

**Substance Use and Sexual Risk Between Men in London**  
**A Critical Exploration of Social Practices and Health**  
**Concerns**

**A thesis submitted in partial fulfilment of the requirements**  
**for the degree of Doctor of Philosophy in Psychology**

**by**

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## Abstract

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Over the past two decades, men who have sex with men (MSM) have witnessed both the improvement of HIV living conditions and a certain relaxation of fears around safe sexual behaviour. Research has pointed to the use of drugs and alcohol as a causal factor leading more people to have unprotected sex, which would explain the rise of HIV diagnoses due to this mode of transmission. This project questioned the theoretical underpinnings for such a peculiar association and set out to explore the significance of alcohol and drugs among MSM in London, England. Engaging with a research field fragmented between epidemiological and cultural models of “risk”, two studies were devised addressing both social practices and health concerns. In the first study, participant observation was carried out in gay-friendly dance parties where drug use is prevalent. In the second study, a long-term psychotherapeutic group was established for nine men presenting as problem substance users seeking help. Data, in the form of fieldnotes and session transcripts, were analysed using Grounded Theory.

Through their consumption substances functioned as relational commodities sometimes turning into overvalued objects of satisfaction. In gay-friendly environments the use of drugs and alcohol fostered the expression of same-sex sexual desire. This recurrently took up features of affirmation of the self, validation, and belonging. Rather than being associated to another person with whom enjoyment had been experienced, however, substances functioned as *fetish* for some men. Akin to abstract commodities, they became charged with expectations of everlasting and renewable gratification. Findings will be discussed around the

conjoined pursuit of pleasure and pain in spite of the limits of enjoyment and around the interchangeable use of different objects, including health-preservative ones, for similar purposes. For those taking part in these practices, the findings give primacy to personal agency over subjectification through object-consumption; a neutral stance towards substances and gay sex might therefore be more authentic for educators and the effects of anxiety and shame in relation to personal distress, beyond HIV risk, might be addressed in future research. Value might be drawn, for harm prevention, from openly discussing the sexual and social disappointments associated with fetishistic object-consumption, whereas neutrality of outcome with regard to the consumption of individual substances by clients and their decisions to leave treatment might be useful for practitioners to consider. This project highlights accountability as central to personal satisfaction and social intercourse: policy makers might want to draw their attention to the direct pharmacological properties of each object at comparable levels of consumption when deciding upon the legal status and limits to their use.

## Acknowledgments

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Vorrei infine ringraziare la mia famiglia che, nonostante la distanza fisica che ci separa, mi è stata vicina nei momenti più difficili e non ha mai fatto mancare il suo sostegno. Nonostante il mio percorso di crescita professionale, intellettuale ed emotiva che sfida le diversità culturali dei contesti in cui viviamo, ho la fortuna di avere dei genitori, fratelli e cognate che hanno sempre fatto uno sforzo per capire e accettare il mio modo di essere e offerto la loro disponibilità in maniera incondizionata.

## List of Abbreviations and Acronyms

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AIDS	Acquired immunodeficiency syndrome
G	GHB and GBL
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
LGBT	Lesbian, gay, bisexual, and transgender
LSD	Lysergic acid diethylamide
MDAI	5,6-methylenedioxy-2-aminoindane
MDMA	3,4-methylenedioxy-methamphetamine
MSM	Men who have sex with men
PIED	Performance and image enhancing drugs
STIs	Sexually transmitted infections
UAI	Unprotected anal intercourse

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## Introduction:

# Consuming Alcohol and Drugs With Gay Sex: An Issue of “Concern”

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This project explored the use of alcohol and drugs by *men who have sex with men* (MSM) in London, England. Over the decades since the onset of the HIV/AIDS epidemic, some health studies have identified a population as vulnerable and at risk with regard to unprotected sexual behaviour (see p. 18), while Cultural Studies scholars have pointed to the significance of normative discourses in perpetuating the conditions of possibility for personal harm to occur (see p. 38). With the improvement of medication, research (e.g. Health Protection Agency [HPA], 2011, 2012) indicates that protective behaviour has fallen and more gay and bisexual men report engaging in unprotected anal intercourse (UAI) despite the consequences that ensue still involving heavy treatment, side effects, resistance, and a life-time of drug-taking. Significant effort has been placed to demonstrate a link between the use of psychoactive drugs and alcohol, their effects in releasing inhibitions, and risky sexual behaviour (see p. 21). The central argument of such literature is that pronounced drug taking leads men to increased chances to contract HIV through sex with other men, thus described as “risky behaviour”.

This research project was motivated by my initial reservations with this line of thinking. I questioned how a double selection was enforced in some epidemiological and other health studies around (1) same-sex sexual orientation and behaviour as important parameters of vulnerability, and (2) substances as all-bad and dangerous



objects of consumption. Due to the significance of drug use in gay-friendly venues (the gay scene), researchers focusing on risk were also addressing those practices as dangerous (see p. 33). Following the history of criminalisation, medicalisation, and pathologisation of homosexual behaviour, it then felt to me, as a frequent attendant to the gay scene, that such emphasis did not pay enough attention to perhaps other important social functions that drug taking could hold in conjunction with expressions of homoerotic desire.

Along the four years during which I carried out the research that will be presented in the following chapters, those initial questions have changed, somewhat significantly, a few times. It is certainly no longer possible to ignore the distressful states that some people I met with complained for when presenting as "problem users", and it certainly does not feel that the practices I observed and studied fully complied with health, legal, or moral criteria. What emerged, however, from paying close attention to my informants is a complex picture that can only require the patience of an analysis willing to engage with multiple and different viewpoints. Furthermore, it is a type of inquiry where the researcher is not able to be left "clean", but also has to take part and share aspects of a stigmatised identity that emerge from the accounts of informants. A kind of "dirty work" that involved the crossing of many boundaries from those of scholarly disciplines to that of scientific objectivity, from statistical representativeness and generalisability to the mixing of clinical practice and research. The work that will be presented here does not aim to be "pure", but it is hoped it will shed some light on expressions of people's sexual desire and behaviour that at present are not well understood.

## Theories and Ideas Drawn Upon in This Thesis

While I have been unable to find inspiration from a unitary and coherent perspective that would make sense of the data I gathered, I found the questions I was researching kept cropping up through the years in a very regular format. New health studies have become available addressing similar concerns around causality between drug use and HIV sero-conversion, new treatment service users I met with have told me about their distress with drugs, new parties have proliferated where drugs are ever so popular. Emblematically, gay men would not hide their affiliation with a world called at times hedonistic, but would rather flaunt it in face of prejudice and discrimination. It has been most remarkable that those questions and practices were not gone in their visibility four years later, nor were they solved.

Grounded Theory, in its application to Psychology (e.g. Bolger, 1999; Dilks, Tasker, & Wren, 2010; Henwood & Pidgeon, 2003; Latta & Goodman, 2011), has guided me from the start to end of my inquiry. Compatibly with the premises of this project, questioning the relevance of current knowledge to the lives of those involved, the same methodological guidelines have led me to consistently (1) approach the research with preliminary "theoretical agnosticism" (see p. 47), i.e. withholding my own and others' assumption, (2) maximise contrasts between my theoretical and empirical sources, (3) study them by drawing on reciprocal comparisons between them, and (4) patiently wait for analytical concepts to emerge from data, which have been analysed in an iterative process.

Concurrent with my engagement with informants, literature sources have constituted part and parcel of my research endeavour through constant comparisons (Glaser & Strauss, 1967). From a scholarly point of view, this project led me to engage with multiple and, to a large extent, different viewpoints. Given the critical

stance of my original questions, it was my aim to pay close attention to the work of sociologists (e.g. Goffman, 1961; Greenberg, 1988) which helped me make sense of some conditions of possibility for structures of behaviour considered "deviant" in the past and today as illegal, immoral, or unhealthy (see p. 236). Engaging with Cultural Studies scholars (e.g. Hebdige, 1979; Malbon, 1999; Thornton, 1995) helped me understand the significance of those practices as subcultural expressions, particularly around the objects' double meanings as enactments of inclusive exclusion in after-hours (see p. 142). Through the work of anthropologists (e.g. Bourgois, 1998, 1999, 2003; Okely, 2011; Wacquant, 2004) I have learned about ethnography and its value in complementing, through unstructured forms of data collection, the knowledge that is produced through surveys based on self-reports (see p. 266). Consumerist behaviourist researchers (e.g. Kozinets, 2002; Oliver, 2010; Woodruff & Gardial, 1996) have helped me understand the function of alcohol and drug use as forms of object-consumption enacted for personal satisfaction and desire (see p. 36). Finally, this has linked with Jacques Lacan's theory of desire in psycho-analysis and Freud's (1905, 1927) definition of "fetish" objects. Thanks to Giorgio Agamben's (1998, 2005) theorisation of bare life, I have then been able to discuss the significance of substances as overvalued objects of consumption used to protect gay subjects from social and sexual anxiety, a product of normativity exceptionally suspended through the intoxicating properties from their use. References to the analytic theories used to make sense of the data from a social constructionist view-point are further discussed on p. 52.

From a sexuality studies point of view, an interdisciplinary field by nature, this research has been informed by Michel Foucault's (1978, 1987, 2002) work on the social construction of sexualised subjects according to power relations in place at different points in time throughout history (see p. 46). This has allowed me to draw

from the work of queer theorists (Bersani, 1987, 1995, 2011; Bersani & Phillips, 2008; Race, 2010) who reject essentialist notions of sexual identities such as "gay" or "heterosexual" and view them as co-emerging structures from the same discourses (N. Sullivan, 2003; see also p. 14). While the next chapters will employ references to "gay sex" and "gay desire", I have refrained, as a result, to refer to "gay" as a fixed and perfected identity for individuals. I have rather worked with the concept of *gay subjectivity* in men as related to the social discourses and practices through which it is determined. Coherent with such social constructionist framework on an epistemological level, my research has been most closely inspired by *critical realist* (see p. 46) approaches in Psychology (e.g. Adams, 2010; Willig, 1999; Willig, 2001).

