (1994) have suggested, consonant with accounts from one or two of the men here, are perhaps more dominant when younger; or the subtler issues attaching to trust (Willig, 1995, 1997) and intimacy (Gavey et al., 1999). Or even the concern to avoid any suggestion that '*you're presupposing that you're going to get shagged*' (4437ff), perhaps implicit in a number of the accounts of first intercourse here, though rarely expressed so directly (though cf Coleman and Ingham, 1999).

The implicit/explicit model also suggests that to some extent these problems may be because intercourse is inherently difficult to talk about. This may be so, but Thompson's (1990) account suggests that some families manage it quite successfully nonetheless.

A discursive analysis here helped identify some of the circumstances of lack of talk (see Chapter 6, section 6.2.6) and revealed it in many different ways. This was a useful 'cumulative effect' in the data here, since the extent to which this theme permeated the accounts was not apparent from any initial pass through the data (unlike, for example, comments about dislike of condoms).

However comments about 'just do it' or 'just put one on' do re-surface the problem mentioned in Chapter 3 for social psychology research in this area. Far more might be understood of just how negotiation is achieved or avoided from an observation study. Especially there may be some kind of 'negotiation' through physical gesture if no other. This inevitably remains an important constraint on what can be achieved in research about this topic.

These problems might be mitigated a little through closer, more direct questioning (perhaps a possibility given my two further years clinical experience), but this is a difficult topic for which to recruit participants, perhaps symptomatic of it being one of the most difficult topics to talk about?

Nonetheless comments such as 'just do it' 'can't do it' perhaps identify boundaries of discourse, which to return to Foucault's insight, can of themselves be interesting and revealing.

8.6 An alternative 'explication' of the chapters of this thesis

The present attempt at 'explicating' and 'externalising' these ideas has come late in this research program, and does not claim to be worked out in all its potential ramification and detail. But it is perhaps sufficiently ordered and organised to support a post hoc re-conceptualisation of the contribution of the various chapters here.

In Chapter 1 I sought to establish some of the ground for the overall thesis. Using an analysis first from within the conceptual framework of the TRA I identified it as a *static* model, in comparison with Discourse theory which affords some possibility of identifying strands and their effects in a more dynamic process. I also developed some ideas from within Connectionism to propose that we could theorise some useful distinctions between what is explicit and what is implicit within this dynamic whole (both at the personal

level and at the social level, where I have argued that 'discourse' is *primarily* 'explicit'). I also suggested that what is implicit might be explicated, but this has implications relating to loss of detail, as well as being subject to certain limitations.

In Chapter 2 I then explored different approaches to text analysis, all of which enable us to explore what is *explicit*, and some implications of what is explicit, and to some extent may assist us in explicating what is implicit. However that chapter was not developed in these present terms.

In Chapter 3 I explored some of the potential relevance of a discourse theoretical approach in respect of cumulative knowledge and intervention in an applied research area. Some of the discussion there needs to be extended in the light of the earlier section of this chapter, where I explore further what some limitations of discourse theoretic research might be (in respect of what is 'implicit' and therefore less tractable to a discursive analysis). However I attempt to clarify how some of the approaches to the analysis contribute towards 'explicating' what is implicit, and such techniques (already in use to some extent in clinical 'talking' therapies) might be developed for use, for example, in classroom discussion concerned with sexual health intervention.

In Chapter 3 I also introduced some specific concerns of the interview based research here. A key source was Gold's (1993) insight into some distinctions between off-line (cold light of day reasoning) cognitions and online (heat of the moment) cognitions. His research technique of asking about thoughts, feelings and intentions at different stages leading up to a specific instance of sexual behaviour, and of exploring a contrasting specific instance, has yielded a rich set of data, and in particular helped identify some 'dis-locations' in participants experiences of sexual encounters. It perhaps also contributed to the extent the data here provided evidence of the boundaries of talk, the lack of talk. However the present analysis also

suggests that 'on-line' cognition may be most clearly identified by its absence.

In Chapter 4 I first introduced the studies, but then drew out some data from them which particularly illustrates the fluid and dynamic nature of discourse in an interview context, or perhaps in any context. I discussed this in part to illustrate that a discursive analysis can reveal these more dynamic processes; in part to argue that one might generalise from them that someone's 'thinking' at the end of an interview will nearly always be at least a little different from at the beginning (and that is certainly the case for the researcher); but that although one is 'recording' a process in change, so it will not be 'robust' in the experimentalist sense of 'replicable', one may still discover useful and relevant information through this process.

In Chapters 5 and 6 I used a variety of text analysis techniques, simply representing some of the manifest or 'explicated' content (the taste of condoms); but also exploring effects of the more 'explicit' content as well as making some implicit content explicit, and identifying some boundaries to what can be achieved by a discursive analysis.

In Chapter 7 I have identified some specific 'age related' and 'post fertility' themes emerging from these interviews with older participants, and their implications for sexual health intervention. This is also the space reserved for exploring how a discursive analysis affords further exploration of emerging themes in the context of previously documented discourses. Time and space have precluded any serious development of this process, however it is perhaps the aspect most successfully developed elsewhere in the discourse theoretic literature (for example Crawford et al's, 1994, rather different analysis of the difficulties couples experience in attempting to talk about sex). So, although the data here affords, even begs, such a treatment, and it is an essential component of the overall argument in favour of the relevance of discourse theory as a preferred approach to sexual

health research, that argument may still stand without a demonstration of that specific feature here.

8.7 Social Cognition Models

I have already likened the TRA to a 'snapshot' of thought processes, fixed from a certain viewpoint at a certain time. More sympathetically to the social cognitivists' concerns to be scientific, it might better be likened to a 'section' through the mind - perhaps identifying some of the *kinds* of organisation that will inevitably arise amongst the patterning: beliefs, evaluations, attitudes and so on. Eiser (1994) likens these to the 'attractors' which account for some apparent recurring structure in a deterministic chaos fractal model. Other cognition models perhaps serve to identify other of these 'attractors' (perceived vulnerability and so on).

However if, as in the deterministic chaos model, the actual scale and density of the pattern at any one point is always 'an empirical question' (Fishbein, 1993, Eiser, 1994) and, moreover, for applied research the very 'content' within the pattern at a particular point is similarly an empirical question (see Chapters 1 and 3) then I have argued they are not particularly helpful guides to applied research, especially in their 'survey' form - which is where they *claim* superiority over more qualitative research methods.

Unlike the pilot studies for such research, which is also qualitative but barely theorised, I have argued, and sought to illustrate in the preceding chapters, that a discourse theoretic analysis of texts provides a richer, and more appropriate (see Chapter 3) theoretical base for exploring human 'lived' experience.

After all, the disadvantage of a biological 'section' is that it tends to destroy most of what was interesting in a living 'specimen'.

In Chapter 5 I used the 'richer description' afforded by the grounded theory technique of seeking as wide a range as possible of examples and counter examples relating to any topic with which one is concerned, to describe some aspects of participants lives relevant to the present research. (This included relatively little 'discursive' analysis). I then explored participants' perceptions of sexual health risk, which exploited more discursive techniques, to describe more explicit processes, but also to explore some disjunctions, which revealed more of the role of particular discursive turns (for example the discursive fragment 'carrying condoms because of HIV' being used as 'explanation' or 'justification' but not operating to motivate condom use). This also provides an example of how a carefully structured interview schedule can mitigate some of the disadvantages of not being able to analyse 'discourse in action' in this topic area (see Chapter 3).

Appendix A: Limitations of Computational Models

Fishbein and Ajzen explore quite complex mathematical and graphical demonstrations of the effects of interactions between various factors, using them to demonstrate the impossibility of *predicting* the impact of any particular intervention or manipulation (cf Fishbein and Ajzen, 1975, pages 439-444, 461-474, 484-488) on any one individual. Indeed what they present provides an interesting early demonstration in the social science literature of a 'deterministic chaos' effect: even if one has a detailed understanding and model of 'micro' functional relationships it may still not be possible to know enough about the complex state space being entered to predict the 'macro' effect of that change (for an introduction to Chaos Theory see Gleick, 1987 or Hall, 1992). So, for example, knowing at the micro level what could lead to a change in belief x , even given pre-knowledge of details such as how much 'room for change' there is in belief x (ie how much this individual already believes x to be the case) does not mean that one can predict what other beliefs will be modified as a consequence, and what impact this may, or may not, have at a 'macro' level, on behaviour intentions and future behaviour (Fishbein and Ajzen, 1975, pages 484-488).

Interestingly they often model micro change using probabilities, for example '*consider a person whose subjective probability is .70 that "heavy drinkers have serious marital problems."*'(Fishbein and Ajzen, 1975, page 462). Besides the problem of identifying whether a person's 'subjective probability' is .70 or some other number (let alone what that means), these probabilities also often get used multiplicatively which quickly leads to no better than 'chance' predictive capability. [Since most of the probabilities are < 1 (and 1, representing certainty, is the maximum probability) then multiplying them together leads quickly to vanishingly small overall effects. For example, even if each parameter is loaded with a relatively high probability, say .9 (or 90%), you only need six of them interacting as multipliers to lead to an overall probability of $<.5$, that is a bit less than 50%, which number is of course often colloquially presented as 'chance', since for any instance the likelihood that the effect will be in one direction is about equal the probability it will be in the other]. Fishbein and Ajzen offer many more sophisticated examples of complex interactions where they argue the functions are non-linear and therefore the empirical effect might be 'explicable' but not 'predictable'.

In many ways the kinds of models proposed by Fishbein and Ajzen in 1975 are now superseded by neural network or 'connectionist' models. (Indeed some of the diagrams in Fishbein's paper on the relationship between beliefs and attitudes could be mistaken for connectionist models (Fishbein and Ajzen, 1975, figures 2, 3A, 4A, pages 391-393)). With neural network technology (which was barely in its embryonic stage in 1975) we can now model how effects could be more subtle than those proposed by Fishbein and Ajzen, and yet exhibit many well documented 'learning paradigms' from

the psychology literature (see for example, Laland and Bateson, in press).

Such models have some advantages in any attempt to 'understand' learning processes (though these *incremental* models may not apply if more super-ordinate reasoning is brought to bear on a problem). For example one of the easiest things to demonstrate with a neural network set up with a learning algorithm, is that the effect of presenting a new exemplar will depend on the state of the net at the time (analogous with 'what it already knows'¹), which will in turn depend on what previous exemplars it has been exposed to (analogous to 'past experience'). A 'well trained' net (that is, one which has some 'experience' of a particular knowledge domain, which has been exposed to many varied examples of a particular kind of data) will be relatively little affected by one new 'unusual' case, it will simply be registered as not quite fitting any recognisable pattern - whereas such a case might have a dramatic impact on the loadings of a relatively 'naive' net, being immediately registered as a potential independent category. In some ways this development of 'conservatism' seems intuitively what we would expect of 'learning', and is an example of the kind of non-linear effect for which Fishbein and Ajzen were at pains to account.

It is also important to remember that Fishbein and Ajzen were proposing 'computational' interactions at a *semantic* level. A neural net provides a more parsimonious model since such effects can be demonstrated at a semantically or subsemantically coded level.

Of course, it is not always appropriate to be conservative, to ignore (or dismiss) a novel case which is 'unusual' - this may be 'the important one'. It is also the reason why neither neural nets, nor Fishbein and Ajzen's models, provide an entirely adequate model of 'learning' or 'responding to information' (since both would lead to conservatism after experience of a wide range of data). In practice people *sometimes* are able to respond in 'non-conservative' ways, even to only slightly unusual experiences - but perhaps this discussion should lead us to be less surprised that this is *not* the general case!

Fishbein and Ajzen offer no evidence to support their speculated 'mathematical model' interactions of 'multiplying probabilities': either evidence of any substrate (such as a neural network) that would support the interaction (ie conduct multiplication of probabilities) or evidence that if a substrate did exist the resulting effects would in any way reflect observed patterns of learning. Indeed, Fishbein is clear that the TRA is *not* an algorithmic model of process:

¹I use the analogy with some trepidation. My intent is to clarify how a 'neural network' can be helpful in trying to understand something of the possible processes of memory and learning by modelling an 'enabling layer' (rather than an 'underpinning') for beliefs, attitudes, behavioural intentions and the like, as required by Fishbein and Ajzen. But without imputing any 'consciousness' to the network (which terms such as 'knows' and 'past experience' are wont to suggest).

'the mathematical model of the relationship between beliefs and attitude was never intended to be viewed as a model of process, but only as a computational model to capture the output of a process that occurred automatically as a function of learning ... the mathematical expression of the model is only a computational representation and not an algorithmic description' (Fishbein, 1993, page xviii).

Conversely a neural network models, at least in a simplistic way, a similar *kind* of interaction to that observable between neurones (albeit they are also in many ways very different - I would not like to argue for any *identity* of process here, rather that at a minimum this is a *kind* of process that could be supported by a human brain). There is therefore both a possible physiological substrate to support a neural network type process, and some evidence that neural network models designed with very simple learning assumptions (for example the strengthening and weakening of associations based on case exposure proposed by Thorndike, 1913) exhibit many of the effects observed in 'simple' learning experiments (Laland and Bateson, in preparation, see also Harré and Gillett, 1994, Chapter 5).

However I do not want to propose that a connectionist model would solve the problem of predicting and modelling change which Fishbein and Ajzen were trying to address. I introduce the neural network model because it parallels, but more effectively, what they attempted with mathematical models: both approaches focus on the effects of 'incremental' 'absorbing of experiences'. At the same time, the computing power of neural network technology has made it possible to demonstrate that, whilst the shape of a pattern of learning might be demonstrated consistently, neither the timing of specific change nor the response to a novel stimulus² is predictable. The neural net model therefore illustrates the irrelevance of seeking any *predictive* computational formula of human behaviour.

The neural network model perhaps illuminates something of why past behaviour is the best indicator of future behaviour (eg Bentler and Speckart, 1979). But none of these approaches address the 'social dynamics' of change, such as the aetiology of the new experience (for example, whether it was sought out, or a surprise, or imposed, and who else was involved in the making of the experience, and why?), or take adequate account of any effect of a person 'thinking over' a problem, or consciously puzzling about a

²Of course a 'trained' neural network *will* respond predictably to pre-learned stimuli. So, for example, a suitably configured network, or series of networks, can identify handwritten characters of the alphabet after sufficient training stimuli. In social interaction such 'overlearned' processing is possibly relevant to some 'habitual' responses (for example the fairly automatic response set involved in shaking hands if someone puts their hand forward in greeting). Indeed a neural network will respond to a novel stimulus if it is recognised as belonging to a 'learned' class - this kind of 'generalisation' is one of the strengths of neural networks in many applications. What cannot be predicted is how the network will respond if the novel stimulus is not easily 'classified'. Nor the timing or direction of change in behaviour (though it might, in a simple case, help us anticipate possible patterns of change).

contradiction or conflict.

