



Crossing Boundaries, Workshopping Sexualities

WORKING PAPER ON **SEXUAL HEALTH AND SCIENCE**

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I. INTRODUCTION

At our meetings during the “Crossing Boundaries, Workshopping Sexualities” conference sponsored by the ASA Sexualities Section, the members of the workgroup on sexual health and science sought to put forward a broad research agenda that would link sexuality studies, medical sociology, public health, and science and technology studies. We identified five significant clusters of research that together suggest a distinctive research agenda. In addition, we discussed three cross-cutting concerns: theoretical framing, methodological issues, and the politics and ethics of engagement. We summarize the research agenda and the cross-cutting concerns below.

RESEARCH AGENDA

II. EXPLORING THE CONCEPT OF SEXUAL HEALTH

The term “sexual health” begs definition and sociological scrutiny. What is sexual health? Who defines it? Are sexual health and reproductive health the same thing, or are they different? How should sociologists of sexuality position themselves in relation to the term sexual health? For example, it is up for discussion whether sociologists should seek to do sexual health research or study the ways various social actors make claims about sexual health—or both.

It is also important to understand how the discourses and practices of sexual health relate to those in other health domains. Do social actors view sexual health as similar to or different from other kinds of health? Does the meaning of sexual health change depending on whether we adopt concepts of health drawn from the field of public health or more individualistic notions of health?

In addition, we must examine the politics surrounding sexual health promotion and sexual health research. How does the availability (or absence) of funding shape research agendas around sexual health? Does the “chilling effect” that often inhibits sexuality studies affect the study of sexual health? How do IRBs influence sexual health research?

III. SEXUALITY, SCIENCE, AND POLICY

Bringing together the study of sexuality, science, and policy allows us to ask important questions about the uses of science in public policymaking. What is the real-world impact of scientific claims about sexuality? Who are the “experts” in relation to sexuality? What constitutes expertise in this domain? What kinds of evidence are employed in the promotion of various agendas concerning sexual matters? What does it mean for policy regarding sexual health to be “evidence based”?

Pursuing research in this area implies close consideration of the consequences when experts become involved as policymakers, or when policymakers set themselves up as experts. Moreover, much remains to be learned about whether, how, and when the experiences of laypeople become validated knowledge in relation to sexual matters. Debates over sex education in public schools, access to and funding for birth control, and the treatment of sexually-transmitted infections are key sites for examining these dynamics.

IV. CHALLENGING “SEXUAL SCIENCE” AND ITS NATURALIZATION OF SEXUALITY

An important topic for sociological investigation and critique is the power of the biological, biomedical, and sexological sciences to define and categorize sexuality in ways that are often reductionist, essentialist, and scientistic, leaving little room for more contextual and historicist understandings of sexuality. Sociologists should study such definitional and classificatory work, and try to challenge essentialism and notions of the “naturalness” of sexuality.

We encourage sociologists of sexuality to study the “looping effects” whereby individuals take up scientifically derived sexual categories; the processes of “biosociality” by which individuals form new social identities in relation to sexual illness categories; and the political utility of different claims made about sexual orientation (for example, whether such orientations are considered malleable or fixed).

We also need to think about our own relationship to biological research on sexuality. How should sociologists position themselves in relation to research that locates sexuality in brain structures or in genetic markers? Should sociologists of sexuality embrace social scientific or epidemiological research that includes biomarkers such as testosterone levels? What is our approach to research such as phallometry that uses formal technologies to measure sexual desire?

At the same time, sociologists of sexuality need to think about the status of our own claims to scientific rigor. What kind of science of sexuality do we purport to practice? What data provide a reliable basis for our claims? What is our object of study? Do we seek to analyze behavior? Reports of behavior? Social practice? Desires?

V. IMPACT OF TECHNOLOGICAL AND PHARMACEUTICAL INNOVATION

Sociologists can contribute to the study of sexuality through close attention to the impact of scientific research and technological development on sexual practice, experience, and identity. What effects do new information and communication technologies such as the internet have on the organization of sexual lives and the embodied experiences of sexual pleasure? How do pharmaceuticals contribute to changes in the experience and management of sexuality? What are the effects of medical technologies on notions of sexual health, disease, and normalcy?