## Chapters' Outline

So what is the positioning of this project in the research field? Rather than capturing the essence of a problem, its final explanation that would hopefully remove the symptom and be effective to "put it right", the following chapters aim to open up a discussion, conversation perhaps, between health interests and practices that are not so healthy, ordinary concerns that inform stories of extraordinary suffering, marginalisation, and exclusion. But also ordinary enjoyment that informs exceptional forms of celebration and partying. If anything, what came out of the two studies in this project is something rather telling of ordinary human nature, its highs and the lows. And perhaps in that, the reader can find an opportunity to go beyond obsolete analytic parameters ascribing "risk" to groups selectively identified on the basis of sexual orientation. Rather than looking for those special configurations of harm that were deemed attached to certain people, the findings will present a picture that might resonate with accounts of a much more ordinary human experience.

Chapter One will outline a review of the studies that have focused on MSM and substance use. Starting with a critical introduction on the categorisation of sexual orientation and behaviour, the focus will be placed on previous studies that have discussed drugs as leading to unprotected sex. The perspective taken will be interdisciplinary (see p. 16) to better acknowledge contributions different viewpoints that might help bring to light aspects otherwise going unnoticed or, even worse, silenced. From a clinical perspective, the self-medication hypothesis will be introduced to discuss the way drugs and alcohol are deemed to relieve underlying emotional distress and assuage pain. *Barebacking*, or the intentional occurrence of unprotected sex where HIV transmission is a possibility, will also be part of this review due to it co-occurring with drug use and it constituting a behaviour considered an outcome of partying on drugs. Research on clubbing will finally be introduced to provide a sense of the setting in which drug use takes places and the importance of acknowledging it in conjunction with the behaviours attendants engage in. The research question will be then reformulated, addressing two elements: (1) the social relevance of partying on drugs, however specific that might prove to be in gay-friendly settings, and (2) the distress for which some men seek help in relation to their substance use.

Following from those premises around the state of research in the field, Chapter Two will position this project within the qualitative approach in Psychology. On the back of a long tradition of researchers from various disciplines, Grounded Theory will be introduced as the methodology informing fieldwork, data collection, and analysis. Two studies were set up to explore the significance of substance use in relation to same-sex sexual behaviour between men. Due to the fragmentation in the current literature between epidemiology and cultural studies over the debated concept of risk, this project aimed to address those questions from two vantage

points: that of the social *milieu* of dance clubbing, and in the support setting of a psychotherapy group for clients seeking help. Participant observation constituted the main method of data collection, although differently applied across the two situations.

Among the many venues of the London gay scene, my focus in the first study has been restricted to after-hours parties (after-hours) that start in the early morning hours and can carry on across different venues until the following day(s). Issues around impression management and the establishment of trust and rapport in relation to my position in the field will be discussed, together with how data were generated in the form of fieldnotes from my observations.

Given the heterogeneity of MSM substance users as a population, some happen to find themselves struggling with their use and access services to find help. The second study in this project focused on a psychotherapeutic group aimed for gay and bisexual reporting as "problem users" of drugs and alcohol. Participant observation as a research method will be described in its adaptation to the group according to my role of co-facilitator, the generation of data through audio recordings of the sessions, and their transcription.

For both studies, the analytic steps will be outlined as following the guidelines of theoretical sampling (Charmaz, 2006, 2011), constant comparison method (Glaser & Strauss, 1967), and coding (Corbin & Strauss, 2008), which are well established in this type of research: they will be discussed with regard to either study in their differences. Issues around recruitment, data management, and validity of findings will be discussed. Such procedures will be presented in light of the emergence of conceptual categories and the development of a grounded theory based on such data.

Findings from the clubbing observations will be analysed in Chapter Three, which will start highlighting some functions that drugs and alcohol took up as objects

of consumption. Part of exchanges between people in the club, they were observed to elicit sexual desire between those involved that would in turn find its expression through dancing together, mutual recognition, the forming of new friendships, and the music. The lack of visibility for sexual intercourse, in spite of the research emphasis on unprotected sex, will be pointed to in conjunction with the enhancing of sexual tension and desire in informants. States of heightened desire and celebrated fragility will be described in relation to the effects of consumption in the context of friendship and kinship-like feelings.

The analysis of the clubbing observations will continue in Chapter Four, looking at the function of club venues in providing the space for enjoyment. Unlike the rave scene of the 1980's, after-hours are hosted in venues that are legally run, and management has to comply with the outside health and policy regulations whilst allowing a certain freedom within such a space. This double status accommodated rising ambivalence with regard to a broader set of norms extending to appropriate sexual behaviour in a blurry, liminal space where "outside" and "inside" interwove. Through ambivalent exchanges and sarcasm, club-goers found themselves engaging with those norms as suspended in a state of perceived safety that was provided by the club management. Akin to the administration of enjoyment through consumption of drugs and alcohol, staff regulated the experience of a night out for the attendees who found themselves searching for satisfaction through the proliferation of objects pointing always further ahead to others in the signifying chain. Some club-goers went out infrequently, having to keep up with work responsibilities and other demands from life. Others were drawn to the scene more regularly and stayed out more than one night, depending on what party was on, money available, and the friends to go out with. Some others left the scene for rather prolonged periods to return to it only later.

Chapter Five will present the main findings from the group study and describe some of the interactions between members, also reflecting distressful states in their outside relationships. The wish for belonging will be discussed in relation with the identification as "problem users" that needed access to the service. Through the sharing of personal experiences and memories, differences between members became ever so evident and led them at times to withdraw from each other and the group. Shame emerged as an underlying factor constraining the pursuit of enjoyment from situations that were shared with others. Sexual encounters were described as distressful even when risk features were not present. Some service users were HIV positive and others were not, the difference in status rather than behavioural elements of risk constituted a perceived threat for informants who repeatedly feared exclusion or abandonment. Drugs will be described as taking centre stage in the users' life, either through their presence or through constant references when absent. Rather than using for medicating distressful emotional states, informants described the mixing of pleasure and pain as both pursued in search of further stimulation. Gaps, or the realisation of the finiteness of satisfaction will be described as challenging both in the group through silences and in outside situations in the moments of separation from friends, family, and lovers. The substitution between objects taking up similar functions to the drugs will be mentioned in relation to exercising and other health-seeking or protecting behaviours, which were leaving service users in similar states of distress.

How come that, as Moore and Measham (2012) write in a recent article "in the hands, or rather in the bodies, of gay men, Viagra transforms from 'medicine' to 'recreational drug' illegitimately deployed for the purposes of facilitating and prolonging impermissible pleasures" ( p. 567)? Building on the evidence from both studies, Chapter Six will discuss the exceptional construction of drugs and alcohol as



gay fetish for some men. Emerging in personal, intimate exchanges with another, their consumption allowed them to express homoerotic desire while suspending some of the constraints that are operating in everyday life. Substances represented (1) the product of encounters and memorable social moments, and (2) objects through which re-enactment of those memories was sought ad libitum in abstract, i.e. losing connection with the person with whom they were consumed. Such function, it is argued, protected some users from anxiety ensuing from the limits of satisfaction and allowed them to avoid facing the loss from the moment that was once experienced as pleasurable.

For the first time in history, we are witnessing today some dramatic changes in the social acceptance of homosexuality. Over the centuries, a variety of legal sanctions, from corporal punishment to community ostracisation, were attached to those who publicly expressed it, creating states of fear in the people involved. How can we make sense, however, of some men's experience of gay sex as shameful still today? Following from the decriminalisation of homosexuality, a sequela of medicalising and pathologising attitudes has made it difficult for MSM to accept themselves and engage openly in relations with others in society. Such history can be deemed to have left traces in the form of "danger-situation" anxiety (Freud, 1925/1926) exemplified by all occurrences of exclusion and marginalisation enforcing subjects to be "cut off" from mainstream society. Where such dangers are no longer present, however, anxiety can be deemed to last and be relieved through the use of substances. In turn, drugs and alcohol can preserve a certain ideal of full satisfaction and perfect community identification, hopes that in psycho-analytic terms conceal forms of identification with the Law's suspension/transgression rather than with the Law itself (Žižek, 1994). Through the function of the fetish, I will argue, men can allow themselves to have sex that is traditionally considered inappropriate while

rescuing their "loss of masculinity" through recourse to narratives involving drug use. Symbolically, this preserves the hegemonic features implied in certain views of masculinity, while supporting their fleeting and oppressive enactment in society. Through fixed recourse to drugs as objects of consumption for the enactment of homoerotic desire, the norms of acceptable sexual behaviour are suspended while at the same time present in their exception. Shame and worthlessness could thus become the only available modes of self-relating when ensuing from the incapacity of subjects to stand as cause of desires for each other, in a way that is fully responsible and accountable. Theoretical implications will be discussed in relation to the interchangeable nature of tangible and intangible objects of consumption when vested with such fetish function, including health-seeking and preservative ones such as exercising and intimacy with a partner. Destructiveness will thus be addressed not only in relation to drugs and alcohol but also to health preservative objects of consumption when fulfilling similar functions.

Rather like the experience of pleasure and pain in the search of enjoyment from my informants, the Conclusion will discuss the limits of the grounded theory built on these findings. Implications will be drawn with reference to health practice, configurations of risk and distress for MSM, and the up-taking of similar functions to drugs by other objects of consumption. These findings will be positioned in relation to previous research in this field and attention will be drawn to the qualitative method here employed and the call for a theoretical shift from deficit-based descriptions of MSM users to the vulnerability associated with pursuing stimulation through conjoined pleasure and pain. Further research can thus explore those elements more fully, according to parameters other than sexual orientation. Scope will be outlined for studies using quantitative and mixed methods to better understand shame and anxiety in relation to distress and risky behaviours.

## **Chapter One:**

# **Expressions of Men's Same-Sex Desire Through Substance Use, Sex, and Partying**

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This chapter sets the scene for the exploration of substance use in conjunction with expressions of men's same-sex desire. A preliminary clarification will be given with regard to definitions of sexual orientation and behaviours in the context of the literature of relevance. Situated between three domains, this project builds on contemporary research concerns around: (1) substance use (broadly including alcohol, illegal, and legal drugs), (2) unprotected anal sex among men, and (3) partying and celebratory events.

Each of these three strands will be presented through a review of the studies that have been designed to find associations between the use of a broad range of substances and HIV risk among MSM. A lack of specificity, in terms of both a one-to-one relationship between substances and risk behaviour and the homogeneity of such groupings, will be highlighted whilst drawing attention to the recurring selection of same-sex sexual orientation and HIV risk. Although the aspects of risk and harm are very present in these studies, the significance of substance use among this population needs further exploring in order for the individual stories to emerge, as well as their own particular health concerns as different from those of public stakeholders. The current understanding of drug and alcohol use as self-medication of underlying pathological conditions will be introduced, also in conjunction with the construct of internalised homophobia (Malyon, 1981): the absence of a discussion on

the heterogeneity and resilience elements within the gay community will be pointed to.