Theories such as deterministic chaos theory and neural networks, providing analogues which are demonstrably closer to human learning (as well as 'feeling' more analogous when seen in action), serve only to lend further support to the argument that change is both complex and unpredictable, as reported by Fishbein and Ajzen. Just as in fluid dynamics it is not possible to predict whether a slight increase in pressure will lead to turbulence (even given all the currently available information such as dimension of the pipe etc) without much more antecedent information (and maybe not even then, Hall, 1992), so it is not possible in psychology to predict the effect of a particular message, or even a particular kind of 'experiential interaction' on a person's subsequent beliefs and behaviour, even with such detailed antecedent information as the individual's life history.

Kippax and Crawford reached a similar conclusion from a review of the TRA literature without resorting to a neural network analysis:

'If human action is conceived of as individual and explicable in terms of cognitive structures and processes then, in order to predict it, a detailed history is required. ... For example, an explanation of the action 'condom use' will require a description of all the thoughts (cognitions) deriving from past behaviour, interactions, talk and so on, which led to its use on each occasion.' (Kippax and Crawford, 1993, page 268.)

The neural network analysis suggests that the kind of cognitive structure envisaged here (record of specific thoughts etc) may not be necessary but also, contrary to Kippax and Crawford's conclusion, chaos theory suggests that even were '*such a detailed account gathering*' possible, the outcome would not be predictable.

Of course this is not a welcome message and perhaps sheds some light on why, although Fishbein and Ajzen's 1975 book is often cited, the section dealing with change seems to be 'overlooked'?

Appendix B: A case study: attitude and race in Fishbein (1967)

Whilst it is possible to demonstrate some correlation between beliefs, attitudes, intentions immediately prior to acting, and behaviour, thus confirming some validity for the TRA model at an individual level, the evidence from larger scale surveys shows that the larger the sample, the less 'prediction' is achieved. I will discuss below that this is of itself a potentially useful finding, however it is a serious problem for most researchers in the TRA paradigm, since it undermines the potential of the model as a tool for 'prediction' and discrimination, which is amongst their key objectives (eg Fishbein, 1993, page xvii; Abraham and Sheeran, 1993, page 22).

Some relevant issues in this area are illuminated, with hindsight, in earlier research into attitudes about race. Fishbein (1967b, pages 396-397) reports a detailed study into 'attitudes to negroes'. He uses this as an illustration of the validity of a 'behaviour theory approach to the relations between beliefs about an object and the attitude toward the object'. This is the nub of the 'attitude' component of the TRA: that 'attitude' equates to the sum of 'belief' x 'evaluation' of salient beliefs. In the reported study

'125 Ss listed what they believed to be the five characteristics that best described Negroes. The ten characteristics of Negroes that were most salient for the population, that is the ten most frequent responses given by the subjects, were then selected for further consideration (eg., dark skin, curly hair, athletic, musical, tall, etc) [sic]' (Fishbein, 1967b, page 996).

Fifty of the subjects were retested two weeks later, using

'evaluative and probability scales to measure attitude and belief respectively ... using the algebraic formula presented above'. He reports that 'Spearman rank-order correlation between estimated and obtained attitudes (i.e., the direct evaluation of the concept "Negro" on the A[ttitude] Scale) equalled .801 (N=50, p<.001).' (ibid, page 997.)

This is quite a high correlation, and appears to confirm the presence of some sort of 'constellation' of beliefs and attitudes that are in some way commensurate. However, in the nineteen nineties the idea that someone would hold a 'generalised' 'attitude to negroes' seems more questionable (and certainly not 'politically correct'). Imagine if we were to ask people to fill in a questionnaire about their general 'attitude to university professors'. Apart from a generalisation that academics tend to be introverts (and I can think of several professorial counter examples), and the occasional moan that perhaps professors are overpaid (which of course I wouldn't encourage any reader of this chapter to believe!) it is difficult to imagine how one might respond. Even the 'white, male and middle-class' epithet is somewhat eroded.

Yet university professors are only a tiny subset of any population, so how are we able to elicit generalisations about whole races? Of course a part of the answer is that this study was conducted in the USA in the early nineteen sixties, when de-segregation was far from complete. The respondents were presumably all-white, and had relatively little experience of anyone 'non-white' as an 'individual'. In a later chapter Fishbein conjectures that despite behaviour change towards non-whites by 'Southerners' after the Civil Rights Act of 1964 '*I doubt very much ... if any of us would really want to say that these individuals have thereby changed their attitudes to Negroes*' (Fishbein, 1967c, page 482).

Yet despite such negative attitudes from whites towards non-whites in many areas of activity as measured by attitude surveys, behaviour towards non-white individuals was not always as adverse as this might have been taken to predict. One of the most illuminating reports of this phenomenon is the study by LaPiere (1967/1934). The first stage of this study was participant observation, as he travelled throughout the USA with a young Chinese couple. Although strong anti-oriental attitudes were often expressed in the USA at that time (more so in some regions than others), they in fact encountered relatively little outright hostility during these travels, and were refused admittance to a hotel or restaurant in only one case out of 251. Yet over 90% of the 128 establishments which responded to a follow up questionnaire some six months after each visit, said they would not admit orientals¹. LaPiere concludes that whilst '*the conventional questionnaire undoubtedly has significant value for the measurement of "political attitudes"*' that is, as '*a verbal response to a symbolic situation*' nonetheless '*it is impossible to make direct comparison between the reactions secured through questionnaires and from actual experience*' (LaPiere, 1934/1967, pages 29-30).

It is clear from LaPiere's account that, if racial prejudices were set aside, the couple in question were ideal potential clients for any of the establishments visited, as they were polite, pleasant, well-spoken etc. TRA theorists might argue that a more appropriate questionnaire study would be to focus on the question of what kind of person would be admitted to any of the establishments, with race as only one amongst many other beliefs and evaluations of a potential client to be considered, and so contributing only a small proportion of behavioural intent. Fishbein has argued that

'generally speaking, the attitudes measured on attitude scales, at least when dealing with attitudes toward specific national and ethnic groups, are attitudes based on stereotypes ... when a person is confronted with a specific Negro, however, his beliefs are likely to be quite different than those that serve to describe "Negroes in general" ... clearly, if a relationship

¹See the original paper for LaPiere's discussion of controls for the possible impact of the original visit etc.

'between attitude and behaviour does exist ... it cannot be found until, at a minimum, attitudes toward the appropriate stimulus object are measured' (Fishbein 1967b, pages 398-9).

However in many ways these considerations simply further highlight the difficulty of gathering any data from which 'predictions' about social behaviour might be made. The focus is again shifted to a more narrowly defined attitude or behaviour, and a wider range of beliefs, evaluations, etc is required to be sampled. This fails to help the social researcher who starts out trying to understand *general* and *predictable* implications of widespread 'political attitudes'.

If Abraham and Sheeran are correct when they say that

'The utility of social cognition models depends critically upon their ability to differentiate between those who do and do not undertake specified behaviours' (Abraham and Sheeran, 1993, page 22)

then the utility of the TRA (and similar models) must be questioned, since it seems that whilst they may be useful in guiding us to ask relevant questions when trying to understand someone's behaviour, there is little evidence that they help us predict which individuals, let alone (as these theorists would prefer) which groups of people, will undertake a particular behaviour.

On the other hand, there must be some question whether the form of 'prediction' demanded by Abraham and Sheeran is what we really need or, even if desirable, whether it is possible.

The TRA seems rather to provide a model which illuminates some of the complexity of factors which might contribute to someone undertaking any particular behaviour (or not), and evidence from survey research based on the TRA indicates that the larger the sample size, the greater the apparent variability between beliefs attitudes and behaviours.

A final comment on the research cited in this section is the apparent 'datedness' of the research into racial attitudes, or at least of the format of writing about this research. It is as non 'politically correct' that Fishbein assumes that a person who has beliefs is necessarily male, as is his use of the outdated term 'negro'. Yet the discomfiture in reading these reports, whilst triggered by such outdated terminology, arises far more strongly from a recognition of the imbedded and unreported assumptions they display; for example the way the questions are written with the expectation that the 'subjects' of the survey will inevitably be non-negro, or non-oriental.

Of course I do not wish to suggest that Fishbein, or any other of the authors writing in this mode, is either particularly racist, or could have written or researched with any other set of assumptions at the time of the study - indeed much of the research was undertaken in a spirit of strong support for

the de-segregation of the 'Civil Rights' movement. However, these reports provide a particularly striking example of how both attitudes, and related behaviours (including for example, writing style, as well as 'who gets to university to fill in questionnaire surveys') have changed over a few decades.

I have already discussed how the TRA and similar models are limited in their ability to address the topic of change. This research also demonstrates how the implicit assumptions of the researcher can lead to an inappropriate narrowing of the scope of the research. There are no easy answers to this particular problem, but a discourse theory approach suggests that analysis of these very same implicit assumptions and 'taken for granteds' of our view of some topic might reveal more about the psychology of social behaviour than is achieved by gathering responses to attitude surveys, even when devised around as sophisticated a model as the TRA.

Appendix C: Coming to terms with relativism

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In the following sections I discuss some of the issues which seem continually to re-emerge in 'discussions' between psychologists operating from within more traditional paradigms in psychology and those adopting a discursive approach.

Much of this debate typically 'falls' between the cracks of tricky concepts such as objectivity, relativism and prediction. An adequate treatment of these issues would require a volume of its own and most 'glossaries' serve more to hide than reveal the complexities. For example Burr's (1995) glossary entry on 'relativism' gives no indication of the richer and more sensitive treatment of the topic in the body of her book. On this point I am inclined to 'side' with earlier discourse theorists who eschew 'definitions' on principle.

What follows is little more than a 'working draft' which I developed in an attempt to 'come to terms' with these concepts, but it also includes a tentative exploration of considerations such as the ethical implications of such research. So I include it here partly as a marker of my struggle with the concepts and partly because it serves in the stead of a glossary - as some explanation of the usage of such terminology here.

C.1 Objectivism

One difficulty in attempting to discuss issues of critical difference between 'discursive' psychology and 'what has gone before' is to find a suitable 'snappy' label for the 'what has gone before'. Traditional psychologists generally justify their stance on the basis of 'being scientific', which is taken to include much of the modernist principles of logical positivism, empiricism, and objectivity, leading to a concentration on the 'subject' of psychology as the individual (see eg Henriques et al, 1984, Hollway, 1989).

It is tempting to use the label 'scientific' paradigm psychology for this traditional approach, but I am loath to cede to these earlier procedures *all* the kudos attaching that label. (Indeed I would venture to question whether proclaiming 'objective!' and 'statistical!' loudly is quite sufficient to warrant the label scientific.) In some instances 'modernist' is appropriate, but this tends to carry perhaps more of the weight of logical positivist philosophy than is entirely appropriate. Hollway (1989) uses 'individualist', which certainly highlights the distinctions that she, along with Henriques et al (1984), wants to emphasise for the subject/subjectivity debate. However I have a slight problem with it in that it seems to carry some implication that any alternative might be 'collectivist', that is it sounds as if one wished to abandon the 'individual' and shift camps back to *only* the 'social' - which is precisely what I would argue discursive *psychology* is attempting to avoid (and is what Hollway suggests should be avoided, see Hollway, 1989, Chapter 2).

Probably the most frequent criticism of a discursive approach is that 'it is not objective', as though that were the major criterion for being 'scientific'. And certainly discursive psychologists would reject any suggestion that they are objective (see below for further discussion of this particular issue). Another banner of the various traditional schools is that their work is empirical. However, in this case there is not such a distinction between them and discursive psychologists, who, although they are prepared to deal with topics such as 'expressed ideas' which tend to be anathema to the 'objectivists', nonetheless are concerned to theorise from a base of observed and carefully recorded data.

In sum I can find no simple solution to this problem. I will use labels such as 'modernist' and 'individualist' wherever it seems appropriate, since these terms are to some extent already established in the literature. I might try 'objectivist' from time to time, since (like 'Christian', which was originally coined as a term of abuse) it is a label which the adherents might be pleased to acknowledge.

C.2 'Objectivity' or 'Critical Subjectivity'

The 'objectivist' claim then, is that discursive psychology is of no lasting value since if one abandons the neutral ground of 'objective' observation one is left without any firm foundation on which to build a sound, non-contentious, edifice of knowledge. The initial discursive response tends to be that one cannot be completely objective, so 'objectivists' are claiming a 'mythical' position. A fairly simple 'next step' for the objectivists is to argue that, yes, of course they recognise it is difficult to put one's own prejudices and preconceptions to one side, but at least they *try*, and that means they can progress the development of knowledge.

Of course if one is attempting the impossible then any energy expended in that direction is ultimately *potentially* wasted¹. However, this response does not adequately address the criticism which is implicit in the 'objectivity' claim. The implication is rather that if you abandon objectivity then 'anything goes'. One can assert any arbitrary standpoint, and from there make any arbitrary interpretation of the data. There will be no position from which this interpretation can be challenged, but it 'won't mean anything' for the world at large. Now I am not entirely unsympathetic to this criticism, since I have sat in on one or two second rate conference papers where this seems to be just the position being claimed. However, 'I'm taking a standpoint, so what I say is valid' is as dubious an argument as 'The statistical test is significant, so my theory is true'. The appeal to a single element of any theoretical or methodological approach is clearly inadequate validation for any piece of research.

It is *not* the case that because 'objectivity' is abandoned as an attainable goal then 'anything goes'. The discursive theorist is as much at pains to understand all the potential subjective compromises in their research as an 'objectivist', perhaps even more so. However unlike the 'objectivist', the discursive theorist makes no claim that all subjectivities have been taken into account and set aside. Rather s/he is concerned to identify all the subjectivities that are apparent, consider *how* they should be treated in the present research, especially those which it is not possible to set aside (usually most of them if the research is to retain any ecological validity), and then review them again to consider their discursive implications, all the issues of power of the interviewer, etc.

Notice that the discursive response to the initial objectivist objection might have been that the notion of 'neutral ground' was only ever mythical, and any knowledge founded upon it was therefore undermined at first base. However, since many of us 'grew up' with the modernist belief in 'objectivity' as the secure base of all knowledge, I suspect that simply denying it as a

¹Though perhaps not *absolutely* wasted, since many 'hopeless' enterprises turn out to have useful by-products.

valid concept is too big a rhetorical leap in the argument. It is only through questioning our personal ability to find a truly 'objective' position on any topic, that the full 'horror' of its non-existence can eventually dawn on us.

C.3 Reality and Relativism

The extreme difficulty theorists can experience in coming to terms with the relativist implications of social constructionism is nicely illustrated by O'Connell Davidson and Layder (1994) in their book *Methods, Sex and Madness*. It succeeds admirably in achieving their stated aim of providing a stimulating focus for introducing students to the discussion of the many problems inherent in carrying out social psychology research, and in particular in introducing some of the difficult issues which arise once one recognises the socially constructed nature of much (perhaps all) of human experience. However, at the same time as making many observations about the contingent state of knowledge they retain a kind of phobia about the overall notion of 'relativism', and call upon techniques such as triangulation as a basis for discovering 'social reality'.

They present a clear account of the constructed nature of social statistics, starting with a review of the many critiques of Durkheim's use of official social statistics of suicide. They move on to a consideration that the problems of definition, and variability in reporting, imply that for phenomena such as suicide, and more pertinently here, rape, one *could not expect* to produce statistics that are 'valid' and 'reliable' in the conventional sense and then warn that of course in practice similar problems apply to almost any statistic one could think of compiling.

