



The proliferation of sexual health: Diverse social problems and the legitimization of sexuality



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ABSTRACT

Especially since the 1990s, the term *sexual health* has flourished in professional, commercial, and lay domains. Yet the more the phrase has become visible, the greater the mutability in its meanings. These developments matter for an understanding of healthism—the idea that modern individuals are enjoined to recognize a moral obligation to maximize their health. Theorists of healthism have paid relatively little attention to sexuality and its frequent rendering as controversial, illegitimate, or stigmatizing. We argue that because pairing “sexual” with “health” serves to legitimize and sanitize sexuality, the framing of sexual issues as matters of sexual health is widely appealing across multiple social arenas, and this appeal helps to explain both the proliferation of the term and the diversification of its uses. Secondly, we argue that while the polysemy of sexual health might suggest that the phrase lacks a clear meaning, in another sense the term is quite meaningful: content analysis of journal articles, newspaper articles, and websites shows that the semantics of sexual health can be categorized into six social problem niches, within which sexuality and health are construed in distinctive ways. For each social problem framing, we identify the implied meanings of both sexuality and health, the “opposite” of sexual health, the institutional action plans, the individual injunctions, and the presumed ontologies of bodies and selves. By focusing on how the conjoining of “sexual” and “health” changes the meanings of both terms, our analysis adds nuance to discussions of healthism: it challenges a singular conception of healthism and points to the need for clearer consideration of its different forms. At the same time, we call attention to the significance of “sexual healthism” as a particular example of the “will to health” while also highlighting implications of characterizing sexual issues as matters of health.

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Essentially absent before the 1970s, *sexual health* has emerged as a noteworthy and increasingly visible compound term of the late twentieth and early twenty-first centuries: it designates activities related to public health, biomedicine, politics, economics, and everyday life. At first glance, the impressive rise of sexual health seems to fit the familiar story of the progressive institutionalization of what is not yet fully, but may soon become, a recognized health professions subspecialty or domain of expert practice (Stevens, 2003; Weisz, 2006; Fishman et al., 2008). For example, “sexual health” now appears in the names of professional associations, journals, research centers, treatment centers, conferences, protocols, statistical surveys, courses, and training programs. But the

meanings of sexual health are far from standardized in professional domains, where it may signify a concern with infections, performance, addictions, or the quality of relationships, among other things. At the same time, “sexual health” is widely used in public and lay contexts for quite varied purposes: as a vocabulary for talking about sexual rights, or sexual responsibility, or sexual violence; as a presumed necessary companion to reproductive health and rights; as a way of describing sex education initiatives; and as a preferred descriptive category for the marketing of condoms, contraceptives, vibrators, sex toys, and lubricants.

Sexual health now appears to be nearly everywhere, at least as suggested by dissemination of the specific phrase (both in English and in translation). But its meanings seem remarkably plastic across diverse contexts of use. Rather than a diffusion of sexual health that results in homogeneity or isomorphism (DiMaggio and Powell, 1983), we find a dispersion of possibilities for pursuing and enacting it. Scholars have located the rise of a modern

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understanding of sexual health in the 1970s; they have pointed, in particular, to the first World Health Organization (WHO) definition of the concept in 1975 (Giami, 2002; Edwards and Coleman, 2004; Sandfort and Ehrhardt, 2004; Coleman, 2010). But, while these scholars have also noted the contemporary diversity of meanings of sexual health, they have not analyzed the proliferation of the term, a phenomenon that we trace to the 1990s.

What does the apparent ubiquity of sexual health discourses and practices tell us about *healthism*, often considered a defining feature of contemporary Western societies (Crawford, 1980)? It has become well understood that the “will to health” (Rose, 2001, p. 6) or “imperative of health” (Lupton, 1995) functions as both a scientific and moral obligation for modern selves and societies—that, in a period of state retrenchment and the erosion of norms of public responsibility for medical care, individuals are called on to maximize and promote their health and wellbeing and to reduce the risks that threaten it (Conrad, 1992; O'Brien, 1995; Clarke et al., 2003; Crawford, 2006; Metzl and Kirkland, 2010; Petersen et al., 2010; Kirkland, 2014; Aronowitz, 2015; Mayes, 2016). Scholars also have noted—though often in passing—that sexuality figures within the broader recent mandate for the “optimization of one's corporeality to embrace a kind of overall ‘well-being’” (Rose, 2001, p. 17). But with relatively infrequent exceptions that we will discuss, they have had little specifically to say about the domain of the sexual within a broad-ranging will to health.