The current situation of HIV in the UK has changed over the last thirty years, especially after the introduction of more effective medication: from fatal illness, HIV has evolved into a manageable chronic condition (HPA, 2011). Concurrently with those changes, barebacking has emerged and has been documented in the literature as a risky practice involving men intentionally pursuing unprotected sex where HIV transmission is a possibility. Drugs are often linked to it and, whether intentional or unintentional, examining the personal significance of its practice is intimately related to sexual desire and its expression through the consumption of substances.

Finally, the context of consumption will be brought into focus. Again, research already shows the connection between attendance of gay-friendly bars and dance clubs and HIV risk from the use of drugs and alcohol. Whilst these efforts have been helpful at pointing to the harm involved in these practices, the importance of desire and its expression through consumption has, however, been neglected. Reference will be made to Jacques Lacan's (1977c) theorisation of desire as complemented by consumer behaviourist research on consumption and satisfaction. Whilst pointing to "disinhibition" and "escape" as limited explanations for understanding the enjoyment of drugs by this population, the question will be raised of how justice can be done to a possibly affirmative valence of object consumption while at the same time addressing the needs of those men who find substance use and sex with other men problematic.

## **1.1. The “Risky” Intersection Between Drug Use, Unprotected Anal Sex Among Men and Partying**

### **1.1.1. Categorising sexual orientation: A clarification.**

This project explores the significance of substance use, including drugs and alcohol, to men who engage in homosexual behaviour in London, England. The findings are hoped to add to the outstanding body of research pointing to the risks involved with substance use, specifically in relation to this population. Often described as MSM, people are classified by their same-sex sexual behaviour rather than by identities or sexual orientation. As the HIV/AIDS epidemic made risky sex the main issue of concern for this population, the MSM category has been adopted and used widely in health, psychology, and socio-cultural literature.

While immediately obvious in its meaning, using this category as opposed to other definitions of sexual orientation (e.g. gay, lesbian, queer, bisexual, homosexual) requires some consideration. In a now dated epidemiological article, Doll et al. (1992) made the point that the AIDS efforts targeting exclusively men who identified either as gay or heterosexual were leaving out a significant number of people having sex with either men or women regardless, to a large extent, of the sexual orientation they identified with. Hence, the original need for a description of those men that, albeit having sex with other men, did not identify as gay. In an attempt to circumvent the socially constructed features of identity, this classification brought behaviour into focus. It has also been noted that “gay” or “homosexual” as subject positions are mainly available to white, Western, and middle class subjects and may not be so relevant, for example, to black and other ethnic minorities (for example Donham, 1998).

In his genealogy of the “MSM” category, Boellstorff (2011) pointed to the way that such an acronym could be a medicalised expression of forms of surveillance and biological citizenship. While treating identity as a social construction, he noticed, this concept “reifies ‘men’ and ‘sex’ as prediscursive, conflating sex with penetration (above all, anal–penile intercourse) and maleness with biology” (p. 294). Furthermore, “MSM” is a construct that runs the risk of reproducing exclusion (e.g. male-to-female transgendered persons) and seems an appealing alternative for using the word “gay” from the political arena of the early 1990s. Inevitably, as with the evolution of “homosexual” in the previous century (Foucault, 1978), “MSM” has also shifted from behavioural category to group determination as vulnerable and at-risk.

In agreement with Boellstorff’s analysis of the limitations of “MSM” as a descriptive category, it has also to be highlighted that the complex practices around drug use and sexual expressions among men are too varied to fit neatly any single description. The dance clubs from the gay scene, for example, are also visited by women and transgendered persons. Moreover, the same individuals may engage in sexual behaviour or experience attraction that is not consistent with their prevalent sexual orientation. There are also those who refrain from aligning themselves with a determined form of sexual orientation or may be “just confused” as they are willing to engage in different sexual experiences for the first time or occasionally.

Furthermore, relying on identity categories might be more applicable to forms of research based on surveys or interviews where participants are asked explicitly about their sexual orientation. In this ethnographic project, based on participant observation and the analysis of non-directive interactions, recourse to those classifications would be limiting. Rather, focusing on sexual attraction and the

observation of informants' behaviours in conjunction with their drug use could avail possibilities for more nuanced forms of knowledge.

Consequently, this project retains the MSM category to represent a loose reference to the expressions of sexual desire object of research, also described as men's same-sex sexual desire. Intended as "forms of self-actualization predicated on nonidentitarian and practice-based categories" (Boellstorff, 2011), referring to "MSM" will not stop me from acknowledging forms of polysexuality in the settings that I have studied or consider women or heterosexual men as informants. To do otherwise, on the back of a-priori sampling criteria would not be consistent with the methodological premises outlined in Chapter Two, nor would it do justice to the complexity of the settings and practices being studied.

### **1.1.2. Delimitation of the field.**

Before proceeding with presenting the main literature streams that constitute the background for this project, it is worthwhile to delimit the perimeter of such a field. Psychological research on MSM has moved from the 1950s and 1960s focus on homosexuality as a mental disorder (Meyer, 2003) to sex among men as risk behaviour in the presence of a burgeoning HIV/AIDS epidemic (Jerome, Halkitis, & Siconolfi, 2009). In this regard, the behaviour that poses risks to individuals is chiefly exemplified by UAI, especially in the receptive position (Vosburgh, Mansergh, Sullivan, & Purcell, 2012). However, comparable risks from heterosexual anal intercourse have often been ignored (Halperin, Shiboski, Palefsky, & Padian, 2002; Halperin, 1999), while some studies have looked for correlations with sex work (Javanbakht et al., 2010) or drug use (Ibañez, Kurtz, Surratt, & Inciardi, 2010; Lescano et al., 2009; Reynolds, Latimore, & Fisher, 2008).

In parallel to that, over the last few decades, research has focused on the risks involved with drug and alcohol use and their higher prevalence among gay and bisexual men (Vosburgh et al., 2012). Beyond same-sex sexual orientation, the substance misuse field is vast and ranges from street drug use (mainly crack cocaine and heroin) to consumption of cannabis and other drugs by adolescents and emerging adults.

Finally, health-related studies of dance parties, festivals, and other forms of celebration have focused on gay-friendly venues but similar concerns also exist in relation to rave parties and other expressions of the night-time economy. This study aims to understand concerns around men's same-sex sexual expressions at the intersection of those three research strands, as depicted in Figure 1. This will be pursued by taking a more critical stance towards what is "risk". In order to maximise the effectiveness of such endeavour an interdisciplinary approach is required that draws from the different scholarly disciplines mentioned on p. 3.

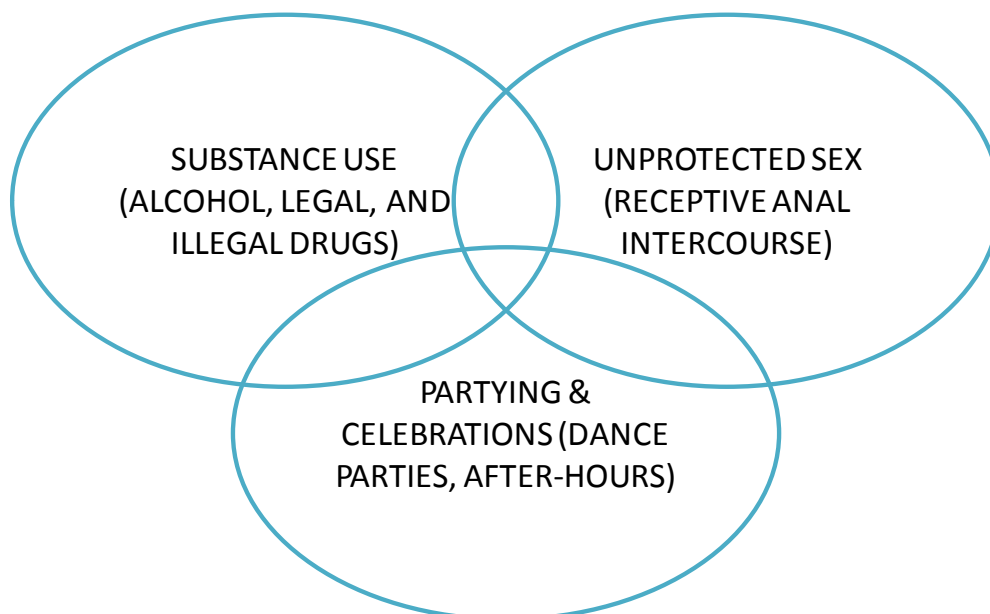


Figure 1. A visual description of the research field, as presented by literature on MSM risk behaviour.



### 1.1.3. Substance use among men and risky sex.

Drug and alcohol use by MSM has been related to unsafe sex, mainly in the form of unprotected anal sex and the spreading of HIV, Syphilis, Hepatitis C (HCV) and other sexually transmitted infections (STIs). Over nearly three decades, a conspicuous number of studies have been carried out on this subject. As a preliminary task for this project, a review was carried out to identify pieces of research specifically looking for such a connection between MSM substance use and sexual behaviour framed as risky. The search was performed through articles that mentioned individual substances and explored their use association with unsafe sex among men as *correlates, predictors, risk factors, causal factors, or determinants*. Studies were included that specifically formulated questions on individual substances and same-sex sexual behaviour as part of their design rather than presenting those as emerging inductively from more unstructured forms of research; prevalence of individual substances in this population was not considered at this stage. From 1986 onwards, 225 studies were identified exploring such links with a broad range of different substances, as summarised in Table 1. They did not all report those correlations as statistically significant, however for the purposes of this review they were included as indications of research interest in the association between substance use and sexual MSM risk.