They add, quite reasonably, that this does not mean there is no point in attempting to gather such information, but rather that one must use it with caution, and careful consideration of the probable limitations of what it might convey. They earlier develop similar discussions to illustrate the need for researcher reflexivity. All good stuff, but it is in the course of this discussion that their 'problem' emerges, best illustrated with a few quotations:

'It may seem that there is a danger of reflexivity leading to a form of relativism, that we are asking researchers to be so hypersensitive to their own role in constructing the data that they would lack all confidence in their findings. How can even the most reflexive white male researcher, for example, ever be sure that the picture of social reality produced by his research is generally valid and not a biased or partial portrait?'
(O'Connell Davidson and Layder, 1994, page 53, my emphasis.)

Interestingly this paragraph follows a discussion of the inherent bias in much research, supported with a quote of a tag from a different piece of research

'although this was not a deliberate sampling strategy, all respondents were Caucasian' (ibid, p 53). As a discursive social constructionist I cannot but respond that *of course* research can only produce a 'partial portrait', but if it makes this 'part of the portrait' more generally available to people it is none the worse for that - there is only a difficulty if one cannot 'let go' of the notion of some 'general' 'social reality' which somehow exists 'outside' the experience of every one of the participants, or their accounts - that is, if one perceives relativism as a 'danger'.

O'Connell Davidson and Layder, drawing on early work of Denzin (1970), turn to triangulation for a solution to this problem, and caution researchers to

'look from a number of different vantage points in order to check whether similar pictures are produced. If not, the validity of findings and their interpretation are questionable.'

(O'Connell Davidson and Layder, 1994, page 53.)

They go on to comment that *'oddly enough'* by 1990 Denzin has shifted to a post modern position arguing for the priority of 'local knowledge' (Ibid., page 54). For O'Connell Davidson and Layder the futility of this solution is self evident

'one has only to imagine conducting research with battered women who blame themselves for their husband's brutality to see that a method which precludes questioning the subject's [sic] version of reality is extremely limited.' (Ibid. page 55.)

Precluding *questioning* any version is of course extremely limiting - but so is *denying the validity* of any version. If a woman is *experiencing* some kind of culpability in being battered it is surely more helpful to know that, than to try to communicate with her on the basis of some different (and therefore *incorrect*) assumption of *her* interpretation of her situation? Moreover it is unclear what 'social reality' O'Connell Davidson and Layder would offer the woman as an alternative: 'victim'? 'stupid (for staying around)'? Certainly one has seen and heard women in such a situation characterised in these ways - but perhaps maintaining some sense of responsibility within the interaction helps maintain a perception of potential control, with an associated enhanced sense of self?

That there are alternative *accounts* of the situation is uncontested and is the basis for challenging '*mine is the valid standpoint*' accounts. That one of these accounts is any more *real* than any other is where I part company with O'Connell Davidson and Layder. They do not suggest how any method of triangulation would resolve for them the '*valid*' '*version of reality*' in the '*brutal husband*' case.

However, in arguing that such a resolution is not possible I am not arguing

that gathering alternative accounts does not present a *richer* 'portrait'. And (as I argue in 'intervention' below) these alternative accounts might provide a useful basis for 'questioning', or I would even go so far as to say 'challenging', someone's initial account of a situation, a procedure to be encouraged, particularly if their initial account seems unhelpful (particularly if it seems destructive) to them or to anyone else. Of course, on this basis, challenging the account of the 'husband' might seem particularly appropriate.

Perhaps one of the difficulties for O'Connell Davidson and Layder is this question of what social research can produce. One might say that they forget that, rich or partial, we can only produce 'a picture' - but of course this analogy is of very limited utility from a discursive perspective since it implies 'picture of' something - precisely the problem for O'Connell Davidson and Layder who seem to be seeking some 'essence'. This is further illustrated with another quotation, this time on the topic of 'sampling':

'A study of homosexual masculinity, for example, must recognise that there is subcultural diversity among gay men when choosing participants for a study ... Some men who have sex with men enter, and define themselves as part of, a gay community. Others do not. The differences between 'straight' gays, 'leathermen' and 'drag queens' would likewise be important factors to be taken into account when selecting people for interviews. If the research report failed to describe the particular subculture or subcultures from which the sample was drawn, other scholars and researchers would be unable to assess whether or not its findings and conclusions were generalisable to the gay population as a whole, or valid only in relation to a very small subset of that population.' (O'Connell Davidson and Layder, 1994, page 38.)

Now whilst researchers such as Weeks and Connell (referenced by the authors in this context) *might* discuss 'subcultures' this would probably be to imply 'subcultures' within the overall population (of a town, city, country, ...) rather than, as here, to imply some 'gay population as a whole' with a variety of 'subsets'. One of the aims of at least *some* of the literature highlighting 'differences' has been to undermine this notion of 'homogeneous' homosexuality. The point is not that married men 'cottage' and 'drag queens' are 'small subsets' of some otherwise homogeneous population, but rather that there is no 'inevitable' point of contact between them. They are *discrete* and *different* populations (and discrete and different people within those populations). So, yes, it is important that a research report is as clear as possible (or as necessary for the claims the authors wish to make) about the participants - but the point arising from the socially constructed nature of experience is that there is no necessary 'generalisability' of research findings - particularly on the kind of basis suggested here. Of course one might discover some discourses common to many groups. It is not unlikely that homosexual men are as familiar with 'have/hold' and 'permissive' discourses

of sexuality as most other people in British communities. However, they may *individually* position themselves, or feel positioned, within these discourses in many and varied ways. For discourse theorists any research in this area could only provide 'local' findings - what would be of interest is if these illustrated novel discourses, or novel variants of already known discourses, the implications of these for the potential 'subjectivities' of the participants, and, for social policy based research, the possibilities they afford for potential 'resistance' to unhelpful, or destructive, discourses (recognising of course that it is a 'relative' judgement as to which these are).

C.3.1 Ethics

It is perhaps this lack of an incontestable basis for judging right from wrong which is the most difficult barrier to 'learning to live with' relativity. After quoting Weeks on the controlling subjective implications of the 'normalising' accounts of the 'sexologists' O'Connell Davidson and Layder comment:

'Progressive thinkers today wish to reject this sexual tradition - to abandon the codified system which arranges sexual acts on a continuum from 'perverse' to 'normal' and talk instead of 'diversity'. Sexual acts have no intrinsic qualities and cannot be categorised as 'good' or 'bad' in themselves. Instead acts have only those qualities that are attributed to them by the individuals concerned.' (O'Connell Davidson and Layder, 1994, page 17.)

They subsequently (page 20) consider how such an approach can make more accessible the complexity of power relations in sado-masochistic relationships, and how this might alert us to the complexities of power in any relationship, opening up a more complex debate about the power implications of 'patriarchy' in heterosexual relationships.

However, despite such advantages, this relativist analysis of sexual acts is 'too much' for O'Connell Davidson and Layder, and certainly could not accommodate O'Connell Davidson's discomfort with the accounts of some of her interviewees in her research on prostitution (reported in their last chapter). Perhaps to preclude any charge of 'immorality', the paragraph cited above immediately continues:

'The only remaining divide is between consensual and non-consensual sex acts. Such a position is, of course, highly problematic in relation to paedophilia (at what age is a person able to genuinely consent?), pornography and prostitution (if people are deprived of other opportunities for making a living, can we say that they are freely and genuinely consenting to selling their bodies?), also to extreme forms of sadomasochism ...' (Ibid., page 19).

But there seems a confusion here between privileging the account as a valid account, and making a moral judgement *about* the account. This seems a remnant of the Enlightenment trap of believing that not only can the 'truth' of any situation be known, but that knowing that 'truth' will immediately reveal the rights and wrongs of a situation. This has always seemed to me a dubious proposition (I think I have been a relativist from at least the age of six - it was therefore a great relief at the age of forty six or so at last to stumble on some philosophical terminology for my 'condition'!). It is all very well for the psalmist to yearn for 'the lion to sit with the lamb', and well and good for sheep and lamb, but the lion being a carnivore, in need of a reasonable supply of sound fresh meat for its sustenance, the prospect for the lioness and her cubs is not so bright. Good and evil *must* be relative in a world where life forms feed off each other?

This is not to say that as responsible members of human society we can 'duck' moral responsibility. To say that we privilege an account as valid is not to necessitate that we condone it. In many ways O'Connell Davidson acknowledges this in the final chapter, where she discusses that to *gain* access to the account of a man who travels abroad for sex (including 'buying' young virgins) she must listen to his account without divulging too much of her personal 'prejudice'. She spends considerable time justifying this process, and clearly does (with appropriate cautions) privilege this man's account as 'valid' in the sense of being a fairly accurate account of his understanding of what he did.

Any 'moral evaluation' of the account (or the behaviour, or the man - moral evaluation could operate at least at these three levels, and probably more) must be on some other basis than this 'internal' validity of the account (in the sense of it being the actor's expressed understanding, with some intelligible (if not agreed by other onlookers) relationship to any 'material' effects). Undoubtedly the content (and some sense of 'validity') of the account are essential prerequisites to a moral evaluation within most moral codes. I would hazard (though an adequate working of this proposition probably requires a separate thesis) that any moral evaluation would require some re-analysis of the account to discover how it aligns with the relevant moral discourse. However re-reading an account from within a particular moral discourse will inevitably have some impact on 'meanings' and 'subjectivities'. What does not seem tenable is to deny the account as valid to this speaker. From a social psychological perspective what might be most appropriate here is to attempt to understand what moral construction (discourse) is implicit within the account - partly in the academic pursuit of knowledge, but also since this might provide an initial basis for any effective 'challenge' to the behaviour.

What also seems untenable is to suggest that there is some 'underlying truth' which if we could find it would enable us to resolve the rights and wrongs of any situation. This seems further evidenced by O'Connell Davidson's own irresolution about the moral status of prostitution 'per se'.

Indeed what she seems implicitly to acknowledge is that there is no single concept of prostitution. For her the situation is clearly different between an unwilling Thai girl, and the self-employed English sex worker 'Desirée' who is pivotal to her research². What is interesting here is that whilst O'Connell Davidson clearly manages the relativity of complex and challenging situations on a day to day basis in her research practice, she and Layder still feel it necessary to 'deny' relativism so explicitly elsewhere, yet at the same time acknowledge most of the adjuncts to a relativist epistemology (such as the 'socially constructed' nature of experience).

C.3.2 Rapprochement and 'straw men'

O'Connell Davidson and Layder's avowed objective is to attempt some rapprochement between the positivist science of rationalism and empiricism, and some 'real world' 'common sense'. They develop these ideas in some depth in an early chapter, but the premises of their case are spelt out in a convenient summary:

'Chapter 1 argued that social research should begin from the premise that there is a world separate from our concepts and beliefs, despite the fact that researchers have preconceived ideas, values and beliefs which affect their view of the world. It suggested that it is possible to negotiate a course between the positivist view of social science as producing pure, objective knowledge unsullied by common sense and the relativist view of social scientists as permanently locked into a narrow vision of the world, determined completely by their prior common-sense or theoretical assumptions.' (O'Connell Davidson and Layder, 1994, page 33.)

I do not entirely dispute their first proposition - if I bump into the edge of a table I may hurt myself, and so might anyone else, however they construe the object I perceive as a table. However, unlike O'Connell Davidson and Layder, I do not believe there is one 'objective' 'version' of this object, there for 'everyone to see' which is *per se* more valid than any other version of it. For me it may be a table of more or less functional use and more or less aesthetically pleasing. For a joiner there may be further perceptions relating to how well it is crafted, for a conservationist a teak table might represent

²On the whole O'Connell Davidson seems to rest relatively easily with 'Desirée's' business on the basis that it provides her with an independent income. Yet the financial 'need' of the Thai girls (and their families) is certainly greater than Desirée's (at the very worst she could fall back on state support). Of course there is the concern that the income of the Thai girls is mostly 'raked off' by 'middle men' (of whatever gender) and in their case there is clearly the further issue of consent touched on above. However sex work is not the only hazardous occupation people are recruited into - and even with the contemporary risk of HIV it is possibly not the most hazardous. Classical ballet, formula 1 motor racing, and mining all involve jeopardising the body (along with other deprivations), yet even in the affluent West all are occupations into which some parents actively encourage their children. I have mentioned in the introduction some reasons why 'sex' might be evaluated differently from other behaviours.

primarily a further 'rape' of the rainforests. Someone malnourished may not 'see' the table at all, only the food laid out on it. Whilst any of these perceptions might, with more or less time and patience, be shared with others through techniques of language and gesture, no two people are likely to share precisely the *same* constellation of responses to this object. Nor is there any neutral stand point for judging one version over another, though of course it may be pertinent to privilege a particular version for a particular purpose - the aesthetics for interior design, that of the joiner for an evaluation of durability.

What I can do as a psychologist is to be aware of this diversity and make others aware of the diversity - especially perhaps where social policy issues are at stake. This becomes more relevant when one acknowledges that, unfortunately, there is no inherent difference in the case of the Thai girl, or of Desirée. There are many 'versions' of their situations, and which of us can claim *never* to have compromised our principles in a work situation even from positions of comparative affluence?

Arising from this multiplicity of views leads inevitably to a reconsideration of 'common' sense - clearly there are a multiplicity of 'common senses', and it is not clear to whom they are 'common'. This is far from a trivial point, since it is probably central to the otherwise perplexing nature of most disputes.

Finally O'Connell Davidson and Layder characterise a '*relativist view*' of '*social scientists as permanently locked into a narrow vision ...*' Whilst inevitably social scientists' vision (as everyone else's) will be constrained by their previous experience, it seems odd to suppose that a relativist view will render them '*locked in*' to anything. On the contrary it might be argued that an awareness of the constructed nature of experience might open them up to a wider view of the world and perhaps '*alert*' them to 'versions' more relevant than their own to any current purpose, via precisely the techniques of reflexivity advocated by O'Connell Davidson and Layder.

Rather than '*negotiating a course between*' the two extremes outlined by O'Connell Davidson and Layder I would argue that it is more a question of challenging their premises and discovering a quite different resolution. They are not the first to notice the mismatch between experience based, 'constructed', diversity and the goal of '*pure objective knowledge*', yet, despite a reference list which certainly encompasses work by those familiar with such research they seem to have overlooked the work of social representation theorists on the relationship between scientific knowledge and common sense(s), or discursive analyses which provide a further basis for grappling with diversity and complexity. They seem instead '*stuck*' at a state somewhat akin to the grounded theorists (whom they do discuss) of recognising the symptoms of the socially constructed nature of experience, but being unwilling, or unable, to accept the '*relativist*' implications (see Chapter 2).

C.4 'Understanding and empathy', 'prediction and control', neither or both?

Harré and Gillett (1994) suggest that in social psychology, rather than 'prediction and control' (the long standing goal of 'science'?) we should seek 'understanding and empathy' (Harré and Gillett, 1994, page 21).