Sociologists can shed light on these questions while also considering the impact of technologies on processes of medicalization of sex, notions of sexual “addiction,” and possibilities for talking about sexual pleasure.

VI. RISK AND REGULATION

In many societies, sex is often construed as dangerous, and the language of sexual health is often a language of sexual risk. The challenge for sociologists of sexuality is to take a critical

approach to the use of risk discourse. Questions include: How and why do certain populations become designated as being “at risk”? What puts other groups on a path toward wellness? When does risk become stigmatizing and why? Are there important cross-national or historical differences in notions of sexual health and sexual risk?

Sociologists can also study the phenomenology of sexual risk and sexual stigma: How is risk experienced? How does stigma affect access to healthcare? How does it affect scientists’ willingness to pursue sexuality-related research questions? In addition, sociologists can examine the pervasive problem of “profiling” when it comes to sexual risk: What are the consequences of treating all individual members of a “risk group” as if they automatically bear the risk that accrues statistically to the group as a whole?

Risk is the flip side of regulation. Sociologists need to investigate the politics and practices of the regulation of sexuality, including the scientific, policy, and moral discourses by which such regulation is orchestrated. Sociologists also should analyze the processes by which individuals are called upon to self-regulate their sexuality and manage their sexual risk in accordance with social norms.

CROSS CUTTING CONCERNS

I. THEORETICAL FRAMING

The sociology of sexuality appears to be more porous and open to theoretical innovation from elsewhere than many other sociological subfields. This openness may both reflect and further the marginalization of sexuality research within sociology. It also presupposes or calls for an interdisciplinary education that may sometimes be hard to achieve in practice. Given this theoretical eclecticism, it becomes difficult to say whether there is anything distinctive about sociologists’ theorization of sexuality. Are we just borrowing tools from elsewhere? If so, is this a problem?

All that said, we believe that a particular focus on the social production of diverse kinds of knowledge about sexuality results in a relatively unique theoretical engagement, one that brings together tools from sexuality studies, the sociology of knowledge, and science and technology studies. These theoretical commitments distinguish our approach from biomedical perspectives on sexuality and help us to address the silences in biomedical discourses. At the

same time, sociologists interested in sexual health and science must be conversant with biomedical and scientific topics, which poses an additional intellectual burden and responsibility.

II. METHODOLOGICAL ISSUES

Studying sexual health and science presupposes a careful consideration of the units and levels of analysis. What exactly do we seek to understand: Perceptions? Identities? Practices? Bodies? Is it possible to focus on all of these at once?

One important methodological contribution might be a thoroughgoing commitment to intersectionality that would challenge the absence of intersectional analyses in other discourses about sexual health. For example, notions of sexual risk group construction used in biomedical and public health domains are often insensitive to the issue of intersectionality. Work in this area could also benefit considerably from cross-national comparisons as well as attention to transnational flows.

III. POLITICS AND ETHICS OF ENGAGEMENT

Taking up questions of sexual health and science inevitably raises dilemmas related to the practical effects of our work, including issues of dissemination and audience, ethical obligations, and policy implications. For example, addressing multiple and highly diverse audiences may require “code-switching” in order to communicate our work to specialists in different fields. Yet adopting the language of others may run the risk of our own cooptation. What sort of competencies are required of us? How much epidemiology or genetics (for example) do we need to know in order to be taken seriously? These considerations also have relevance in the classroom, where we may find ourselves teaching diverse groups of undergraduates, including students in the natural sciences and engineering.

Researchers in this area need to be cognizant of the stigma that surrounds sexuality research and must consider how to overcome it, particularly in negotiations with potential funders and IRBs.

Research on sexual health also raises many ethical issues to which researchers must attend, including the risk that our data might be used in ways that harm the interests of communities we study. Finally, we should consider the potential “looping effects” of our own research. To the extent that people accept our findings and adopt our arguments about sexual health and science, they may change their sexual beliefs and practices, which may affect our own subsequent research in turn.