Table 1. Substances That Have Been Objects of Study in Relation to Sexual Risk Behaviour Among Men

Substance category	Study examples
Alcohol	(McCusker et al., 1990; McKirnan, Vanable, Ostrow, & Hope, 2001; Stall, McKusick, Wiley, Coates, & Ostrow, 1986)
Tobacco	(Mackesy-Amiti, Fendrich, & Johnson, 2009)
Cannabis	(Hirshfield, Remien, Humberstone, Walavalkar, & Chiasson, 2004; Koblin et al., 2006; Mattison et al., 2001)
Poppers and other nitrates	(Colfax et al., 2005; Plankey et al., 2007; Romanelli, Smith, Thornton, & Pomeroy, 2004)
Amphetamine	(Colfax et al., 2004; McNall & Remafedi, 1999; Prestage et al., 2007)
Viagra (sildenafil)	(Kim, Kent, & Klausner, 2002; Mansergh et al., 2006; Sherr, Bolding, Maguire, & Elford, 2000)
Ketamine	(Lee, Galanter, Dermatis, & McDowell, 2004; Purcell, Moss, Remien, Woods, & Parsons, 2005)
Rohypnol (flunitrazepam)	(Benotsch et al., 2006; Drumright, Patterson, & Strathdee, 2006; Hatfield, Horvath, Jacoby, & Simon Rosser, 2009)
Metamphetamine	(Frosch, Shoptaw, Huber, Rawson, & Ling, 1996; Hirshfield, Remien, Walavalkar, & Chiasson, 2004; Reback & Grella, 1999)
Cocaine	(Chesney, Barrett, & Stall, 1998; Fuller et al., 2005; Woody et al., 1999)
Ecstasy and MDMA	(Degenhardt, 2005; Klitzman, Pope, & Hudson, 2000; Parsons & Halkitis, 2002)
G	(Mansergh et al., 2001; Ross, Mattison, & Franklin Jr., 2003; Rusch, Lampinen, Schilder, & Hogg, 2004)
Hallucinogens	(Craib et al., 2000; Elford, Bolding, & Sherr, 2001; Weber et al., 2001)
Injection drugs	(Perdue, Hagan, Thiede, & Valleroy, 2003; Salyers, Piper, & Rietmeijer, 2002; Semple, Patterson, & Grant, 2004)
Crack	(Morin et al., 2005; Rotheram-Borus et al., 1994; Ruiz, Facer, & Sun, 1998)
Heroin	(Ibañez, Purcell, Stall, Parsons, & Gómez, 2005; Kral et al., 2005; Morin et al., 2007)
Other opiates	(Bousman et al., 2009; Colón-López et al., 2011; Mayer et al., 2010)
Barbiturates or tranquillizers	(Benotsch, Martin, Koester, Cejka, & Luckman, 2011; Mackesy-Amiti, Fendrich, & Johnson, 2010; Semple, Strathdee, Zians, & Patterson, 2009)
Steroids and PIED	(Purcell et al., 2005; Semple, Patterson, & Grant, 2003; Semple, Zians, Strathdee, & Patterson, 2009)
Antidepressants and other prescription medications	(Chen et al., 2013; Finlayson et al., 2011; Sanchez et al., 2006)

Figure 2 provides a representation of the number of studies by individual substance.

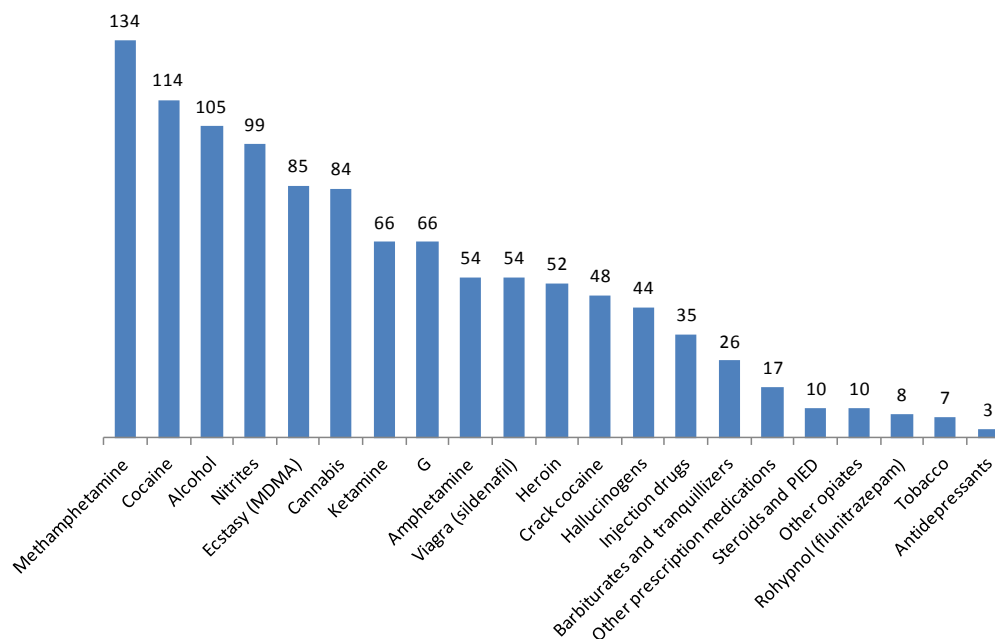


Figure 2. Substances related to unsafe sex among men, by number of studies.

Other researchers (e.g. Halkitis, Palamar, & Mukherjee, 2007; Knox, Kippax, Crawford, Prestage, & Van De Ven, 1999; Skinner & Otis, 1996; Stall et al., 2001; P. S. Sullivan, Nakashima, Purcell, & Ward, 1998) have studied the prevalence of drug and alcohol use among MSM, in isolation or in comparison with heterosexual groups or the general population. Regardless of the findings, this project addresses the emergence of concerns around unprotected same-sex sexual behaviour and substance use among men and its relevance to individuals. From the review above, not one individual substance, or a single group of substances, seems to carry that risk specifically. Despite recourse to *poly-drug use* (for example Kelly & Parsons, 2008) as a broad definition, alcohol and prescription drugs (e.g. Valium, Viagra, benzodiazepines) seem interchangeably involved. Modes of administration can also vary from oral (e.g. E, G, and mephedrone) to intra-venous (e.g. PIED and methamphetamine), from smoking (e.g. cannabis and methamphetamine) or snorting

(e.g. cocaine or ketamine) to rectal or genital application (e.g. methamphetamine or cocaine); however the risk is not accordingly differentiated.

Furthermore, substances that are medically prescribed can be also be procured online or on the black market, effectively out of regulations, offering yet another example of illicit use. As a result, it seems impractical to limit here the analysis to individual or groups of drugs in isolation. Researching “substance use” follows from isolating a common underlying concern informing epidemiological research between individual drugs and certain types of sexual behaviour. It is only consistent that, after questioning this main concern, the empirical research informing in this project will address its subjective significance for some men.

#### **1.1.3.1. A causal link.**

In their article “Club Drugs as Causal Risk Factors for HIV Acquisition Among Men Who Have Sex with Men: A Review” Drumright, Patterson and Strathdee (2006) both gathered evidence and developed a model to establish causal relationships between drug use and unsafe sex among men. Their interest was in club drugs, yet they met with broad and inconsistent definitions of such a grouping and resorted to a US government classification to delimit its boundaries. Their implications also raise the question of whether drug use is a causal factor per se or a marker for risky personality types, who would be more inclined to engage in unsafe sex as in other harmful behaviours. The framework they employed to establish causality was drawn from the work of Bradford Hill (1965), yet dispensed with the specificity required between risky behaviour and outcome. The applicability of those criteria to the domain of social sciences is debatable, as they were originally devised for the field of medicine. Furthermore, on the basis of this study it is impossible to rule out other factors that might play a causal role (e.g. mental distress, early life trauma, group

norms, subcultural significance, pursuit of pleasure per se) and result associated with both drug use and UAI. This *tertium quid* argument is particularly relevant given the absence of a one-to-one relationship between individual substances and behaviour, but also due to the high prevalence of HIV in this population aside from substance use. While reasons exist to draw attention to MSM as an at-risk or vulnerable group, risky sexual behaviour does not only occur among men. Moreover, it is interesting to question the framing of such research as drawing attention to sexual orientation as a parameter worthy of special attention. Other environmental factors might have been explored, e.g. childhood trauma, bullying, sexual abuse, parental neglect, violent and difficult relationships. While those themes are widely explored in the general drug literature (see p. 24) their significance to HIV and risky sexual behaviour is not so evident in studies on MSM substance use (exceptions might be found in Chartier et al., 2009; Noret & Rivers, 2003; Wong, Kipke, & Weiss, 2008).

In light of the questions raised on the certainty of those causality claims in MSM (Degenhardt, 2005; Hickson, Bonell, Weatherburn, & Reid, 2010; Morgenstern et al., 2009) and the general population (Mitcheson, McCambridge, Byrne, Hunt, & Winstock, 2008), the model by Drumright et al. (2006) emerges as more programmatic than grounded on evidence already available at the time. Out of the eight substances under analysis (i.e. methamphetamine, MDMA, ketamine, GHB, LSD, flunitrazepam, sildenafil, and volatile nitrates) six did not attract sufficient evidence meeting Hill's (1965) criteria. The case for volatile nitrates (i.e. poppers) is debatable due to the lack of analogy with similar models, experimental evidence, and the fact that this drug does not affect mental functioning. The authors thus claimed causality for methamphetamine or amphetamine only on the ground of 12 out of 14 reviewed studies. Since 2007, the year after the publication, 83 articles have

followed and explored the association between substance use and unsafe sexual behaviour among men. In their review of studies conducted since 1996, Vosburgh et al. (2012) have recently found little consistency in the association between the use of 15 different substances and MSM sexual risk behaviour in event-level assessments (i.e. in relation to specific sexual encounters that participants reported). Only binge drinking and methamphetamine use showed significant links to HIV risk (for drinking per se as problem behaviour see p. 25), however:

studies of more temporally distant behaviors may not necessarily produce findings consistent with event-level research. Associations identified using broader situational or global level assessments could be more linked to third variables such as general risktaking or sensation-seeking factors. In addition, even though temporal proximity is clearer for event-level studies, the behavioral linkages still do not signify direct causal links or rule out psychosocial mediators (p. 1407)

This led the authors to reiterate the need for further research addressing both psychological and social aspects as intertwined in substance use and sexual behaviour.