In a postgraduate research seminar during 1994, when this topic was touched on, one research student gasped, and exclaimed 'I'm insulted that you suggest I would have anything to do with prediction and control!'

When challenged that most research in the social sciences was concerned at least with enabling the possibility of change (her own research is concerned with issues of schooling) she replied that she was concerned with offering better choices. Challenged that 'better choice' implied someone's personal preference as to what is 'better' she added that conditions should be set up so that students couldn't fail to make the most appropriate choice. ... Now was the time for others in the group to gasp, and suggest that this insidious version might be the worst of all possible forms of coercion.

At this point the topic was dropped - a breathing space for reflection and reflexion seemed appropriate.

This researcher's response is of course not isolated. I use this illustration since it was an occasion on which the points were particularly clearly articulated. However it is a topic that often triggers concern if it arises in undergraduate seminars. It is perhaps surprising that Harré and Gillett leave this rather simplified analysis with relatively little comment.

In the application of social psychology the drive for discovering possible mechanisms of change, if not going quite so far as 'prediction and control', is irresistibly insistent, if only in the sources of funding. Stated at its baldest: funding has become available for social psychology research into sexual behaviour to support a perceived need to modify (ie exert social control over) sexual behaviour in the light of HIV infection, and the discovery that the UK has amongst the highest teenage pregnancy rates in Europe.

Nor is the intent of the funding bodies to improve their 'understanding of and empathy with' the subjects of these statistics, but rather to reduce HIV transmission, the numbers of infants dependant on teenage mothers, and the (state defined) negative health and welfare impact on these young women. And again, the arguments supporting these initiatives seemed not to be advanced in any sense of 'reducing suffering' (though at least in the AIDS case, even as the most non-interventionist minded researchers, we would surely also seek an 'outcome' at this level?) but rather the arguments are advanced in terms of reducing costs to the state exchequer (of health care for those with HIV, as well as the loss of contributory income, given that AIDS so often afflicts relatively young adults, of prime earning, and therefore taxpaying, capacity; and of a perceived prevalence of state dependency

amongst teenage mothers).

Indeed whilst sexologists might always have been accused of an excess of pursuit of pleasure (according to some, including feminists such as Haste, 1992, at the expense of some sectors of the community) they too are clearly motivated by a desire for change, at the least contentious perhaps an increase in the domestic harmony of their clients.

Where does this lead us in the methodology of research?

Attempts at adopting 'scientific' methodologies seem ever more insistently to produce results which point up the complexities of social behaviour, through the gamut of individual, group, societal and national differences - such that it seems there are no 'truths' of sufficiently generalisable weight that they can be offered as any kind of 'universal' guideline to the people who might effect change in social behaviour (teachers, health workers, parents) beyond a weak universalising cry of 'Cavé!' or 'Vive les differences!' (That is 'Beware! a multiplicity of differences are alive and well, and ready to subvert your efforts at every turn!')

Discursive analyses, such as those offered by Potter and Wetherell (1987), Wetherell and Potter (1992), Harré and Gillett (1994), etc offer some illumination of why this is so. If our 'possibilities' are not only biologically and socially constructed, but also individually discursively construed, then necessary assumptions for the application of many 'scientific' methods to social psychology (such as the 'stasis' assumed in calls for test re-test reliability) simply are not met. Such methods are undermined at their inception, though to some extent it is attempts to apply such methodology that have provided the evidence of the very dynamism and diversity which discounts their relevance.

Does this leave us with no more than techniques to analyse idiographic accounts to gain 'understanding and empathy'? Though this would be no trivial achievement it seems an insufficient goal. We may not be particularly empathic towards assisting government reduce spending targets (though, since even beggars and students pay VAT, as taxpayers we are surely all interested in how public funds are allocated?) but social psychologists are usually driven in part by a desire to alleviate the sum of human misery.

I would rather propose that interpreting and persuading are as possible as they ever were, and any increase in understanding the embedded discourses in the 'common (non)sense' of negotiating safer sex will afford further possible sites of intervention. In this sense I follow Harré and Gillett, in that the options are grounded in increased understanding and empathy, there is little expectation of 'broad brush' social psychology based interventions with numerically predictable outcomes (unlike the expectations one might have of a new vaccine). However one might hope to increase the resources of 'argumentation' of the educators.

Appendix D: Parent study, Invitation to participate letter

In this time of HIV/AIDS Britain also has a high incidence of other Sexually Transmitted Diseases (STDs) and teenage pregnancy. (In many cases, such as teenage pregnancy, the incidence here is higher than in other EC countries.) We are carrying out research which we hope may lead to improvements in sex education, through schools and any other appropriate channels.

In this context I would like to interview parents or guardians of 14/15 year olds, to discuss how you feel your personal experience of developing relationships and negotiating sexual behaviour may have helped (or hindered) you when discussing sex with your son(s) / daughter(s).

Please do feel that this invitation applies to you, as we are interested in the whole range of parents' experience with this topic. Whether you are very comfortable with your approach, and feel it is working well (in which case perhaps it can be shared with others) or you find it difficult, or perhaps prefer such topics left to the schools, whatever your experience we would like to hear from you.

As some of the topics of the interview will be of a personal, and possibly sensitive, nature please rest assured that the interview material will be kept in strictest confidence. And if at any stage in the interview you felt uncomfortable with any question you would of course be free to skip that question, or, if you wished, to end the interview.

I'm sure that each of you has some experience that may add to our collective wisdom in improving sex education and sexual development for the next generation. I hope you will volunteer to share it with me.

Appendix E: Parent study, Interview Questions

Questions to be addressed

1. Some information about the children in the interviewee's immediate care. Additional information may also be sought about any other children of the interviewee (grown up and left home, part of another family now, etc.)

2. The interviewee's relationship with the child(ren) in his/her immediate care.

3. The interviewee's perception of issues relating to sex education:

Whose responsibility it should be.

What topics should be covered, by whom (eg self, partner, school, other) and how (teach, discuss, other).

What he/she knows about the school's sex education program, and whether he/she takes an 'active' interest in it (eg discuss at home topics raised at school).

Whether there would be any circumstance under which he/she would withdraw his/her child from all/part of a school sex education program.

4. The interviewee's knowledge of, and views about the play.

5. The interviewee's knowledge of, and views about, his/her child's sexual activity.

6. The interviewee's views about what constitutes 'safe' sexual behaviour and how to negotiate / maintain it.

7. Whether/how he/she would discuss 'safer sex' and/or negotiating relationships with his/her child, whether/how it should be covered in the school curriculum or by some third party.

8. The interviewee's personal experience of negotiating or maintaining 'safe' sexual behaviour. (This may of course be by maintaining a single partner monogamous relationship, as in marriage.)

8a. Whether they perceive this experience as relevant/useful/of interest to a teenager.

9. The interviewee's most recent experience of negotiating, or maintaining 'safe' sexual behaviour. (This may of course be some time ago, say on entering into marriage.)

9a. Whether they perceive this experience as relevant/useful/of interest to a teenager.

10. Any incident the interviewee recalls as being actually or potentially 'unsafe'.

10a. Whether they perceive this experience as relevant/useful/of interest to a teenager.

11. (Only to be asked if Q10 elicited a positive response). The most recent incident the interviewee recalls being actually/potentially 'unsafe'.

11a. Whether they perceive this experience as relevant/useful/of interest to a teenager.

12. Whether the interviewee has any strong or mild religious or other beliefs regarding sexual behaviour. (Clarification of such beliefs if they have emerged in response to earlier questions.)

Question Schedule

[supplementary questions in () brackets. Notes in [] brackets.]

(Short introduction, explaining the reasons for the interview)

Is it a boy or girl you have in 'xxx' class?
and how old is he/she?
and can you tell me how you are related to him/her please?

Thankyou, and do you have any other children, living with you now, or have lived with you in the past?

(same question set as above for each child.)

Today I'm particularly interested in discussing how you approach questions about sex education with your children. I'd like to focus the questions around how you are approaching this topic with nnn (the pupil in xxx class), but I'd be interested if this is in any way different from how you've talked to any other of your children, as we go along. Do you have any questions before we begin?

First I'd like to ask who you think has, or should have, most responsibility for nnn's sex education?

(If necessary prompt: eg You? Your partner? The school? Anyone else? - If the latter ask for more details.)

What sort of things do you think are particularly important that nnn should know about sex?

For each topic mentioned ask additional questions:
and who do you think should cover that?
and what do you think is the best way of introducing that / discussing that ?
[prompt with checklist (see Appendix F) and prompt with anyone mentioned in 'who's responsible' if answers get 'stuck' - but preference is to conduct interview then try out the checklist only at the end, to see parent's response to anything he/she had not volunteered]

I'd like to ask you some questions about school sex education now.
[assuming the whole previous discussion wasn't about school sex ed, in which case skip this line!]

Can you tell me what you know about what is covered in the school sex education curriculum?

Do you ever talk to nnn about sex education topics that have been covered at school? (For example might he/she mention in the evening 'Oh, we had a lesson on ... today' and you would discuss it?)

Did you hear about the play 'Just be good to me' that nnn's class saw in March?

Do you know what topics were covered in the play?

What do you think of the idea of them using that kind of play for the class?
what aspects do you think were especially good (bad)?
what do you think the play achieved?

Did you discuss the play with nnn after he/she saw it?
what topics in particular did you discuss?

We've talked about what is covered by school sex education. Can you tell me what, if any, other topics you think should be covered?

and what do you think would be a good way for that to be covered in the syllabus? (eg taught, discussion, ...)

Have you ever withdrawn nnn from any sex education class? Are there any parts of the sex education program you would consider withdrawing nnn from? Can you think of any circumstances that might lead you to consider it?

We've talked quite a lot now about education. I'd like now to move on to talk a bit about behaviour.

Does nnn go out on 'dates' at all?

and, as far as you are aware, is nnn sexually active?

Does (would) nnn know enough about using contraceptives do you think?
[NB Need questions to explore this a bit further, but depending on what the answers have been in the earlier section on sex education, discussion at home, etc, and format depending on whether interviewee believes nnn to be sexually active or not.]

And if I asked you about 'negotiating safe sex', what would you understand by that question?

[NB Again, follow on questions will depend on the answer to this one.]

Can I ask you, if you were a teenager now, how you would set about putting that idea into practice?

Have you discussed this with nnn at all? [Assuming the answer to this question hasn't come out earlier in the interview.]
(Do you think nnn is aware of your view on this anyway?)

Do you think nnn is influenced by your views about sexual behaviour?

Do you think nnn may have been influenced by anything he/she has observed of your behaviour? (or any significant other?)

[NB Question unlikely to be asked in quite this form, more likely framed as follow on from previous discussion eg. If interviewee emphasises need for contraception, then ask if nnn knows what interviewee uses, and would be influenced by that - similarly if interviewee expresses 'safe equals monogamous' then ask if nnn influenced by interviewee's partnership/marriage etc as appropriate.]

One of the areas we are interested in is finding 'models' of 'safe' sexual behaviour to draw on, with the possibility of learning something from them which we may eventually be able to feed back into sex education at some level. Can you tell me [assuming he/she hasn't already] how you managed the last potential sexual encounter you had which might have been unsafe? [NB if necessary prompt based on previous answers - for example, if interviewee is monogamous, can he/she remember anyone 'making a pass' and how he/she dealt with it? or, if interviewee has disclosed multiple partners in any way (eg this is second husband/wife/partner) then was the topic of 'safe sex' discussed with new partner, if so how? etc]

Can you tell me have you always found this approach successful? Has there been any time when it didn't work, or wasn't appropriate for any reason? (What I'm interested in is that people have say 'good intentions' about what to do, but it doesn't always seem easy to apply them - what sort of circumstances might prevent you using your 'safe' model?)
can you tell me about the last sexual encounter you had that in retrospect you think might have been unsafe?

[At this point, if the interview has been 'thin' then consider going to checklist and ask about each topic in turn, should it be covered, who by, how etc]

Before we finish the interview can you tell me if you have any religious beliefs which relate to sexual behaviour? (or any other beliefs or views that are relevant?)

and is that important to you? (can you give me an example of how that might affect your behaviour / what you would do?)

Thankyou very much for your time and your input to the study. Are there any questions you would like to ask me before you go?

Appendix F: Parent study, Checklist

The following checklist, drawn from a contemporary questionnaire based study, was used to prompt discussion about further topics if parents had not already raised them.

Sex Education - possible topics

How we grow - from conception to adult

Changes during puberty - physical

Changes during puberty - emotional

How a baby is made (conceived)

Contraception

Prevention of infection from HIV

Prevention of infection from other STDs

The role of pressures from others (eg friends) to experiment and take risks

Legal restrictions on sexual behaviour

Moral/religious restrictions on sexual behaviour

The influence of the media (eg the behaviour of 'soap' stars, pop stars, etc)

Role playing different or difficult situations (eg saying no to tobacco, drugs, alcohol, or negotiating condom use)

Obtaining sexual pleasure without intercourse

Appendix G: Main study - telephone contact

The phoneline costs 50p per minute, and it takes about 20 seconds minimum to get through to leave a message, so to keep costs down (both for making the call, and for the potential interviewee) it is necessary to keep the message as short as possible, whilst including sufficient information to persuade someone to call back. Given the nature of this contact the message needs to be fairly informal:

'Hi! My name is Denise¹ and you can reach me on ... I'm a postgraduate student at Southampton University. I'm sorry this isn't a social dating call, but I would like to meet you. I'm carrying out some research about how people approach this kind of voice dating service and I'd like to include your views. If you would like to hear more, give me a call. If I'm not there leave a message and I'll call you back. I must stress this is confidential formal research (no journalism), and people have quite enjoyed the interview in the past! Many thanks for your time.'

When anyone makes contact the discussion may be reasonably free format, but the following main points must be covered:

Thank you for returning the call.

The research is about managing risk when dating, including those

risks relating to the intimate aspects of any potential relationship.

Do you think you might be interested in taking part in an interview?

It will be held in an office in King Alfred's College Winchester.

Arrange a time.

Do you know how to get there?

... directions ...

Meet you in reception.

I would like to record the interview (to make sure I don't overlook any of the points you make) will that be alright with you?

Do you have any other questions?

¹Surname will not be given, as a security precaution (in line with 'Heartlines' guidance). Although this message seems a little 'informal' it is felt this is appropriate in the context.

Appendix H: telephone contacts via 'Heartlines', (not) recruiting men

I began the main study concerned that it might be difficult to recruit women via the Heartlines telephone route, but fairly optimistic that it would not be too difficult to recruit men since they might be a little 'curious' about a woman carrying out this kind of research. This proved a misplaced optimism, and I must acknowledge that my supervisor Dr Roger Ingham was appropriately sceptical from the outset.

Of the thirty one men for whom I left an 'ambiguous' message via Heartlines (see Chapter 7, Main study - recruiting difficulties) about half returned my call, a few ringing off fairly abruptly, and not unreasonably, when I explained about the interview. However ten expressed more interest, some saying they were prepared to answer questions over the telephone but not to meet, others making some (in the event abortive) arrangement for an interview. These calls proved interesting, if, for the most part, somewhat frustrating from a recruitment perspective not least because a number of appointments were made but not kept. The following is a brief summary of these ten.