What is the place of sexuality within the present-day will to health? How might the study of the conjoining of sexuality and health cast light on healthist imperatives? In this article, we use the case of sexual health to deepen the analysis of healthism in two respects: by linking healthism more closely to processes of social legitimation, and by emphasizing the varying forms that healthism takes. We begin with the observation that sexuality differs—at least in degree, if not in kind—from other “lifestyle” matters that are often implicated in discussions of health promotion, healthism, and biomedicalization. Even more so than issues of appearance, diet, and smoking behavior, sexuality is a vexed topic—especially likely to be politicized, to lie at the crux of moral controversy, to be perceived as illegitimate and stigmatizing and as a dangerous risk to the social order (Rubin, 1984; Vance, 1984; D'Emilio and Freedman, 1988; Irvine, 2015). Small wonder, then, that “health” would be such an appealing term to yoke together with “sexual” in the promotion of various sorts of practical activities: “health” serves fundamentally to sanitize or legitimize courses of action related to sexual matters, containing or cancelling the stigma that so often adheres to sexuality and extinguishing the flames of political and moral controversy that so frequently threaten to engulf it. Indeed, Carpenter (2007) has observed that “the increasing popularity of the term ‘sexual health’ may reflect an attempt by researchers worldwide to circumvent conservative opposition, under the assumption that research on sexuality is more likely to be deemed justifiable if it concerns health.” We agree with this observation but believe it can be extended considerably.

Our argument proceeds in two steps. First, because pairing “sexual” with “health” serves as an ideal solution to the perceived “dirtiness,” controversial character, and illegitimacy of sexuality, we argue that one consequence is for the most diverse sorts of activities related in one way or another to sexuality to become known or rebranded as matters of sexual health. Second, while the mutability and polysemy of sexual health might almost seem to strip the term of specific meaning, we argue that in another sense the term is quite meaningful. Specifically, our content analysis reveals that the semantics of sexual health can be categorized into six social problem “niches”—six ways in which sexual health is framed as a solution to a particular social problem construct. In each, the language of sexual health serves as a powerful—and hence, meaning-

laden—propeller of practical activity. Moreover, in relation to each of these different social problems, both sexuality and health are construed in a distinctive way—suggesting, more generally, the virtues of analyzing different varieties of “healthism” rather than treating the concept as undifferentiated.

We begin by reconstructing theoretical approaches to healthism and considering how sexuality relates to it, in order to develop a concept we call “sexual healthism.” Then, we describe our data and methods for analyzing the proliferation of sexual health. After providing an abbreviated history of the emergence of the modern conception of sexual health, we then proceed to a descriptive account of the social problem niches that emerged inductively from our content analysis. For each niche, in order to show how the framing of the social problem serves to enable and propel practical work of various kinds, we identify the implied meanings of both sexuality and health, the implied “opposite” of sexual health, the proposed action plans for institutions, the behavioral injunctions (or exhortations) directed at individuals, and the presumed ontologies of bodies and selves. Then, further analyzing our data, we provide additional evidence of the distinctiveness of each social problem niche and also point to differences between professional and lay domains. We conclude by noting the paradox of the simultaneous “success” of sexual health (as indicated by its proliferation) and its instability (as indicated by limits on its institutionalization). Those limits point to the continued stigmatized character of many expressions of sexuality and the resulting impediments to social and scientific discourses and practices that seek to target sexuality openly. We suggest that the rise of sexual health may hold different consequences for the two arenas that the term yokes together, health and sexuality. On the one hand, defining social issues as matters of sexual health holds the potential to broaden the conception of health to include new conceptions of rights and pleasures. On the other hand, it may narrow the conception of sexuality—constraining discussion of sexual matters, with negative consequences for both scholarship and public debate.

1. Healthism and the place of sexuality

The academic literature that has developed the concept of healthism consists of several related strands. In a 1980 article, Crawford, lamenting that “a concern with personal health has become a national preoccupation,” defined healthism as “the preoccupation with personal health as a primary—often the primary—focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of life styles, with or without therapeutic help” (Crawford, 1980, pp. 365; 368). Subsequently, Crawford connected the “new health consciousness” to a “neoliberal restructuring of American society” and described health as “the language of a [middle] class that, even as it disintegrates, continues to believe in its self-making salvation” (Crawford, 2006, p. 419). More recently, in their 2010 edited collection *Against Health: How Health Became the New Morality*, Metzl and Kirkland (2010) extended the critique of the moralistic character of health discourses, arguing that “‘health’ is a term replete with value judgments, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being” (Metzl, 2010, pp. 1–2).

While Crawford connected healthism with the broad phenomenon of medicalization, Conrad argued by contrast that healthism (or what he called “healthicization”) can be distinguished from medicalization: the latter concerns the expanding domain of explicitly medical definitions while the former progressively moralizes health, treating health promotion as a moral discourse “based on individual responsibility for health (and lifestyle change)” (Conrad, 1992, p. 223). By contrast, theorists of biomedicalization

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