While bearing in mind the difference between correlation and causation, it is important to reflect on the consequences of selecting sexual orientation as a significant dimension to understand harm. Furthermore, it could be argued that exploring, investigating, and understanding harm tends to be focused on marginalised populations (e.g. those mentally ill, sex workers, and homeless people). It is thus a priority, on the one hand, to study the sources of distress for those engaging in same-sex sexual behaviour given the inequalities they experience as a marginalised minority. On the other hand, drawing exclusively on same-sex sexual expressions to find connections with unhealthy behaviours might resonate with

pathologising discourses of the past and support a conception of same-sex desire that is imbued with risk and potential for harm. Despite the variety of substances being addressed, the studies under review all focus on sex among men and the risk of contracting STIs. As a result, rather than focusing on the pharmacological properties of each substance, this study explores the connection between gay sex and substance use, across the boundary between accepted and problematic use. Due to the personal relevance of such inquiry to the individuals involved, however, a focus on discursive and affective evidence, as subjectively experienced, is bound to generate original findings to complement the epidemiological research discussed above.

### ***1.1.3.2. Self-medication hypothesis.***

In the clinical field, observations of individuals presenting with substance use disorders led to formulating the self-medication hypothesis (Khantzian, 1985, 1997) which claims that a correspondence exists between psychopathology and the use of drugs or alcohol. Rather than being casually chosen, individual substances are deemed to match the individual's presenting problems as determined by underlying vulnerabilities. Symptoms are typically described in relation to the inability to verbally express feelings (i.e. alexithymia), an impaired capacity for mental and symbolic representation (i.e. hyposymbolisation) and, more generally, by dysphoria, or "the pervasive, often vague distressful states that substance dependent persons try to medicate" (p. 237). While the contextual definition of symptoms and their self-medicating motives might seem rather circular, Khantzian's work is helpful in highlighting that "the distressful, repetitious aspects of drug dependence are intimately linked to the effects of early-life trauma on subsequent affect and personality development, representing attempts to work out painful states" (p. 235).

However, his recourse to mental conditions, homogenously considered in their severity, to explain dependence on a wide range of substances from nicotine to alcohol and stimulant drugs lacks a gradient reflecting the varying levels of use in the general population, given their prevalence.

In MSM substance use, the self-medication hypothesis was discussed by Bux (1996) as a possible explanation for problem drinking, considering excessive alcohol use in isolation as problem behaviour (for binge drinking in association with HIV risk see p. 23). In contrast with earlier epidemiological studies suggesting that as many as one-third of gay men presented significant drinking problems, that review found that “First, both gay men and lesbians appear to be less likely than heterosexuals to abstain from alcohol consumption. Second, gay men appear to exhibit little or no elevated risk for heavy drinking or alcohol abuse relative to heterosexual men.” (p. 286). However, Bux envisaged two routes through which alcohol could be employed to self-medicate. On the one hand, to cope with the denial of one’s sexuality first and then the internal conflicts, anxiety, and dislike for the self arising from self-hatred. On the other hand, problem drinking could be viewed as a way to cope with social stress and discrimination of living an unacceptable lifestyle.

In interviews with HIV+ methamphetamine users, Semple, Patterson and Grant (2002) found that their participants’ use increased in response to the diagnosis, as a way to cope with negative self-perceptions and social rejection. Through their study of 14 men who had been recently diagnosed with HIV Flowers, Mc Gregor Davis, Larking, Church, and Marriott (2011) reported on their participants’ experience of anxiety, paranoid thinking, suicidal ideation, and isolation subsequently to having been diagnosed with HIV.

It seems then important to differentiate whether an existing medical condition prompts self-medicating through substance use or whether inherent vulnerabilities



are associated with MSM as a result of their sexual orientation and the interplay with environmental factors. The danger is to replicate pathologising conceptualisations of men's same-sex desire, rather than highlighting the determinants of distress as shared with other sections of the general population.

Some researchers have pointed to depression (Wong et al., 2008), while others have noticed that MSM in general present a higher incidence of suicide and suicidal ideation, anxiety, and other mental conditions (Chakraborty, McManus, Brugha, Bebbington, & King, 2011; King et al., 2008). Together with contextual factors, internalised homophobia, i.e. the "internalization of the mythology and opprobrium which characterize current social attitudes toward homosexuality" by the "incipient homosexual individual" (Malyon, 1981, p. 60) is often employed to explain mental distress and risk-taking in relation to individual psychological conflicts that gay men have to overcome (Guss, 2000; Lewis & Ross, 1995; Ostrow & Shelby, 2000; Reback, 1997; Shidlo, Yi, & Dalit, 2005). While remarking upon the dangers of homonegativity as a predisposing and perpetuating factor of ill-health, Williamson (2000) warned against the concept of internalised homophobia feeding into "pathological models and in underestimating both the heterogeneity and resilience of lesbian and gay communities" (p. 105). The significant access of MSM to health services (Ruf et al., 2011) demands novel conceptualisations that avoid recourse to normative or pathologising assumptions.

### ***1.1.3.3. British research on MSM drug use.***

Unlike the USA and Australia, the UK lacks research on MSM drug use. Bolding, Hart, Sherr, and Elford (2006) conducted the first survey of crystal methamphetamine (Crystal) use in London, showing that 21% of gay men recruited in centrally located gyms reported using Crystal in 2004. Twenty-two percent of them

also disclosed having had UAI with partners of different or unknown HIV status. Hickson, Bonell, Weatherburn, and Reid (2010) found that 51% HIV+ gay men living in central London used drugs other than cannabis and poppers in 2005. Overall, 10% of their respondents reported worrying occasionally about their drug use, peaking at 31% and 29% of G and Ketamine users respectively; use of Crystal was not measured in their study. This prompts the need for further research and services aiming to reduce distress and social harm among this population, while causal relations of drug use to sexual risk remain uncertain.

As a unique metropolitan city in Europe, London attracts gay and bisexual men from both the UK and many other countries. In a globalised context whereby homosexual behaviour is only recently being decriminalised, however not uniformly across countries, people find in large metropolitan settings the anonymity for the free expression of their sexual desire. Notwithstanding those valued efforts, such measures do not necessarily involve, even in those countries, the full social legitimisation of homosexual behaviour (Lewis & Ross, 1995). Large sections of local population share with migrants the pain of being on the receiving end of prejudice, stigma, and discrimination. In those urban contexts where a critical mass of populace allows for it, MSM can find a selection of venues and other chances to meet potential partners and friends feeling part of an accepting community.

#### **1.1.4. Men having unprotected sex.**

##### ***1.1.4.1. HIV risk.***

Thirty years have passed since the report of the first AIDS cases in Los Angeles (Centers for Disease Control and Prevention [CDC], 1981), which was followed ten days later by one in the UK. While new HIV diagnoses in the UK have

decreased by 21% since 2005, 3,010 cases occurred in MSM in 2011 (HPA, 2012). This represents the highest level ever faced in one year, with one in 20 gay men estimated to live with HIV nationally and one in 12 in London. Thanks to the increased efficacy of HIV medication after the introduction of Highly Active Anti-Retroviral Therapies (HAART) in 1995 (Vosburgh et al., 2012), a dramatic reduction in mortality and the improved quality of life have contributed to the chronicisation of the condition. In turn, this has resulted in a relaxation of fears around sero-conversion and the individual attitudes towards protective behaviour leading, according to some, to what has been named a “second HIV epidemic” (Rice, Batterham, & Rotheram-Borus, 2006; P. S. Sullivan et al., 2009; Wolitski, Valdiserri, Denning, & Levine, 2001).

Contrary to the overall trend, Knussen, Flowers, McDaid, and Hart (2011) have found that in a sample of 10,223 men surveyed at commercial gay venues in Scotland, UAI did not increase between 2002 and 2008 after a spike between 2000 and 2002. A partial inconsistency with the HPA (2011) data measuring a 39% overall increase in the same period, the validity of researching behaviour through participants’ self-reports needs to be questioned with regard to practices that are highly stigmatised, framed as opposed to health prevention campaigns and potentially illegal when someone’s sero-status is not disclosed. More generally, it can be argued that self-reports are less reliable when involving behaviour that is punishable, shameful or otherwise sanctioned: for example Harris and Nicholson (2008) found that biological measures of cigarette smoking yielded a 2 and 1.3 times higher prevalence estimates than self-reports in 15 year-old boys and girls respectively. The underestimation of prevalence through self-reports in taboo or stigmatised behaviour has also been drawn attention to by others (Bourgois, 1998; McBride & Fortenberry, 2010).

Concurrently with the increase in new HIV diagnoses among MSM, research (e.g. Halkitis, Parsons, & Stirratt, 2001; Stall & Purcell, 2000; Worth & Rawstorne, 2005) has pointed to the rise in popularity of drug use in the MSM population. With particular focus on methamphetamine, but also extending to a number of other party drugs, these studies have focused on the combined effects of these two trends. Because of the increased libido and impulsive sexual behaviour under the influence of those substances, concerns have been raised over the potential for a “double epidemic” whereby the use of Crystal and other drugs contributes to the further spreading of HIV. Metropolitan contexts have been shown to be strongly associated with MSM methamphetamine use, high levels of drug-related incidents being reported in San Francisco, Los Angeles, San Diego on the western coast of the USA but also in New York, Denver, and Miami (Halkitis et al., 2001). In London, Bolding et al. (2006) estimated that one in ten gay men use Crystal at least once in a year.

Those studies flagging the prospect of an upsurge of HIV diagnoses in connection to increased drug use had a valuable preventative aim and were followed by several others (see section above). However, their inquiry has been mainly driven by an attention to the physiological effects of the drugs and to risk in strict relation to sexual behaviour. As a result, reasons for engaging in those practices have been sought in light of personality traits, individual dispositions, and psychological deficits of MSM as at-risk individuals whose sexual desire was deemed pathological when expressed through dangerous sex (Worth & Rawstorne, 2005). Aspects of resilience, mitigation of harmful consequences, and the varying levels of engagement with drugs among MSM have often been neglected. Furthermore, the factors contributing to the pursuit of harmful consequences by some MSM have not been explored as non-specific to sexual orientation, but rather to do with other dimensions (e.g.

deprivation, early loss of parents, trauma, childhood abuse, and neglect), which are related to similar problems in the general population.