One was entirely 'up front' saying '*I'm only interested in my own problems, not all the world's problems*' and wishing me '*all the best*'. He did add that when I was hesitant at the start of the call '*I thought you were going to say you were a bloke actually - that's happened to me once*'. He also added that he was not interested in marriage and family '*quite honestly I'm past me sell by date for that*'. He was just interested in someone to meet maybe once or twice a week, to go for a drink and a chat.

On this last point he was a little unusual since most of these men expressed an interest in finding a permanent relationship, two or three lamenting the fairly casual attitude of some of the women they had called and/or met. Interestingly this sense of focused intent seemed to coincide with a somewhat 'disillusioned' view of relationships, if not the world in general. One commented '*Don't trust the world*' and another talked about '*when you're getting over a dreadful marriage like mine*'. A third, talked about '*licking his wounds*'. When I explained the topic of the interview would be about sexual risk taking he commented '*not me then*' since he had not had a sexual relationship in the eight years since his wife died. He emphasised that he believed in marriage, and in answer to the question about what he would do if someone 'came on' to him, commented that women only did this if they were looking for an '*emotional crutch*' they were some of '*life's casualties*' and should get themselves together before using this dating service. He then contradicted his earlier position by saying he was only interested in meeting for a drink and conversation. He commented that some of the women he had met had been treated badly, but this was followed by what seemed a further contradiction that '*women and men can't be friends*'. It would have been interesting, but unethical, to record these

conversations to explore whether there were some more coherent underlying themes.

Three of the men said they could not arrange an interview right now, but might in the future, two giving me a telephone number. The third declined to do this (and whilst he had not used 141 to with-hold his number via British Telecom it seemed unreasonable to use it). He did not call back, perhaps not surprisingly since he had been 'overwhelmed' by the twenty four messages that had been left for him (these all on the first day). One of the remaining two also reported 'lots of replies' and declined when I called back to arrange the interview. The third had expected to be in the local area at some time, but unfortunately was not.

Four other men attempted some arrangement to meet. Two did not turn up at the agreed time for the interview, one of these even at a second attempt with a re-arranged time at *his* instigation. A third 'stood me up', despite being at the station where I had arranged to meet him, wearing, as he had promised, '*a yellow top, blue jacket, brown trousers, and red shoes*'. When I approached and said his name he looked flustered and said 'no, no' - not a great boost to my ego! I had been very clear that I was somewhat older than him, and only interested in an interview - but had suspected that he was more interested in dating than the research, even before the (none) meeting.

At least three of these men seemed not fully to grasp that I was serious about the interview. One only visits this area from time to time, and despite my turning down all proposed meetings (since he has expressed no interest in the research) he nonetheless phoned again in August 1999, fifteen months after the initial contact.

Quite late in the interview period there was a further reply to one of the messages left via Heartlines, and this last male was recruited *and* kept the appointment so contributing the final interview.

Appendix I: Main study, flyer

Are You
Age 35 - 50 ?

Started a new relationship within the last 18
months?

Prepared to talk about it?

Would like to take part in University based
research?

To find out more:
phone Denise on 01962-851187

(all information fully confidential)

Appendix J: Main study, advertisement

The following text was placed as a small 'box' advertisement in the Winchester Extra in March 1998:

Can you help?

As part of a university based research project I would like to interview people in their late thirties and forties about meeting new possible partners. If you have used Heartlines, or a similar dating agency, in the last 18 months and would like to take part in this project, please give me a call.

To find out more:
phone Denise on 01962-851187

(all information fully confidential)

Appendix K: Main study, Interview Questions

Questions to be addressed

1. Some demographic data: age, marital status, occupation (and see post-interview questionnaire).
2. Reasons for seeking to meet someone through 'Heartline'.
3. Kind of person/relationship sought.
4. Whether that relationship might become more intimate, even sexual, and how that would be negotiated (including how any 'unwanted' advances would be managed).

Subsequent topics will only be addressed if they are relevant to this interviewee (eg if no sexual experience, or unwilling to discuss this, then related questions will not be asked).

5. If the interviewee has ever had a sexual relationship then how, in the most recent case, that came about. (Who instigated the change in relationship, feelings associated with this, etc.)
6. What preparation/planning there was for first time sex in the most recent sexual relationship. (Open at this stage, to discover whether contraception, 'safe sex', etc. are volunteered as salient.)
7. Perceived 'meaning' and 'success' of this encounter. (Research interest here is what kind of meanings people attach to a sexual relationship (we know this is very varied) and what people consider 'success' in such relationships, as well as any effect of planning on 'successful' outcome.)
8. The interviewee's views, practice and experience relating to contraception.
9. The interviewee's experience of any health related problems associated with sex (general health problems such as cystitis etc. excluding sexually transmitted diseases, (STDs)).
10. The interviewee's views, practice and experience relating to STDs (including the interviewee's views about what constitutes 'safe' sexual behaviour and how to negotiate / maintain it. This may of course be by maintaining a single partner monogamous relationship, as in marriage.)
11. The interviewee's most recent experience of negotiating, or maintaining 'safe' sexual behaviour. (This may of course be some time ago, say on entering into marriage.)

12. Any incident the interviewee recalls as being actually or potentially 'unsafe'.
13. (Only to be asked if Q12 elicited a positive response). The most recent incident the interviewee recalls being actually/potentially 'unsafe'.
14. Any aspects of using 'Heartline' the interviewee considers particularly risky or worrying (location of first meeting, etc.) and any strategies adopted to minimise this risk.

12. Whether the interviewee has any strong or mild religious or other beliefs regarding sexual behaviour. (Clarification of such beliefs if they have emerged in response to earlier questions.)

Question Schedule

[Supplementary questions are in () brackets. Notes in [] brackets.

Selection of supplementary Qs will depend on the interviewee, how relaxed / open / comfortable etc. and will aim to reflect the interviewee's language.

Most of the direct questions about strategies for meeting etc. are left to the end, in order to see whether people volunteer that they have thought about 'strategising' rather than imply they should (which could lead to fabrication). The questions at the end should pick up on anything not covered earlier.]

(Short introduction, explaining the reasons for the interview.

Remind participants that they may decline to answer any question, and may withdraw from the interview at any time.)

First I'd like to ask you just a few general questions about yourself.

According to your 'ad' you are 'age'? [quote age from Heartlines entry]

Ask marital status, (how long single/separated/whatever).

Do you have any children? (ages etc)

Ask about living arrangements (accommodation, who with, etc - taking into account answers to Qs above).

Now I'd like to ask you just a few questions about using Heartlines.

1. What would you say are your main reasons for seeking out a partner [friend/etc depending on ad entry] through heartline?

2. What sort of person are you looking for? [word this to acknowledge anything in the ad]

(Is there anything you would find particularly attractive/unattractive? How would you decide that you might be interested in more than just companionship with someone? [If only seeking companionship skip to Q4, then use questions selectively depending on responses])

Is there anything you would find a particular 'turn on' / 'turn off'?)

For this piece of research we are particularly interested in what happens if the relationship becomes more intimate, would you mind answering a few questions about that?

[If interviewee would mind, or has indicated 'companionship only', then probably limit questions to 4, and then 18ff.]

3. If you were more interested in the other person, have you any thoughts about how you might try to make that clear to them? (Have you any thoughts about how you might make a sexual advance towards the other person?)
4. Have you any thoughts about what you would do if the other person made a sexual advance towards you?
(Would you expect the other person to make a sexual advance towards you?)
Is there any particular situation you might expect to lead to a sexual advance?
Is there any particular cue you would read as a sexual advance?)
5. How would you decide how to respond to a sexual advance? [or 'to make' ..]
(What would you be most likely to think about?
What sorts of things would you be looking for in a sexual partner different from just a companion?
How might you decide 'yes, go for it'?)
6. When was the last time you started a new relationship which became sexual in any way? (Is that relationship still ongoing? Have you been involved in any relationships since then? [ie new but non-sexual, return to previous relationship, etc.]
**NB. total number of sexual partners will be asked via questionnaire at the end.]*
7. What sort of 'feelings' do you experience when you start a relationship with a new partner? (none? expectations? nervous? unsure? over-eager? about sex? body changes?)
8. At what stage in a new relationship are you likely to think about sex?
(what about with the last person?
are there any particular 'triggers' that are likely to make you think about sex?
what would you take into consideration before you decided?
anything about the partner/situation/you that have made you 'think twice'?)
9. The last time you had sex with a new partner, how did you approach the subject?
(Did you plan ahead of the 'date' at all?
Did you plan at all on the day/evening of the date?
Where did it happen? I mean what kind of location, I'm not asking for an address!
What did you do earlier that day/evening?
What about immediately beforehand?)

10. And just in outline can you tell me a bit about what happened?
(Any particular thoughts going through your head at the time?)

[The following questions are more 'leading', to pick up on any topics not volunteered in the earlier, more 'open' questions.]

11. Did you enjoy it? (Because people don't always, especially first time with a new partner?)
(Any particular aspects?
Any particular thoughts about it afterwards?
Have you had sex with the same partner since?
Any particular different thoughts and so on since the first time?)

12. What did it 'mean' to you to have sex with that partner at that time?
(For the relationship? For yourself? For the partner?)

13. Did you discuss contraception at any stage?
(Did you use any contraceptive?
Did that worry you?
How would you feel if you(r partner) got pregnant? thoughts on having (more) children?
Would it change the 'meaning' of the relationship?
Whose responsibility is contraception?)

14. Have you (or a partner) ever experienced any health problems associated with sex?
(eg many women have problems with thrush/cystitis at some time, men don't always get an erection 'to order' especially as they get older.
Did that affect the relationship at all? Change the meaning of the relationship?)

15. Are you aware of STDs? Have you had any experience of STDs?
(stories from friends?)
(Did that affect the relationship at all? Change the meaning of the relationship?) Do you use any barrier to STDs? Not using a barrier is sometimes referred to as 'unsafe sex', would you consider it 'unsafe'? ([if not] Why not?)

16. Is there anything [e/se] that has led to a *big* change in your perception of a relationship? (Anything else?)

17. *[Depending on whether un/protected ask similar questions about the last occasion (if any) of the opposite.]*

All interviewees:

18. Are there any aspects of meeting people through using Heartline that you think are particular risky? [apart from the now obvious one of being pestered by research students!]

(phone number, first meeting, first visiting home, etc, any related to sex)

19. Is there anything you consciously do with the aim of minimising any of those risks?

(Not meeting in certain places? Not 'going back'? Avoid alcohol? ...)

How do you decide the 'suitability'/'riskiness' of a potential partner?

How important / useful are 'first impressions'? What would you look out for?)

20. Is there any aspect of dating someone this way that you consider particularly 'scary'?

(Any 'mismatch' between someone being attractive and seeming safe?)

21. *[If the interviewee has expressed any interest in sexual relationships]* Is there anything you consider particularly 'scary' about getting into a new sexual relationship?

[Possible supplementary questions, drawing on question format from 'parent' interviews - could be useful if refuse 'personal' questions]

22. And if I asked you about 'negotiating safe sex', what would you understand by that question?

(How do you set about putting that idea into practice?

Have you always found this approach successful?

Has there been any time when it didn't work, or wasn't appropriate for any reason? *What I'm interested in is that people have say 'good intentions' about what to do, but it doesn't always seem easy to apply them - what sort of circumstances might prevent you using your 'safe' model?*

Can you tell me about the last sexual encounter you had that in retrospect you think might have been unsafe?)

23. Before we finish the interview can you tell me if you have any religious beliefs which relate to sexual behaviour?

(or any other beliefs or views that are relevant?

and is that important to you?

can you give me an example of how that might affect what you would do?)

Thankyou very much for your time and your input to the study. Are there any questions you would like to ask me before you go?

Appendix L: Main study, questionnaire

Questionnaire: Demographic data. *Participants will be asked to fill in this questionnaire at the end of the interview, to confirm some data given at the start of the interview, and to collect a few more details, primarily so that any striking deviations from the range of responses found in the general population can be noted. (There will not be sufficient participants to subject the data to any meaningful statistical analysis.) Although some of the questions may seem a little threatening 'cold' it is anticipated that by the end of the interview such questions should seem quite acceptable.*

Questionnaire

Thankyou for participating in this research.

Before you leave I would appreciate you spending just a few minutes filling in this questionnaire, which is, of course, both anonymous and confidential.

Please try to answer every question, as this information will help show the range of people who have taken part in this research. If there are any questions you are unsure about please ask for an explanation. Of course if there is any question you would really rather not answer then do leave it blank and move on to the next one.

Please confirm or answer the following questions (by entering the appropriate information, or circling the appropriate choice):

Age: _____

Gender: M F

Status: Single Married Separated Divorced

Occupation: _____

Religious affiliation: _____

Do you consider yourself 'sexually active' (eg are you currently in a sexually active relationship)?

Yes No

How many sexual partners have you had throughout your lifetime?

How old were you when you first had sexual intercourse?

Do you have any children? Yes No

If 'Yes' could you indicate their age?

Boys: Ages _____

Girls: Ages _____

Could you 'circle' any who are, as far as you know, sexually active?

Many thanks for your help and co-operation with this research!

Appendix M: 'Headings' used for analysis of Main Study

Transcripts were analysed, and a note made of any section of text relating to the headings below. References to these sections (transcript, page and line numbers) were recorded on 6x4 cards, in a cardfile, along with as much of the text as was felt necessary to indicate the substance and context of the text to enable the first pass at selecting and organising topics suitable for further analysis and write-up.

Numbers in brackets indicate the number of (double sided) 6x4 cards used for each heading. These provide only a rough indication of the 'quantity' of material under a particular heading, due to the variability in the length of selected texts, amount of context included, etc. Selected text might be filed under one, or many, headings - for example an account of use of a condom might include some description of a partner, personal feelings, etc. The selections might therefore 'overlap'.

Headings, and their 'grouping', emerged as analysis progressed. Some were merged or split in the process. On some occasions it proved appropriate to duplicate sub-headings under more than one major group.

There is no relationship between headings and 'level of analysis'. Any aspects of the texts felt to be of potential interest were selected, and referenced, so that as wide as possible a range of aspects of the data are available 'at a glance'. Some headings relate to 'content', some to apparently 'ascribed meaning', some to linguistic or 'conversational' aspects of the texts (particular 'turns of phrase', or notable hesitations, etc), some to frequently mentioned 'issues' (such as loneliness, or the 'cost of dating', etc.), a few to 'instantly' recognisable references to previously documented 'discourses', and so on. This provides a basis for discussing the data at a number of different levels: specific findings about 'safe sex' practice (or the lack of it), precursors, implications, the extent to which participants demonstrated awareness of implications, as well as more 'tenuous' aspects such as how 'conversational' clues might indicate uncertainty, embarrassment, etc.