#### **1.1.4.2. Barebacking.**

If engaging in unprotected anal sex constitutes a risk for drug-using MSM, having unprotected sex intentionally raises even more questions. Since the late 1990s (see Gauthier & Forsyth, 1999), barebacking has been documented in health research as a problematic gay sexual phenomenon. Borrowed, as an American metaphor, from the cowboys' wild horse riding in a rodeo without a saddle, the term has been defined in the literature as intentional UAI among men where HIV transmission is a possibility (Berg, 2009). This definition might not reflect, however, the variety of uses of the term among those who practice bareback sex. In fact only a small group of people seem to purposefully seek to receive the virus (aka *bug-chasers*) or to transmit it to others (aka *gift-givers*) while the majority of men who bareback are ambivalent about their partners' sero-status (Groves & Parsons, 2006) and wish to avoid HIV (Frasca, Ventuneac, Balan, & Carballo-Diéguez, 2012). Others might decide to have bareback sex only with sero-concordant partners, aiming to reduce the risk of new infections (aka *sero-sorting*). As a result, broader categorisations have emerged, considering as bareback all forms of intentionally condom-less sex among men with casual partners (da Silva & Iriart, 2010; Dean, 2009; Rodríguez & Martínez, 2011) or between HIV-negative partners outside monogamous relationships (Wolitski, 2005).

Following from the general concerns for HIV risk (see Table 1), links between substance use and intentional UAI among MSM have also been sought in relation to methamphetamine (Berg, 2008; Groves & Crow, 2012); poppers, other nitrates, and G (Halkitis et al., 2008; Kelly, Bimbi, Izienicki, & Parsons, 2009); amphetamine (Léobon

& Frigault, 2008); cocaine and ketamine (Nanín & Parsons, 2006; Reisner, Mimiaga, Case et al., 2009); injection drugs (Washington & Brocato, 2011); alcohol (Parsons & Bimbi, 2007; Paz-Bailey et al., 2004); cannabis and ecstasy/MDMA (Balán, Carballo-Diéguez, Ventuneac, & Remien, 2009; Halkitis, Siconolfi, Fumerton, & Barlup, 2008); tobacco, sildanefil citrate, Viagra, hallucinogens, crack, and heroin (Klein, 2011).

Rather than focusing on the presence or absence of those associations as significant, it is again worth examining the theoretical framing of this research. A wide-ranging and ever-expanding group of substances, also used by the general population, have been selected together with same-sex sexual orientation as potential indicators of risk. The lack of specificity, on the one hand, seems to highlight the need for better explanations and recourse has been made to coping with HIV diagnosis (Kelly et al., 2009), cognitive dissonance (Frasca et al., 2012), transgression (critically discussed by Crossley, 2002, 2004), resistance towards the perceived aggressiveness and oppression of prevention campaigns (Rodríguez & Martínez, 2011), situational factors (e.g. advancement in antiretroviral medication, age, anonymity of online contact and drug consumption), and relief from the burden of protection strategies (Gauthier & Forsyth, 1999) among others.

On the other hand, describing gay sex as inherently risky both limits the inquiry and runs the risk of pathologising all expressions of same-sex desire. In his anthropological study of barebacking as a subculture, Tim Dean (2009) pointed to its significance in overcoming barriers between persons. In spite of the literature shifting stigma on casual condom-less sex, he described the creative potential offered by kinship-like networks that are established through the sharing of the virus. Others have pointed to greater physical stimulation (Wolitski, 2005), the desire to surrender (da Silva, 2009), the significance as a rite of passage (da Silva & Iriart, 2010), and the pursuit of relational connectedness beyond rational configurations of “safe sex”

(Holmes & Warner, 2005; Mansergh et al., 2002). In the context of loving relationships between partners of different sero-status, Davis and Flowers (2011) have shown how HIV-positive gay men might describe their sero-conversion events as “giving him my unprotected sex”. Such narratives posit HIV status, qualified as negative in this case, as a valuable object that the other partner does not have, hence a gift predicated, according to the authors, on sero-status normativity.

It is arguable whether or not barebackers represent a unique subset of men who have gay sex (Berg, Tikkanenb, & Ross, 2011), yet the generalised use of the term on online dating sites, porn material, and in the scene parlance makes it a necessary reference when exploring risky behaviours under the influence of drugs and alcohol. While the drug literature seems interested in substances as a risk factor, some motivations might be shared between intentional and unintentional unprotected sex. If sex among men is to be the focus of interest it is possible to conceive of the underlying motives as on a continuum affecting behaviour, identity, and orientation. Whether those reasons are disavowed or not, concerns still remain around the practice of gay sex. Much of the sex happening in public sex venues is non-penetrative (Downing, 2011; Flowers, Marriott, & Hart, 2000; Frankis & Flowers, 2007), which according to Wolitski (2005) does not constitute barebacking behaviour. Nevertheless, whilst embracing the affirmative valence of both oral and unprotected anal sexual encounters, Dean (2009) portrays barebacking as the epitome of promiscuous gay sex. As such, it is worth holding this concept in mind as an important expression of men’s same-sex desire underlying the partying and drug-taking practices that endorse it.

### **1.1.5. Club venues and drug use.**

The easy access to substances, and their users, in leisure venues or dance parties has made it possible to research “club drugs”. This grouping, however, has also been described as extremely heterogeneous by physiological and social effects, modes of administration of substances, and their legal status (Degenhardt, Copeland, & Dillon, 2005; Echeverry & Nettles, 2009).

“Circuit Parties” are multi-day dancing festivals organised around special occasions (e.g. Pride, public holidays, and HIV fundraising events) in the same locations every year. Attracting thousands of attendees, they are established in North America and Australia but are also becoming popular in Europe. These events have also attracted attention specifically because of their association with drug use and risky sex (Benotsch et al., 2007; Kurtz, 2005; Lee et al., 2004; Mansergh et al., 2001; Mattison et al., 2001; McDowell, 2000; Ross et al., 2003), concerns that have extended to other permanent dance and leisure venues on the “gay scene” (Lewis & Ross, 1995).

Since 1994, 44 studies have researched participation to gay-friendly dance and bar venues in relation to potential associations between sexual risk behaviour and the substances listed in Table 2.



Table 2. Substances That Have Been Objects of Study in Relation to Unsafe Sex Among Men and Attendance to Gay-Scene Venues

Substance category	Study examples
Alcohol	(Darrow et al., 2005; Hightow et al., 2005; Perry et al., 1994)
Tobacco	(Willoughby, Lai, Doty, Mackey, & Malik, 2008)
Cannabis	(Banta-Green et al., 2005; Clutterbuck, Gorman, McMillan, Lewis, & Macintyre, 2001; Jayaraman, Read, & Singh, 2003)
Poppers and other nitrates	(Hidaka et al., 2006; Mettey, Crosby, DiClemente, & Holtgrave, 2003; Operario et al., 2006)
Amphetamine	(Folch, Esteve, Zaragoza, Muñoz, & Casabona, 2010; Jacobs et al., 2010)
Sildenafil or Viagra	(S. D. Rhodes et al., 2007; Sanchez & Gallagher, 2006; Thiede et al., 2009)
Metamphetamine	(Green & Halkitis, 2006; Halkitis et al., 2001; Kurtz, 2005)
Cocaine	(Pappas & Halkitis, 2011; Reisner, Mimiaga, Skeer et al., 2009; Semple, Strathdee, Zians, & Patterson, 2010)
Ecstasy and MDMA	(Schilder, Lampinen, Miller, & Hogg, 2005)
G and Ketamine	(Groo, Hirshfield, Remien, Humberstone, & Chiasson, 2013; Ramchand, Becker, Ruder, & Fisher, 2011)
Injection drugs	(Rietmeijer, Wolitski, Fishbein, Corby, & Cohn, 1998)

By drawing on the seminal work of Sara Thornton (1995) who explored the British rave scene of the 1980s it is possible to understand circuit parties and other clubbing events as manifestations of a subculture towards which different strands of scholars have taken their positions. Although some researchers highlighted the self-harming risk of these practices, others have pointed to their genuinely liberating, celebratory, queer, and redemptive valences (Buckland, 2002; Carrington, 2007; O'Byrne, 2008; Race, 2009b; Westhaver, 2003, 2005, 2006). Using interviews with circuit parties attendees, O'Byrne and Holmes (2011a) have found in the pursuit of desire, as located before particular sexual expressions and unrelated to personal identities, a productive force underpinning drug use and unsafe sex. Its aim is towards connectedness, creation of life opportunities, and their fulfilment.

Other gay scholars have criticised clubbing and the scene as representing limited and transient expressions of community, based on the cult of masculinity and hedonism (Bernard, Holt, & Race, 2008; Signorile, 1997). While current research has been effective in highlighting the risks involved with club drug use and MSM, what has often been neglected is the experience of pleasure and the affirmative personal

significance of clubbing beyond the pursuit of risk per se. Furthermore, research on equivalent practices across sexual orientations might also provide broader insights. Recent studies highlight a lack of interest in risky sexual behaviour, especially in the form of UAI, among heterosexual club drug users (Dunn, Day, Bruno, Degenhardt, & Campbell, 2010; Ibañez et al., 2010). Research on drug use among the general population highlights different kinds of health risks pointing at club-goers, regardless of gender or sexual orientation, as young and vulnerable. Hunt, Moloney, and Evans (2009, 2010) challenged this presentation by drawing attention to the neglect of pleasure in that context. Furthermore, Perrone (2009) criticised the exclusive focus on risk in dance clubs while discovering, through participant observation, that club-goers benefit from resources and knowledge embedded in those social practices mitigating the more harmful consequences of drug use. However, sexual expressions in those clubs led Perrone (2010) to reflect on their importance and impact in relation to her access to the field and the personal safety of the researcher.

#### ***1.1.5.1. Desire and consumption.***

Following up on Perrone (2010) and O'Byrne and Holmes' (2011b) findings, around the centrality of sexual expressions and desire in dance clubs respectively, demands one to explore the two as facets of the same theoretical construct. French psychoanalyst Jacques Lacan (1977c) provided a useful formulation of desire as "neither the appetite for satisfaction, nor the demand for love, but the difference that results from the subtraction of the first from the second, the phenomenon of their splitting" (p. 287). In those terms, the individual's expressions of desire come to life in relation to another person through the pursuit of satisfaction, which is articulated in the verbalisation of needs in symbolic forms of communication. Due to the socially determined webs of signification that are engendered, subjects are bound to

experience such exchanges as ultimately foreign, and contingent forms of satisfaction confront them with a returning of those needs as alienated. Meanwhile, the particularity of needs is lost in relational dynamics whereby providing mutual satisfaction is attributed the significance of proof of love. The inability to articulate fully such needs within language co-exists with constituting the Other as possessing the privilege of satisfying them. This posits desire as inexhaustible, proceeding from the unceasing search for satisfaction. Such a pursuit brings subjects together in relationships where they are eventually called to stand as the cause, rather than the objects, of each other's desire.

Consumer behaviourists have also placed the problematic concept of satisfaction at the heart of their research. According to Oliver (2010), "satisfaction is the consumer's fulfilment response. It is a judgment that a product/service feature, or the product or service itself, provided (or is providing) a pleasurable level of consumption-related fulfilment" (p. 8). Thus, the notion of satisfaction implies consumption of a tangible or intangible object, product or service, to pursue pleasure through the fulfilment of a need. Furthermore, both Oliver (2010) and Woodruff and Gardial (1996) relate the concept of product value to the consumer's desire as distinct from satisfaction, which is the consumer's reaction to the object-specific usage experience.

In his ethnography of the "Burning Man", a one-week long non-commercial festival organised every year in Nevada's Black Rock desert, Kozinets (2002) showed how meaningful relations between informants were still pursued through exchanges of some sort even within an anti-market setting. Alternative modes of dyadic exchange, typically through gift-giving and bartering, afford communitarian and genuinely caring experiences. They are assimilated to the trinket exchanges at Mardi Gras festivals or Boy Scout jamborees. Furthermore, the "emphasis on

embodiment, flamboyant decoration, excessive consumption, intoxication, sexuality, and fulfilment demonstrates the more openly hedonistic style of consumption associated with festivals” (p. 26). Gift exchanges and erotic life are connected in the search for a type of satisfaction derived “not merely from being filled but from being filled with a current that will not cease” (Hyde, 1999, p. 22) as a result of which “your emotions never seem in proportion to their objects” (p. 21).

#### **1.1.6. The risk(s) of sexual intercourse between men.**

In substance use research, the emphasis on risk has been criticised for producing the very conditions for it to occur. The “desire to escape” (McKirnan, Ostrow, & Hope, 1996; McKirnan et al., 2001; Semple et al., 2002) has been repeatedly cited as a cognitive factor to explain using in order to release sexual inhibitions (Green & Halkitis, 2006; Halkitis, Parsons, & Wilton, 2003; Halkitis, Green, & Carragher, 2006; O’Byrne & Holmes, 2011a). From a psychosocial standpoint, Rhodes (1996) related disinhibition itself to the social context and the culture shaping the experience of drug use for the individual. “Escaping” is thus deemed part of a cultural phenomenon and employs common sense explanations for substance use (e.g. “alcohol made me do it”; “I’m sorry, I only did that because I was drunk”, Rhodes, 1996) to justify, rather than to explain behaviour. Hence, drugs have been deemed to provide time out from what is normatively sanctioned as acceptable (e.g. appropriate sexual behaviour) while allowing an expedient for the abdication of agency.

Following on from Rhodes’ work, Race (2009a) analysed claims around risk and the possibility of HIV infection as part of a broader discourse leading to normative substantiations. Drugs, he argued, are socially constructed as substances that, thanks to their disinhibiting properties, provide convenient opportunities for

subjects to disavow their own behaviour under the influence. In turn, their legal sanctioning perpetuates the normative regulation of sexuality through separating the subjects' "good intentions" from the practices they engaged in, portrayed as "bad behaviour". The attribution of harmful properties to drugs hides the moral judgment and sexual conservatism related to "a range of sexual practices which, from certain normative standpoints, are considered highly shameful" (p. 236). Further on this point, Bersani (2011) highlights the role played by shame in the constitution of gay subjectivity. Being HIV positive can thus become the ultimate signifier of such shame: "being infected amounts to a sexual confession: I have been fucked" (p. 92). In social contexts where homosexual behaviour is no longer criminalised, however, it is of interest to question whether legality has been matched with full legitimisation in this regard (see p. 27) and people's attitudes have consequently shifted towards gay sex between men in its shamefulness.

While calling for the voices of actual users of Crystal to be listened to in the debate on risk, Race (2009a) asks future researchers "what are the conditions in which a small but significant group of people can *only* have the sort of sex they want on drugs?" (p. 237). *Drugsex*, he posits, is the state of feeling compelled to the chemical alteration of consciousness before even considering having sex.

## 1.2. The (Re)Search Questions

So far, research has been proficient at highlighting the sexual risks involved with substance use among MSM. However, the studies reviewed here have been designed to look for associations between pre-determined parameters of interest. The framing of research around the use of a wide range of substances (from tobacco to ketamine, from antidepressants to crack) and same-sex sexual orientation as main parameters of interest requires exploration with regard to (1) its theoretical

necessity, and (2) its relevance to the life of people involved. Namely, the testing of a-priori hypotheses has been carried out with ultimate reference to public health stakeholders and what seems to be remarkably underrepresented in the literature, following Race's (2009a) criticism, is the voice of the users themselves. And this is not just to mean to devise interviews around pre-determined topics of interest, but rather to leave space for their accounts to unfold more freely.

The two studies in this project were designed to better understand the consumption of drugs, alcohol, and others substances by MSM. In light of the existing research and the premises highlighted above, it was deemed important to pursue an approach giving primacy to the observation of practices and the unstructured unfolding of informants' accounts. Bearing in mind the division in the field between epidemiological and cultural studies (Hunt et al., 2009, 2010), it was important to give voice and explore both the social and problematic aspects of substance use, at the junction between interpersonal enjoyment and personal harm.

### **1.2.1. Substance use at dance parties.**

The study of club drug use in connection with risky sexual behaviour has highlighted the vulnerability of minority groups, more exposed to those risks than the general population. Yet the affirmative significance of "dancing on drugs" (Measham, Aldridge, & Parker, 2001) to their members requires a better understanding of "enjoyment" to complement and broaden the findings on risk-taking in that context. The first empirical section of this study presents my ethnography of London's gay-friendly after-hours, which are associated with high levels of substance use.

The exploration of consumption and desire as broad and relational tensions might help shed some new light on the personal significance of drug use in party settings. What is the emotional relevance of consumption in gay dance clubs beyond

the individual substances being consumed? Does drug use reflect such dynamics and, if so, what is its significance in relation to such an experience? Researching these questions can usefully relate MSM club drug use to broader practices of consumption in society, while contributing towards a more specific understanding of risk beyond the lens of same-sex sexual orientation only.

### **1.2.2. Problematic substance use.**

So far, health and clinical studies have addressed substance use and sex among men from the perspective of public stakeholders. However, a better understanding of distress from the perspective of those involved is required for two reasons. First, it will inform more effective services and support practitioners in their work with clients and, second, it might provide elements for more inductive, bottom-up frameworks to understand sexual desire and its expressions.

Hence, it is a priority to disentangle the reasons behind the public focus on risk and drug use per se from those producing distress among those MSM who seek help. The questions informing the second empirical section of this study were: What makes substance use problematic for some, but not all, MSM? How does that undermine the enjoyment of important aspects of life and feed into further use, isolation, and withdrawal? Chapter Five will present some accounts from people who at the same time constitute the focus of the literature on MSM drug use and presented themselves as problem substance users.

In addressing these questions, the group study was devised without specific priority of treatment outcomes, in order to explore how users can make use of services according to their own needs. It also attended to differences reflecting the heterogeneity of this population. In turn, this demanded to withhold preliminary hypotheses regarding distress in problem users, their substance use, and moral

judgments around the practices being discussed. The outcome of this study adds to the literature in providing personal, non-directive accounts of MSM's distress with drug use and sex. Its implications may be of value for health prevention and the work of practitioners.

### **1.3. Conclusion**

This chapter aimed to outline some existing strands along which substance use and sex among men have so far been researched. Despite the copious literature produced over the last three decades, the recurring emphasis on HIV risk has left a number of other aspects of MSM drug use under-represented. This is increasingly relevant considering the changes that have occurred for those living with HIV and its transformation into a manageable chronic condition. In particular, the recurring association of substance use with sexual behaviour and the selective focus on HIV risk in conjunction with men's same-sex attraction have created the need for a better understanding of consumption practices and desire per se. In turn, the carrying out of studies either testing hypotheses or asking for responses to pre-determined survey questions has paid little attention to what is at stake for those, among the larger MSM population, who find drugs and sex problematic.

At the intersection between social and clinical practices, consumption of drugs, alcohol and other substances presents both opportunities and challenges for men attracted to other men. The next chapter will discuss in detail the devising of methods and design to further explore these elements when stemming from real encounters with people. Consistent with the need for more nuanced accounts of these practices, this project had to give priority to the emergence of findings from those encounters rather than according to pre-conceived categories of risk. As a result, the analytic framework has had to be open to the varied configurations of



consumption, given the lack of a consistently homogeneous and relevant grouping of substances in specific relation to risk.

## Chapter Two:

# Researching Substance Use: Theory, Methodology, and Methods

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Before presenting the empirical outcomes of this project, a full disclosure of the thinking that guided it is required for two reasons. First, it makes accessible and explicit the logic behind data collection and their analysis up to the conclusions. Second, it situates how two studies have been devised and carried out among other possible alternatives. The adoption of a spirit of openness regarding the methodological assumptions intends to allow readers to draw their own conclusions as to the theoretical context of the findings in light of possible dialogue, extensions, and revisions from other studies on the same topic using different approaches.

This chapter describes the social constructionist framework within which I have worked and acknowledges the ontological, ethical, and epistemological standpoints that have been adopted as a result. Following from that, the main features of a qualitative research methodology will be highlighted, with special emphasis on the interplay between literature reading, data collection, and theory formulation. The analytic endeavour underlying the two studies has been inspired by the principles of Grounded Theory Ethnography (Charmaz, 2006). Among the different versions of Grounded Theory that have developed over the last five decades, the choice for the constructionist revision will be motivated in light of its consistency with the theoretical framework here adopted.

With regard to the empirical work, this chapter will outline the main features of data collection through participant observation. As a form of co-construction of knowledge between researcher and informants, emphasis will be placed on my position in the fields and the involvement of my own subjectivity in the research outcome. Quality and validity criteria will be discussed as applicable to the adopted methodology.

The first study will be introduced with the application of these general principles through participant observation at after-hours in London, England. Emphasis will be placed on the peculiarity of employing such method in a setting that emerged as illegal or semi-legal, the ensuing ethical considerations, the engagement with informants, and the production of data in the form of fieldnotes to be used in the analysis. Finally, this chapter will show how Grounded Theory was applied according to the different demands and constraints of the second study, addressing “problematic drug behaviour” reported by some men who have gay sex. It will describe the steps taken to set up a non-directive psychotherapeutic group that met weekly for thirteen months, following preliminary research in various health settings.