A card index file was selected in preference to any computer based approach for a number of reasons, including the storage capacity and speed of my (now aging) home computer, and a concern to limit the number of hours spent in front of a VDU. However the major reason was the 'at a glance' nature of this kind of 'hard copy'. The files fit comfortably into two 10" x 6" filing trays, with major headings clearly visible. Additional 'visual' cuing is provided by some 'colour coding' of the entries: pink for headings relating to 'sex', blue for 'safe sex', green for 'health/medical' issues, buff for general dating/relational topics, white for 'background' topics, and green again (the colour range was limited) for language, discourse, etc. Unlike selections on a computer screen it is quite easy to access entries from

different parts of the database, lift them out, compare them, note cross references etc. However, careful recording of source, page and line references, means it is also easy to get back to the original text using a word processing package.

The latter can also be used to 'search' texts where necessary to identify further references to a topic. However this latter approach is quite limited, since the text selections highlight that different participants, or the same participant on different occasions, might use very different language to discuss, for example, a common 'topic'.

The cards are organised into five main groups, covering three hundred and ninety eight headings in all, organised into thirty nine sub-groups.

The first sets of headings relate to interviewee's accounts of their background, approach to dating, and relationships:

Background

Lifestyle [4]
Being/Living alone [3]
Someone around (lodgers, etc.) [1]
Cuddles etc (need) [1]
(Close) friendship group [3]
Friends vs Relationship [2]
'Incestuous' [1]

Dating

Why date (or not) [4]
Why others date [1]
Need / Pressure / Desperate [1]
cf relationships:
desperate/dependence
Women watching [1]
How meet [4]
cf not interested
Using Heartlines or Agency [9]
Date - approach [2]
'Chat up' / overtures / first moves [3]
Pursuit / Intent [2]
Date? - not interested [1]
Date? - response [2]
First date [3]
Dating new dates [1]
cf 'Eat your lonely heart out'
Date - not working out / No go [2]
cf Relationship: rejection
Date - strategy [1]

Dating behaviour comments [1]

Date - 'advances' [1]
cf Relationship - development

Description (of date/partner)

Partner descriptions (general) [10]
Critical description [2]
Partner 'ideal' [6]
cf sex: approach, considerate+
not interested [1]
Attraction / fancy [1]
'caring and considerate' [1]
Communication [1]
Compatibility [1]
Humour [1]
Location (where live etc) [1]
'Looks' [1]
cf attraction
'Open' [1]
Possessive [1]
Sexual organs - explicit comment [1]
3rd party comments on date/partner [1]
'Wrong person'/'Right person' [1]
Violence [1]

Relationship - progression

Approach to relationship [3]
cf casual sex, fling, etc
Rebound
Friendship -> relationship [3]

Start, no-go [2]
Reservations (reserve judgement, uncertainty, ambiguity [2]
Start, good [1]
'Build up' [3]
 cf *approach, friend -> relationship*
Progressions [4]
Marriage (reasons) [1]
'Future' [1]
Rejection (Real / Seeming) [1]
 cf 'chucked', *dating: not working out*
Relationship - not working out [1]
 cf *relating: problems*
Maintaining a 'problem' relationship [2]
Ending a relationship [10]
Relationship -> friendship [1]
Relationship <-> friendship [3]
'Best wishes' [1]
Moving away / moving on [1]
Relationship - recovery from [3]
 cf 'Rebound'
Relationship - thoughts after [1]
Important dates [1]

Specific Relationships

cf *Children: father/mother of ..*
'Other' - terminology etc [1]
Affair [1]
'Mistress' [1]
Marriage [2]
'on-off' relationships [1]
'Parallel' relationships [5]
Prostitution / Escort agency [1]
'wife' / 'husband' / 'wifey' [1]
Other's relationships - family link [1]

Relationship - attributes, etc.

'Relationship' - description [1]
Attraction [3]
 cf *sex: attraction, date: ideal, chemical/physical*
'Care' [1]
Comfortable [1]
Commitment [2]
 cf *R. Relating: commitment*
Desperate / Dependence [2]
 cf *Gender, need/pressure, living*

alone
Discreet [1]
be Happy [1]
Jealousy [1]
 cf *possessive*
Know each other [1]
'love', 'in love' [3]
 cf 'the real thing'
feeling Safe [1]
Security [1]
'the Real thing' (or not) [1]
 cf *sex: fling*
Romantic [1]
Sorry for ... [1]
 cf *language: poor cow, poor sod*

Relationships - relating

Relationship 'is' [1]
Arguments [1]
Communication [3]
Compromise (or not) [1]
Culture/Race [1]
Effort [1]
Emotional [1]
Force [1]
Mistakes [1]
'Needs' [1]
Physical [1]
Problems [3]
 cf *race, sex: problems*
Sharing [1]
 cf *Paying: gift, Background: alone*
Uncertainty [1]
Use/Give [2]

'Paying' etc

cf *Relationship: use / give*
Bargain / Exchange [2]
Business relationship [1]
Cost [1]
'Eat your lonely heart out' [1]
 cf *Morton (1998)*
Effort / Burden [1]
Fair / not Fair [1]
Gift [1]
 cf *Relating: sharing, use / give*
Gratitude / obligation [1]
Money & partner [2]

'Not that cheap' [1]
'Paying for' [3]
 cf 'Eat your lonely heart out'
Paying for sex [1]
'Treat' 'spoil' etc [1]

The next sets of headings relate more specifically to 'sex'

Beds, Living arrangements &

'Staying over'
Space [1]
Living separately [3]
Separate rooms [1]
Sleep together - no sex [1]
Sleeping arrangements - other [1]
'Staying over' [1]
Sex - where [1]

Sex - descriptive

'Sex is ...' [2]
'Good sex' (or not) [3]
 cf orgasm
Ejaculation [1]
 cf oral sex, other things
Erection [1]
Oral sex [1]
 cf safe sex: oral sex
Orgasm [1]
Problems / Frustration [3]
 cf impotence, fear:
Sexual script [1]
Sex in the sixties [1]
 cf casual sex, First intercourse:
ever
Sex - variants [2]
S&M [1]
Touch/petting [1]
Casual sex [3]
'Fling' [1]
One night stand [2]
'Promiscuity' [1]
Most recent intercourse [1]

Sex - emotional/relational

Approach [6]
 cf demand, considerate, Sex - descriptive: casual sex, First i/c: women initiate

Attraction [1]
 cf relationship: attraction
Considerate [1]
 cf approach, relating: force
Demand [1]
 cf approach, frequency
'Fancy them' [1]
 cf description: attraction / fancy
Fat [1]
Frequency [1]
Interested? [2]
Intimate [1]
Jealousy [1]
Lust [1]
Physical / affectionate [1]
 cf description: caring / considerate
Sex - marriage / relationship [4]

'Chemicals'

cf relationship: attraction, sex: attraction
Alcohol [4]
'The chemistry' [3]
 cf First intercourse: feelings before, nature, natural progression
'Hormones' [1]
Physical [1]
 cf sex: attraction, relationship: attraction, Health: impotence

First intercourse (with a new partner)

Reasons [2]
 cf need, closeness
When? [5]
 cf 'in a rush'
'First moves' [8]
'No go' [1]
Women initiating [3]
Planning [5]

cf descriptive: casual sex
'Toothbrush and toothpaste' [1]
cf Beds: staying over
Natural progression [3]
First intercourse ever [2]
Feelings - physical [1]
Feelings/thoughts before [4]
After first intercourse [8]
cf 'in a rush'
'In a rush' [2]
cf women initiating, feeling pressured,
Relationship attributes: desperate,
Relating: Needs
Feeling pressured
cf natural progression

The next sets of headings relate specifically to aspects of 'safe sex'

Safe Sex

'Safe sex' [1]
Contraception [1]
Contraception vs Protection [4]
Family planning [1]
First discussed (when/why) [2]
cf First intercourse: planning
GP Comments [1]
Issues included [1]
Learned scripts [2]
cf Sex - descriptions: sex in the sixties
Negotiating safe sex (or not) [3]
cf first discussed, no safe sex, first intercourse: planning
No safe sex [4]
Responsibility [2]
(safe sex / contraception)

Anecdotes, advertisements & folklore

Adages
Anecdotes, AIDS/HIV
Anecdotes, condoms
Advertisements, media

Saying 'No'

cf personal: assertiveness
Dating - refusals [3]

cf Dating: response

Never on first night [1]
Pass - turned down [1]
cf First intercourse: first moves
Resisting - reasons [1]
Saying 'no - for now' [2]
Saying 'no' - fail [2]
Saying 'no' - feelings [1]
Other [2]

Monogamy (or not)

cf specific relationships
Long term relationship [1]
Monogamy - specific comments [1]
No previous partner [1]
Number of partners [1]
Promiscuity [1]

'AIDS test'

Practicalities [1]
Reason [1]
Stigma [1]
Other [1]

Condoms

Available [1]
Buying [2]
Carrying [2]
cf First intercourse: toothbrush

Who gets them [1]	Self and risk [1]
'Could' use [1]	Sex [4]
'Would' use [1]	Other risks [1]
Argument / strategy [1]	
Insistence [1]	Luck
Reasons [2]	sex
Pros/cons [4]	
Shelf life [1]	Trust
Don't / Didn't / Won't use [2]	'Trust' [1]
Failure and other problems [1]	General [1]
Other methods (safe sex) <i>(mostly contraception)</i>	Safe sex [1]
Abortion/Termination [2]	'Nothing will hurt me'
<i>cf Religion: Life & death</i>	
Celibate[1]	
<i>cf sex: frequency</i>	Fear & Hurt
Contraceptive failure [1]	Doubt [1]
Contraceptives [1]	'Hurt' [1]
Contraceptive pill [3]	Rejection [1]
Coil (IUD) [2]	Sex [1]
Diaphragm [1]	'Scary' [2]
Fantasy [1]	<i>(relates to interview question)</i>
Hysterectomy [1]	Other
Menstrual cycle [1]	
'Morning after' pill [1]	Medical
too Old / Menopause [1]	General health [1]
Oral sex [1]	Psychological health [3]
<i>cf sex: oral sex</i>	Sexual health - general [1]
Persona [1]	'Healthy' [1]
Partner description [1]	Sex is healthy [1]
Sexual history, 'know them', [2]	'Ill' [1]
Sperm count [1]	AIDS/HIV [1]
Sterilisation [1]	Cystitis [1]
Touch [1]	Dyspareunia (painful intercourse) [1]
Vasectomy [2]	'Frigid' [1]
<i>cf sperm count</i>	Gonorrhoea [1]
Withdrawal ('Hold back' 'careful') [1]	Genital warts [1]
'Other things' (no penetration) [1]	Herpes [1]
Risk	Injury [1]
<i>cf Specific relationships: Parallel</i>	Impotence [6]
Babies & risk [1]	Kidney infection [1]
Dating risk (& managing it) [4]	Pubic lice [1]
Instinct / 'know' [1]	NSU [1]
Life is risky [1]	Thrush [2]
Risk group [1]	Seek medical treatment (or not) [2]
Risky place [1]	Talking about medical problems [1]
	STDs - accounts of [1]
	STDs - discussion[1]
	'STD' term not understood [1]
	Wonder if sexually transmitted [1]

Sex Education

Hygiene [1]
Parents [1]
Peer pressure [1]
School [1]
Sources / lack of information [2]

The following sets of headings cover other topics, relationships etc relevant to approaches to primary / sexual relationships

Personal

Age [8]
Assertiveness [2]
cf control, dominance
Body [1]
Career [1]
Conscience [1]
'Control' [1]
'Distancing' [1]
Dominance [1]

Religion / Ethics

Adultery [1]
Consenting adults [1]
Life & Death [1]
'Moral' [3]
Nature [1]
Religion [2]

Baggage

'Baggage' [1]
Complexity [1]

Don't understand [1]
Embarrassment - body, health [1]
Embarrassment - condoms [1]
Embarrassment - # partners [3]
cf Monogamy:
Embarrassment - sexual relationship [1]
Embarrassment - other [1]
Fantasy - life [1]
Humour [1]
Intentions [1]
cf saying no, condoms: insist, beds: sleeping separately
Post relationship 'state' [1]
Possessiveness [1]
Potential (for sexual relationship) [1]
Preference [1]
'Promiscuous' (or not) [1]
Reputation [1]
Self deprecating, actual or strategy? [1]
Self description [9]
cf Dating: agency, Description: partner
Self description - comments [1]

The 'other' partner

cf Specific relationships: parallel
'Actions' of 'other' [1]
Effect on self [1]
Partner leaves 'other' [1]
'Other' as 'not real' partner [1]
Representation of 'other' [1]
Split allegiances [1]
Wife doesn't understand [1]

Step parent & parent-ing

Affect on child (step-parent) [1]
Family influence (general) [1]
Father [1]
Mother [1]
Identity (as step-parent) [1]
Step/parenting [1]

Children

Adoption [1]
Babies / broody / conception [2]
'Having a child' [1]
Pregnancy [4]
Miscarriage [1]
'Children' [1]
Children - safe sex [1]

Child care [1]
Concern / Welfare [1]
Parent of ... [1]
Visiting / seeing [1]

The following sets of headings relate to 'ways of talking' during the interviews

Gender & 'general' groups

Gender - dating/meeting [1]
Gender - desperate/pushy [1]
cf relationship attributes: desperate / dependence
Gender - generalisation [6]
cf First intercourse: women initiating
Gender - labels [1]
Gender - roles [3]
Gender - safe sex [1]
cf safe sex: negotiating, responsibility
Gender - sex [1]
Homosexual / lesbian [1]
Intravenous drug users (IDUs) [1]
'lots of people' / 'most people' etc [1]
'other people' [1]
'unattached people' [1]

Contradictions

Contradiction in account/opinion etc
Variation in account

Reflexive

Reflexive/reflective [6]
cf rhetoric: disclaimer / distance
Comments on others [1]
cf gender: generalisation
'If I'd known then ...' [1]
Regret [1]

Language (words, phrases, ...)

Euphemism (+/- hesitation) [2]
cf 'etchings'
Metaphor [1]
cf 'oddments'
Sexually explicit language [1]
Strong language [1]
'tell straight' [1]

'Wham bham thankyou ma'am' [1]
'Oddments' [5]
(eg 'chucked' 'dirty socks' *etchings*)

Rhetorical / Discursive

cf Personal: self deprecating
Ambiguity/uncertainty [1]
Depends on ... [1]
Disclaimer / Distance [5]
*cf Reflexive:**
Discourses [2]
cf Sex: in the sixties, Safe sex: learned scripts, responsibility
Embarrassment? (language cues) [1]
False starts / hesitation / etc [1]
Use of modals [1]
Repetition - reiteration [1]
Reticence [1]
Rhetoric [1]
Specific reference to language [1]
Speed up / gloss over [1]
Social construct - resist [1]
(Interviewer introduced) terminology [2]

'Meta' discourse on interview process

Question (comment/clarification) [3]
cf Medical: STD term
Interviewee difficulties [1]
Interviewer difficulties [1]
Recall or ? [1]
cf Rhetoric: use of modals
Revelation through interview
Telling me how to ... [1]
Other [1]

Relevant for sex therapy

Change [1]

Intercourse & penetration [1]

Impotence [1]

Other [1]

*(includes eg *frigid*, *work stress*, ...)*

Psychodynamic [1]

Psychodynamic related [1]

(note of other relevant headings)

References

Abbott, S. (1988). AIDS and young women. *Youth Studies and Abstracts*, 7, 38-41.

Abraham, C. & Sheeran, P. (1993). Inferring Cognitions, Predicting behaviour: two challenges for social cognition models. *Health Psychology Update*, 14, 18-23.

Abraham, C., Fife-Schaw, C., Ingham, R., Scott, S. & Sheeran, P. (1993). Quantitative and Qualitative Methods in Health Psychology. *Health Psychology Update*, 13, 15-18.

Adkins, L. & Merchant, J. (Eds.) (1996). *Sexualising the Social: Power and the Organisation of Sexuality*. Chippenham: Macmillan Press Ltd.

Aggleton, P., Hart, G. & Davies, P. (Eds.) (1991) *AIDS: Responses, Interventions and Care*. Basingstoke: The Falmer Press.

Aggleton, P., Davies, P. & Hart, G. (Eds.) (1996) *AIDS: Activism and Alliances*. London: Taylor & Francis.

Ajzen, I. (1985). From intentions to actions: A theory of planned behaviour. In J. Kuhl & J. Beckmann (Eds.), *Action-control: From Cognition to Behaviour*. Heidelberg: Springer-Verlag.

Ajzen, I. (1991). The theory of planned behaviour. *Organisational Behaviour and Human Decision Processes*, 50, 179-211.

Alexander, P. (Ed.) (1974). *The Alexander Text of William Shakespeare: The Complete Works*. Great Britain: Collins.

Allport, G.W. (1967). Attitudes. In M. Fishbein (Ed.), *Readings in Attitude Theory and Measurement*. USA: John Wiley & Sons, Inc. (Excerpted from an article in C. Murchison (Ed.), (1935) *Handbook of Social Psychology*. Worcester, Mass.: Clark University Press.)

Antaki, C. (1994). *Explaining and Arguing*. Melksham: Sage.

Asch, S. E. (1955). Opinions and Social Pressure. *Scientific American*, 193(5), 31-55.

Austin, J.L. (1962). *How to do Things with Words*. Oxford: Clarendon Press.

Bancroft, J. (1989). *Human Sexuality and its Problems (second edition)*. Singapore: Longman (Churchill Livingstone).

Banister, P., Burman, E., Parker, I., Taylor, M. & Tindall, C. (1994). *Qualitative methods in psychology: a research guide*. Guildford: Open University Press.

Bartlett, D. & Payne, S. (1997). Grounded Theory - Its Basis, Rationale and Procedures. Chapter 13 in G. McKenzie, J. Powell, & R. Usher (Eds.), *Understanding Social Research: perspectives on methodology and practice*. Guildford: Falmer Press.

Bentler, P.M. & Speckart, G. (1979). Models of Attitude-Behaviour Relations. *Psychological Review*, **86**(3), 452-464.

Billig, M. (1996). *Arguing and Thinking, 2nd edition*. Cambridge: Cambridge University Press.

Billig, M. (1997). The dialogic unconscious: Psychoanalysis, discursive psychology and the nature of repression'. *British Journal of Social Psychology*, **36**, 139-159.

Billig, M., Condor, S., Edwards, D., Gane, M., Middleton, D. & Radley, A. (1988). *Ideological Dilemmas*. Bristol: Sage.

Bordo, S. (1993). Feminism, Foucault and the politics of the body. Chapter 8 in Ramazanoglu (Ed.) (1993).

Breakwell, G.M., Fife-Schaw, C. & Clayden, K. (1991). Risk-Taking, Control over Partner Choice and Intended Use of Condoms by Virgins. *Journal of Community & Applied Social Psychology*, **1**, 173-187.

Breakwell, G.M., Hammond, S. & Fife-Schaw, C. (Ed.) (1995). *Research Methods in Psychology*. Trowbridge: Sage.

Brown, G. & Yule, G. (1984). *Discourse Analysis*. Oxford: Cambridge University Press.

Bruner, J.S., Jolly, A. & Sylva, K. (Eds.) (1976). *Play - Its Role in Development and Evolution*. Penguin.

Burr, V. (1995). *An Introduction to Social Constructionism*. Padstow: Routledge.

Cazden, C.B. (1973). Play with Language and Meta-linguistic Awareness. Reprinted as Chapter 61 in Bruner et al. (Eds.) (1976).

Chapman, S. & Hodgson, J. (1988). Showers in raincoats: attitudinal barriers to condom use in high-risk heterosexuals. *Community Health Studies*, **XII**(1), 97-105.

Charmaz, K. (1995). Grounded Theory. Chapter 3 in Smith et al. (Eds.), (1995).

Chombart de Lauwe, M-J. (1984). Changes in the representation of the child in the course of social transmission. Chapter 10 in Farr and Moscovici (Eds.) (1984).

Coleman, L. & Ingham, R. (1999). Contrasting strategies used by young people to ensure condom use: some findings from a qualitative research project. *AIDS Care*, **11**(4), 473-479.

Collins Dictionary (1979), see Hanks (1979).

Connell, R.W. (1995). *Masculinities*. Bodmin: Polity Press.

Conner, M. (1993). Pros and cons of Social Cognition Models in Health Behaviour. *Health Psychology Update*, **14**, 24-31.

Conner, M. & Norman, P. (Eds.) (1996). *Predicting Health Behaviour*. Bury St. Edmunds: Open University Press.

Coveney, L., Jackson, M., Jeffreys, S., Kay, L., & Mahony, P. (1984). *The Sexuality Papers: Male sexuality and the social control of women*. Tiptree: Hutchinson.

Coyle, A. (1995). Discourse Analysis. Chapter 16 in Breakwell, Hammond & Fife-Schaw (Eds.) (1995).

Crawford, J., Kippax, S. & Waldby, C. (1994). Women's sex talk and men's sex talk: different worlds. *Feminism and Psychology*, **4**(4), 571-587.

Denzin, N. (1970). *The research act*. Chicago: Aldine.

Denzin, N. (1990). Researching alcoholics and alcoholism in American society. In N. Denzin (Ed.), *Studies in Symbolic Interaction*, **11**, 81-107. (Cited in Davidson & Layder, 1994).

Department for Education (1994). *Circular number 5/94. Education ACT 1993: Sex Education in Schools*. London: DFE.

Department of Health (1992). *The Health of the Nation*. London: HMSO.

Drew, P. (1995). Conversation Analysis. Chapter 5 in Smith et al. (Eds.) (1995).

Dunant, S. (1997). *Transgressions*. St. Ives: Virago.

Edwards, D. & Potter, J. (1992). *Discursive Psychology*. London: Sage.

Eiser, J.R. (1994). *Attitudes, Chaos and the Connectionist Mind*. Bodmin: Blackwell.

Elliott, R., Jobber, D. & Sharp, J. (1995). Using the Theory of Reasoned Action to understand organizational behaviour: the role of belief salience. *British Journal of Social Psychology*, **34**, 161-172.

Ellis, H. (1913). *Studies in the Psychology of Sex, vols. 1-6*. Philadelphia: F.A. Davis.

Eribon, D. (1989/1993). *Michel Foucault*. St Ives: Faber & Faber.

Farr, R.M. (1984). Social representations: their role in the design and execution of laboratory experiments. Chapter 4 in Farr & Moscovici (Eds.) (1984).

Farr, R.M. & Moscovici, S. (1984). *Social Representations*. Trowbridge: Cambridge University Press.

Fine, M. (1988). Sexuality, Schooling, and the Adolescent Females: The Missing Discourse of Desire. *Harvard Educational Review*, **58**(1), pp29-53.

Fishbein, M. (Ed.) (1967). *Readings in Attitude Theory and Measurement*. USA: John Wiley & Sons, Inc.

Fishbein, M. (1967a). A Consideration of Beliefs and their Role in Attitude Measurement. Chapter 28 in Fishbein (Ed.) (1967).

Fishbein, M. (1967b). A Behaviour Theory Approach to the Relations between Beliefs about an Object and the Attitude toward the Object. Chapter 44 in Fishbein (Ed.) (1967).

Fishbein, M. (1967c). Attitude and the Prediction of Behaviour. Chapter 51 in Fishbein (Ed.) (1967).

Fishbein, M. (1993). Introduction to *The Theory of Reasoned Action: Its application to AIDS-Preventive Behaviour*. In Terry et al. (Eds.) (1993).

Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behaviour: An introduction to theory and research*. Reading, MA: Addison-Wesley.

Fisher, J.D., & Fisher, W.A. (1992). Changing AIDS-Risk Behaviour. *Psychological Bulletin*, **111**(3), 455-474.

Flowers, P., Smith, J.A., Sheeran, P. & Beail, N. (1996). Identities and Gay men's sexual decision making. In Aggleton et al. (Eds.) (1996).

Foucault, M. (1961/1984). Extracts from *Madness and Civilisation*. In P.

Rabinow (Ed.), *The Foucault Reader* (page 124 ff). St. Ives: Penguin.

Foucault, M. (1975/1977). *Discipline and Punish: The Birth of the Prison*. Translated from the French by Alan Sheridan. London: Allen Lane. (Translation of *Surveiller et Punir*. Paris: Gallimard, 1975.)

Foucault, M. (1976/1990). *The History of Sexuality. Volume I: An Introduction*. Translated from the French by Robert Hurley. St Ives: Penguin. (Translation of *Histoire et la sexualité*, Paris: Gallimard, 1976.)

Foucault, M. (1988). Power and sex. Translated from the French by A. Sheridan et al.. In L. Kritzman (Ed.), *Michel Foucault: Politics, Philosophy, Culture: Interviews and Other Writings 1977-1984*. London: Routledge.

Freud, S. (1923/1981). The dissection of the psychic personality. Translated by J. Strachey. Reprinted as Lecture 31 in *The Pelican Freud Library, Volume 2. New introductory lectures on psychoanalysis*. Reading: Penguin.

Friday, N. (1991/1992). *Women on Top*. Reading: Arrow.

Fromm, E. (1997/1942). *The Fear of Freedom*. Chatham: Routledge.

Gagnon, J.H. (1973). Scripts and the co-ordination of Sexual Conduct. In J.K. Cole & R. Dienstbier (Eds.) (1974), *Nebraska Symposium on Motivation, Vol 21 (1973)*. Lincoln: Nebraska Press.

Gagnon, J.H. & Simon, W. (1973). *Sexual Conduct: the social sources of human sexuality*. USA: Aldine Publishing Co.

Gallois, C. McCamish, M. & Terry, D. (1993). Epilogue. In Terry et al. (Eds.) (1993).

Gavey, N., McPhillips, K. & Braun, V. (1999). Interruptus Coitus: Heterosexuals Accounting for Intercourse. *Sexualities*, 2(1), 35-68.

Glaser, B.G. (1978). *Theoretical Sensitivity*. Mill Valley, CA: Sociology Press.

Glaser, B.G. & Strauss, A.L. (1965). *Awareness of Dying*. Chicago: Aldine. (Cited in Charmaz, 1995).

Glaser, B.G. & Strauss, A.L. (1967). *The Discovery of Grounded Theory; Strategies for Qualitative Research*. Chicago: Aldine.

Gleick, J. (1987). *Chaos: The Making of a New Science*. New York: Viking Press.

Goffman, E. (1968). *Asylums*. Harmondsworth: Penguin.

Goffman, E. (1969). *The Presentation of Self in Everyday Life*. Harmondsworth: Penguin.

Gold, R. (1993). On the Need to Mind the Gap: On-line versus off-line Cognitions Underlying Sexual Risk Taking. Chapter 13 in Terry et al. (Eds.) (1993).

Gold, R.S., Karmiloff-Smith, A., Skinner M.J. & Morton, J. (1992). Situational factors and thought processes associated with Unprotected Intercourse in heterosexual students. *AIDS Care*, 4, 305-323.

Grice, H.P. (1975). Logic and Conversation. In P. Cole & J.L. Morgan, (Eds.), *Syntax and Semantics*, 3. New York: Academic Press.

Hall, N. (Ed.) (1992). *The New Scientist Guide to Chaos*. London: Penguin.

Hanks, P. (Ed.) (1979). *Collins Dictionary of the English Language*. USA: Collins.

Harré, R. & Gillett, G. (1994). *The Discursive Mind*. USA: Sage Publications Inc.

Harré, R. & Secord, P.F. (1972). *The Explanation of Social Behaviour*. Oxford: Basil Blackwell.

Haste, C. (1992). *Rules of Desire. Sex in Britain: World War I to the Present*. Kent: Pimlico.

Henriques, J., Hollway, W., Urwin, C., Venn, C. & Walkerine, V. (Eds.) (1984). *Changing the Subject: Psychology, social regulation and subjectivity*. Cambridge: Methuen & Co. Ltd.

Henwood, K. & Pidgeon, N. (1995). Grounded Theory and Psychological Research. *The Psychologist*, 8(3), 115-118.

Hite, S. (1993/1994). *Women as revolutionary agents of change*. Reading: Hodder & Stoughton.

Hogg, M.A. & Abrams, D. (1988). *Social Identifications*. London: Routledge.

Holland, J., Ramazanoglu, Scott, S., C., Sharpe, S. & Thomson, R. (1991). Between Embarrassment and Trust: Young Women and the Diversity of Condom Use. Chapter 9 in Aggleton et al. (Eds.) (1991).

Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S. & Thompson, R. (1992a). Pressure, Resistance, Empowerment: Young Women and the

Negotiation of Safer Sex. In P. Aggleton, P. Davies & D. Hart (Eds.), *AIDS: Rights, Risk and Reason*. London: Falmer Press.

Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S. & Thomson, R. (1992b). Risk, Power and the possibility of pleasure: young women and safer sex. *AIDS Care*, 4(3), 273-283.

Holland, J., Ramazanoglu, C., Sharpe, S. & Thomson, R. (1994). Power and desire: the embodiment of female sexuality. *Feminist Review*, 46, 21-38.

Hollway, W. (1984). Gender difference and the production of subjectivity. In Henriques et al. (Eds.) (1984).

Hollway, W. (1989). *Subjectivity and Method in Psychology*. Chippenham: Sage.

Hollway, W. & Jefferson, T. (1998). 'A kiss is just a kiss': date rape, gender and subjectivity. *Sexualities*, 1(4), 405-423.

Hood, J. (1996). *The Lost Art of Theoretical Sampling*. Unpublished paper presented at the Fourth International Social Science Methodology Conference (Essex '96).

Hooper, C.A., Manning B. & Peck, J. (1984). *Sexual Violence: The Reality for Women*. Wellingborough: The Women's Press (The London Rape Crisis Centre).

Ingham, R. (1993). Old Bodies in Older Clothes. *Health Psychology Update*, 14, 31-35.

Ingham, R. (1994). Some Speculations on the Concept of Rationality. *Advances in Medical Sociology*, 4, 89-111.

Ingham, R. & Kirkland, D. (1997a). Discourses and Sexual Health: providing for young people. Chapter 8 in Yardley (Eds.) (1997).

Ingham, R. & Kirkland, D. (1997b). *Discourses and Sexual Health: Providing for Young People*. Unpublished paper presented at the British Psychological Society Special Group in Health Psychology Annual Conference, University of Southampton.

Ingham, R., Woodcock, A. & Stenner, K. (1991). 'Getting to know you ...': Young people's knowledge of their partner at first intercourse. *Journal of Community & Applied Social Psychology*, 1(2), 117-132.

Ingham, R., Woodcock, A. & Stenner, K. (1992). The limitations of rational decision-making models as applied to young people's sexual behaviour. In

Aggleton et al. (Eds.) (1992).

James, W. (1902/1982). *The Varieties of Religious Experience*. Harrisonburg: The Penguin American Library.

Jamieson, L. (1996). The Social Construction of Consent Revisited. Chapter 3 in Adkins & Merchant (Eds.) (1996).

Jarman, M., Smith, J.A. & Walsh, S. (in preparation). *Conflicts of Connection and Separation: A Qualitative Study of Nurses' Experiences of their Relationships with Anorexic Patients*.

Jeffreys, S. (1985). *The Spinster and her enemies: feminism and sexuality 1880-1930*. Guernsey: Pandora.

Jodelet, D. (1984). The representation of the body and its transformations. Chapter 8 in Farr & Moscovici (Eds.) (1984).

Kaplan, H. (1974). *The New Sex Therapy*. New York: Brunner/Mazel.

Kashima, Y. & Gallois, C. (1993). The Theory of Reasoned Action and Problem-Focused Research. In Terry et al. (Eds.) (1993).

King, J.B. (1982). The impact of patients' perceptions of high blood pressure on attendance at screening; and attributional extension of the health belief model. *Social Science and Medicine*, 16, 1079-1092. (Cited in Abraham & Sheeran, 1993.)

Kinsey, A.C., Pomeroy, W.B. & Martin, C.E. (1948). *Sexual Behaviour in the Human Male*. Philadelphia: W.B. Saunders.

Kippax, S. & Crawford, J. (1993). Flaws in the Theory of Reasoned Action. In Terry et al. (Eds.) (1993).

Kirkland, D. (1995). 'His Idea, My fault': 'Pressured' Sexual Relationships. Unpublished paper presented for the Certificate in Advanced Educational Studies: Psycho-sexual Counselling, University of Southampton.

Kirkland, D. (2000). Promoting healthy behaviour. *The Psychologist*, 13(7), 343.

Kuhn, T.S. (1962/1970). *The Structure of Scientific Revolutions*, (Second edition, enlarged). USA: The University of Chicago Press.

Kvale, S. (1992). Postmodern Psychology: A Contradiction in Terms? Chapter 2 in S. Kvale (Ed.), *Psychology and Postmodernism*. Sage.

Lacan, J. (1957/1988). Extracts from 'The insistence of the letter in the

unconscious'. Reprinted in Lodge (Ed.) (1988).

Laland, K.N. & Bateson, P. (in preparation). *Mechanisms of Social Learning*.

LaPiere, R.T. (1934/1967). Attitudes versus Actions. Chapter 3 in M. Fishbein (Ed.) (1967). (Reprinted from *Social Forces*, 1934, **13**, 230-237.)

Larkin, P. (1974/1991). *High Windows*. St Ives: Faber & Faber Limited.

Lees, S. (1993). *Sugar and Spice: sexuality and adolescent girls*. St Ives: Penguin.

Levinson, S.C. (1983). *Pragmatics*. Cambridge: Cambridge University Press.

Levy, P. (1981). On the relation between method and substance in Psychology. *Bulletin of the British Psychological Society*, **34**, 265-270. (Cited in Bartlett & Payne, 1997.)

Lewis, V.J. & Kashima, Y. (1993). 'Applying the Theory of Reasoned Action to the Prediction of AIDS-Preventive Behaviour', in *The Theory of Reasoned Action: Its application to AIDS-Preventive Behaviour* (Terry et al, 1993).

Likert, R. (1932/1967). The Method of Constructing an Attitude Scale. Chapter 11 in Fishbein (Ed.) (1967). (Excerpted from the Appendix of 'A Technique for the Measurement of Attitudes'. *Archives of Psychology*, 1932, **140**, 44-53.)

Lodge, D. (1988). *Modern Criticism and Theory: a Reader*. Singapore: Longman.

Masters, W. & Johnson, V. (1966). *Human Sexual Response*. London: Churchill.

McCamish, M., Timmins, P., Terry, D. & Gallois, C. (1993). A theory based intervention: the Theroy of Reasoned Action in action. Chapter 11 in Terry et al. (Eds.) (1993).

Mead, G.H. (1934/1967). *Mind, Self and Society: from the standpoint of a social behaviourist*. USA: The University of Chicago Press.

Milgram, S. (1963). Behavioural Study of Obedience. *The Journal of Abnormal and Social Psychology*, **67**(4), 371-378.

Millward, L. (1995). Focus Groups. Chapter 18 in Breakwell et al. (Eds.) (1995).

Moore, S., Rosenthal, D.A. & Boldero, J. (1993). Predicting AIDS-preventive

behaviour among adolescents. Chapter 4 in Terry et al. (Eds.) (1993).

Morton, R. (1998). *Eat Your Lonely Heart Out*. Plymouth: Virgin Publishing Ltd.

Moscovici, S. (1963). Attitudes and opinions. *Annual Review of Psychology*, **14**, 231-60. (Cited in Farr & Moscovici, 1984.)

Moscovici, S. (1973). Foreward. In C. Herzlich (Ed.), *Health and illness: a social psychological analysis*. London: Academic Press. (Cited in Farr & Moscovici, 1984.)

Moscovici, S. (1984). The phenomenon of social representations. Chapter 1 in Farr & Moscovici (Eds.) (1984).

Mullinar, G. (1994). *Developing sex education in schools*. Family Planning Association, Code 2281.

Norman, P. & Conner, M. (1996). The role of social cognition models in predicting health behaviours: future directions. Chapter 7 in Conner & Norman (Eds.) (1996).

Nucifora, J., Gallois, C., & Kashima, Y. (1993). Influences on condom use among undergraduates: testing the Theories of Reasoned Action and Planned Behaviour. Chapter 3 in Terry et al. (Eds.) (1993).

O'Connell Davidson, J. & Layder, D. (1994). *Methods, Sex and Madness*. Chatham: Routledge.

Parker, I. (1992). *Discourse Dynamics*. London: Routledge.

Parker, I. (1997). Discourse analysis and psychoanalysis. *British Journal of Social Psychology*, **36**, 479-495.

Piaget, J. (1951/1976). Mastery Play. Reprinted as Chapter 12 in Bruner et al. (Eds.) (1976).

Pizzey, E. (1979/1974). *Scream quietly or the neighbours will hear*. Harmondsworth: Penguin.

Potter, J. (1994). *Constructionist Approaches*. Unpublished notes for 'Qualitative Research Methods for Psychologists', introductory workshop, Cumberland Lodge, Windsor.

Potter, J. (1996). Attitudes, social representations and discursive psychology. Chapter 3 in Wetherell (Ed.) (1996).

Potter J. & Wetherell, M. (1987). *Discourse and Social Psychology: Beyond*

Attitudes and Behaviour. Bristol: Sage Publications Ltd.

Pryor, J.B. & Reeder, G. (Eds.) (1993). *The Social Psychology of HIV Infection*. Hillsdale, NJ: Erlbaum.

Rabinow, P. (Ed.) (1984). *The Foucault Reader*. St. Ives: Penguin.

Ramazanoglu, C. (Ed.) (1993). *Up against Foucault*. Padstow: Routledge.

Ramazanoglu, C. & Holland, J. (1993). Women's sexuality and men's appropriation of desire. In Ramazanoglu (Ed.) (1993).

Reinecke, J., Schmidt, P., & Ajzen, I. (1996). Application of the Theory of Planned Behavior to adolescents' condom use: a panel study. *Journal of Applied Social Psychology*, 26(9), 749-772.

Richard, R., van der Pligt, J. & de Vries, N. (1995). Anticipated affective reactions and prevention of AIDS. *British Journal of Social Psychology*, 34, 9-21.

Rigby, K., Dietz, B. & Sturgess, S. (1993). The TRA as Applied to AIDS Prevention for Australian Ethnic Groups. Chapter 6 in Terry et al. (Eds.) (1993).

Rommetveit, R. (1984). The role of language in the creation and transmission of social representations. Chapter 14 in Farr & Moscovici (Eds.) (1984).

Rorty, R. (1980). *Philosophy and the Mirror of Nature*. Guilford: Basil Blackwell.

Rose, J. (1982). Introduction - II. In J. Mitchell & J. Rose (Eds.), *Feminine Sexuality: Jacques Lacan and the école freudienne*. Chippenham: Macmillan Press Ltd.

Rosenstock, I.M. (1974). Historical Origins of the Health Belief Model. *Health Education Monographs*, 2, 328-335.

Rosenthal, D., Moore, S. & Flynn, I. (1991). Adolescent Self-efficacy, Self-esteem and Sexual Risk-taking. *Journal of Community & Applied Social Psychology*, 1, 77-88.

Russell, B. (1936/1979). Our Sexual Ethics. Reprinted as Chapter 11 in B. Russell (1957/1979), *Why I am not a Christian*. Aylesbury: George Allen & Unwin.

de Saussure, F. (1915/1988). Extracts from the 'Course in General Linguistics'. Reprinted in Lodge (Ed.) (1988).

Segal, L. (1994). *Straight Sex: the politics of pleasure*. Reading: Virago.

Smith, J.A. (1995). Semi-Structured Interviewing and Qualitative Analysis. Chapter 2 in Smith et al. (Eds.) (1995).

Smith, J., Flowers, P. & Osborn, M. (1997). Interpretative Phenomenological Analysis and the psychology of health and illness. Chapter 4 in Yardley (Ed.) (1997).

Smith, J.A., Harré, R. & Van Langenhove, L. (Eds.) (1995). *Rethinking Methods in Psychology*. Melksham: Sage.

Springsteen, B. (1995). Highway 29. *The Ghost of Old Tom Joad (album)*. Columbia/Sony.

Sque, M. & Payne, S.A. (1996). Dissonant loss: The experience of donor relatives. *Social Science and Medicine*, **43**(9), 1359-1370.

Stewart, F.J. (1999). Femininities in Flux? Young Women, Heterosexuality and (Safe) Sex. *Sexualities*, **2**(3), 275-290.

Strauss, A.L. & Corbin, J.A. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage.

Tajfel, H. (Ed.) (1978). *Differentiation between Social Groups*. London: Academic Press.

Terry, D.J. (1993). Self-efficacy expectancies and The Theory of Reasoned Action. Chapter 8 in Terry et al. (Eds.) (1993).

Terry, D.J., Gallois, C. & McCamish, M. (Eds.) (1993). *The Theory of Reasoned Action: Its application to AIDS-Preventive Behaviour*. Exeter: Pergamon Press Ltd.

Terry, D.J., Gallois, C. & McCamish, M. (1993a). The Theory of Reasoned Action and Health Care Behaviour. Chapter 1 in Terry et al. (Eds.) (1993).

Thompson, S. (1990). Putting a Big Thing into a Little Hole: Teenage Girls' Accounts of Sexual Initiation. *The Journal of Sex Research*, **27**(3), 341-361.

Thorndike, E.L. (1913). *The Psychology of Learning*. New York: Teachers College Press.

Thurstone, L.L. (1931/1967). The Measurement of Social Attitudes. Chapter 2 in Fishbein (Ed.) (1967). (Reprinted from the *Journal of Abnormal and Social Psychology*, 1931, **26**, 249-269.)

Tiefer, L. (1995). *Sex is not a natural act & other essays*. Boulder:

Westview Press.

Tortora, G.J. & Grabowski, S.R. (1996). *Principles of Anatomy and Physiology: eighth edition*. USA: Harper Collins.

Ussher, J.M. (1997). *Fantasies of Femininity*. St. Ives: Penguin.

Vance, C. (1984). Pleasure and Danger: Toward a Politics of Sexuality. In C.S. Vance (Ed.), *Pleasure and Danger: Exploring Female Sexuality* (pp 1-27). Boston, MA: Routledge & Kegan Paul. (Cited in Stewart, 1999).

van der Pligt, J., Otten, W. & Richard, R. (1993). Perceived Risk of AIDS: Unrealistic Optimism and self-protective action. In Pryor & Reeder (Eds.) (1993), 39-58.

Varela, F.J. (1996). Neurophenomenology: A methodological remedy for the hard problem. *Journal of Consciousness Studies*, 3(4), 330-349.

Vygotsky, L.S. (1933/1976). Play and its Role in the Mental Development of the Child. Reprinted as Chapter 53 in Bruner et al. (Eds.) (1976).

Waldby, C., Kippax, S. & Crawford, J. (1993a). Heterosexual men and 'safe sex' practice. *Sociology of Health and Illness*, 15, 246-256.

Waldby, C., Kippax, S. & Crawford, J. (1993b). 'Cordon Sanitaire': 'clean' and 'unclean' women in the AIDS discourse of young heterosexual men. In P. Aggleton, P. Davies & G. Hart (Eds.), *AIDS: Facing the second decade*. London: Falmer Press.

Weekes, J. (1995). *Sexual Values*. Unpublished paper presented at 'New Sexual Agendas' conference, Middlesex University.

Wellings, K., Field, J., Johnson, A.M. & Wadsworth, J. (1994). *Sexual Behaviour in Britain: The National Survey of Sexual Attitudes and Lifestyles*. St Ives: Penguin Books.

Wetherell, M. (ed.) (1996). *Identities, Groups and Social Issues*. Frome: Sage / Open University Press.

Wetherell, M. & Maybin, J. (1996). The distributed self: a social constructionist perspective. Chapter 5 in R. Stevens (Ed.) *Understanding the Self*. Frome: Sage / The Open University Press.

Wetherell, M. & Potter, J. (1992). *Mapping the Language of Racism: Discourse and the Legitimation of Exploitation*. Great Britain: Harvester Wheatsheaf.

Wight, D. (1996). Beyond the Predatory Male: The Diversity of Young

Glaswegian Men's Discourses to Describe Heterosexual Relationships. In L. Adkins & V. Merchant (Eds.), *Sexualising the Social: Power and the Organisation of Sexuality*. Chippenham: Macmillan Press Ltd.

Willig, C. (1995). 'I wouldn't have married the Guy if I'd Have to do That': Heterosexual Adults' Constructions of Condom Use and their Implications for Sexual Practice. *Journal of Community and Applied Social Psychology*, **5**, 75-87.

Willig, C. (1997). The limitations of trust in intimate relationships: Constructions of trust and sexual risk taking. *British Journal of Social Psychology*, **36**, 211-211.

Woodcock, A.J., Stenner, K. & Ingham, R. (1992). Young people talking about HIV and AIDS: interpretations of personal risk of infection. *Health Education Research: Theory and Practice*, **7**, 229-247.

Yardley, L. (Ed.) (1997). *Material Discourses of Health and Illness*. Chatham: Routledge.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, **15**, 215-228.

Zilbergeld, B. (1980). *Men and Sex*. Fontana.