## **2.1. Theoretical Framework**

A description of the methodology employed in this project needs to start with an outline of the theoretical underpinnings that informed my work. These reflections involve both epistemological considerations and ontological assumptions, which shaped the way I could make sense of the researched phenomena. Social constructionism broadly describes the way in which discursive practices inform and constitute ourselves as both the subjects and the objects forming part of the reality that we observe. According to Foucault (1972), discourses are “practices that systematically form the objects of which they speak” (p.49). This applies to my

research focus in that subjects (e.g. drug users) and substances (e.g. drugs and alcohol) are both constituted by discourse in a relation of subjection to power structures within society.

In placing emphasis on language as symbolic means for relating, discourse constitutes our experience as supportive of and embedded in power relations encompassing oppressive and exclusionary dynamics. Language is thus in focus because it provides categories, narratives, and repertoires to describe, through identification, the social worlds we inhabit. Within the broadly termed “turn to language”, critical psychologists (for example Potter & Wetherell, 1987) have, on the one hand, highlighted how discourse also constructs attitudes and emotions (Edwards, 1997, 1999). Wittgenstein (1953) explored through the concept of “language games” how discourse is performed through conventional yet arbitrary practices with polyvalent meanings. As a result, it is of interest to look at the interpersonal dynamics and the social settings surrounding those practices to have a glimpse of what the overt content of textual signifiers might be pointing to.

On the other hand, emotions shape the way we talk. If words have no singular meaning, the way they are chosen and employed is directed at sorting specific effects on others. That is to say that emotions shape our language inasmuch as linguistic practices construct the world we inhabit. This can be viewed as an iterative process that continuously shifts the focus of our experience away from the idea of an objective reality towards the relatedness of our exchanges.

From a social constructionist perspective, knowledge is the product of the society and the culture in which it arises and, as expression of discourse, it supports the prevailing power relations of the time. Consistent with those premises, Mama (1995) demonstrated how the psychiatric pathologisation of the Negro and the construction of “African” as a subject position were shaped by material exploitation

and subordination to the supremacy of the Whites in colonialist 18<sup>th</sup> century America. Similarly, pathological descriptions of homosexuality have supported an exclusively heterosexual model of society and confined those who did not fit to a position of marginality. Through the workings of the “normalising society”, constructing homosexual behaviour as degenerate can be ascribed to the biopolitical aim of control over the life of the masses (Foucault, 2002).

However, as society changes through time so new forms of knowledge emerge. Together with the liberating function of exposing social inequalities, developing new forms of knowledge inevitably feeds into creating and supporting new power structures and perpetuating oppressive dynamics. It is thus a priority to be upfront about the implications of new findings and to maintain, through a reflective process, the awareness of how they can be used to re-enact oppression on others.

Different positions have been taken in relation to what is “real”, from a social constructionist viewpoint. Some have considered reality as simply a creation of language, that “there is nothing outside the text” (Derrida, 1976) and there are as many realities as discourses to describe them. Such a relativist position can be contrasted to critical realist standpoints (e.g. Adams, 2010; Brewer, 2000; LaFrance & Stoppard, 2006; Willig, 1999, 2001), which more or less accept the existence of an objective, “real” world that is accessible to human inquiry. These positions are closer to post-positivism, which emphasises the priority of an objective reality unequivocally described in quantitative measures. However, critical realists would object that measures can always be employed in support of particular discursive practices of the time and, as a result, they are far from granting access to pure objectivity.

Because of the way discursive practices inform both subjects and objects of inquiry, a neat separation between subjectivity and objectivity in qualitative research is impossible. A critical realist stance, however, posits the product of research at its

best as a co-construction of reality happening through the actions and interactions between participants, including the ones carrying out the research (Charmaz, 2011). It is thus important to reflect upon the ways in which the researchers' own subjectivity affects their reactions together with those of other participants and shapes the knowledge that is produced as a result.

## **2.2. Methodology**

Consistent with the theoretical premises discussed above, a qualitative methodology seemed well suited to capture the discursive and affective threads involved in my research. Post-positivistic approaches, on the one hand, support types of inquiry that, through the collection of data according to pre-defined measures, aim to demonstrate the validity of certain hypotheses. Qualitative research, on the other hand, tends to approach the researched phenomena with a more de-structured attitude in order to discover elements that were not previously known. Inductive approaches are adopted by qualitative researchers in order to develop theories that are grounded in the data, according to a "bottom-up" process (Henwood & Pidgeon, 2003).

Conversely, it is impossible to undertake the research completely naïve. This project was preceded by some examination of the literature and a previous study leading to a degree dissertation. Bearing in mind the importance of collecting data while questioning pre-existing categories, it is important to acknowledge the unrealistic character of such an endeavour. Rather, Henwood and Pidgeon (2003) advocated the adoption of a position of "theoretical agnosticism" instead of "theoretical ignorance", by means of engaging with both theoretical material and the research questions at early stages of Grounded Theory work. On the one hand, continuing a reading of the existing literature widely across disciplines was for me a

necessary requirement in order to make sense of the data I was collecting. On the other hand, maintaining a reflective attitude involved giving epistemological priority to the knowledge that developed from encounters with my informants. This involved continuously questioning whether the interpretations that I was making were supported by empirical evidence or, rather, were over-imposed on them from one or another study I felt particularly inclined towards.

### **2.2.1. Grounded Theory.**

Within qualitative methods, Grounded Theory offers a well established template for research which is iterative in nature. As theoretical inquiry is not separable from data collection, Grounded Theorists engage in a multi-stage research process which encompasses moments of data collection and moments of analysis in iteration. Through theoretical sampling (Charmaz, 2006, 2011), the researchers approach empirical work while keeping an open mind with regard to the initial research question. As categories of analysis emerge from initial data, the aim is to go back and collect more to fully develop the emerging properties. This is done concurrently with recourse to the research literature, as made increasingly relevant by the categories being studied. The development of a grounded theory is rigorously judged to the extent it emerges from such a process, rather than on the fit between the data and some pre-defined categories.

Grounded Theory was originally developed by Glaser and Strauss (1967), who argued for the need of a different type of research from the established quantitative paradigm focused on testing hypotheses. In their programmatic, rather than instructional first book (Muck & Mey, 2010) attention was drawn to the abstraction of theories formulated in disjunction from the richness of the social worlds which they were seeking to describe. Originally stemming from the Chicago

school of ethnographic research, Grounded Theory evolved through the years according to different strands. Consistent with the social constructionist framework here adopted, this project's methodology is aligned with the constructivist version (Charmaz, 2007, 2008) which includes reflexivity as an integral component in the analysis. While the acknowledgement of multiple versions of social realities as constructed through practices was inherent in Strauss's symbolic interactionist stance (Charmaz, 2011), this view is now also explicitly reflected in the recent revision of Corbin and Strauss's work (2008).

### **2.2.2. Participant observation.**

Observational data have long been used to develop grounded theories. From a social constructionist viewpoint, Monica Casper (1998) used observations as well as informal and formal interviews to gather data allowing her to build "from the ground up" (p. 18) a feminist and politically-informed theory of foetal surgery in the United States. Similarly, Michelle Wolkomir (2006) used Grounded Theory to gain insight in the reconciliation of homosexuality and religion through the analysis of observational data from the regular meetings of two groups of either gay or ex-gay Christian men. In their study of homelessness in the United States, Wasserman and Clair (2010) not only presented their ignorance of the subject as the necessary reason for adopting Grounded Theory in the analysis, but also set an example by giving priority to un-primed observations over a priori hypotheses that could have been gained from immersion in reading scholarly research alone.

Participation in the social worlds of the people one is researching forms part, together with other means of data collection, of ethnography as a set of methods (Hammersley & Atkinson, 1995). It involves collecting data from observations, interactions, and one's own experience of the studied setting through both taking



part in its practices and developing analytical reflections on them. As Brewer (2000) pointed out, however, ethnography is more than just a method of data collection and does not equate in its entirety with participant observation. In particular, the study of people that ethnography entails covers different aspects of their lives in relation to the various social practices they engage with. Ethnographers spend a considerable amount of time living with a community in order to take part in their activities and discover their meaning. The aim of this project shares with ethnography (1) the reliance on naturalistic observation rather than experimental conditions, and (2) methods of data collection that were flexible and unstructured. Similarly to Melissa Parker's (2001) context-concerned use of ethnography to study life in a sexual health clinic, however, participant observation was here concerned specifically with two social settings that constituted respective objects of study. Following Charmaz's (2006) definition of Grounded Theory Ethnography, participant observation here has focused on one social setting in each study as deemed relevant to the premises exposed in Chapter One. It can be argued, however, that the two studies are in many regards related: despite informants presenting disparate cultural, socio-economic, and linguistic backgrounds, they engaged in practices centred around the use of substances on the gay scene and fostering various expressions of sexual desire in that context, as further discussed on p. 163. As such, the two studies will be complementing one another in the grounded theory exposed in Chapter Six by way of providing data-source triangulation to either set of findings.

Through personal exchanges with my informants, as a participant and observer, I could immerse myself more fully in the social worlds I was studying. Words, signifiers of all sorts, from smells to clothing, sounds, and expressions, together with the emotions that accompanied me in those exchanges constituted the evidence that I used in my study. Goffman's (1961) study of the life of mental

patients as hospital inmates is an example of ethnographic research on subgroups that society classifies as deviant, showing that “the awesomeness, distastefulness, and barbarity of a foreign culture can decrease to the degree that the student becomes familiar with the point of view to life that is taken by his subjects” (p. 121). In studying the social world of peoples judged as primitive and inhuman researchers are forced to question themselves, rather like the actors taking Colin Turnbull’s book to the stage:

They too believed in the innate goodness of man. But the more they worked at the play the more the reality dawned on them, that in each one of them there was that same potential, however microscopic, for inhumanity. It was the full force of this self-evident truth that they brought to the stage. (Turnbull, 1972).

As a researcher, I need to reflect upon the positions I took up in the field and the roles that I enacted in the relationships that unfolded with time. Gold (1958) and Junker (1960) have described a range of options from complete participation to complete observation, including participant-as-observer and observer-as-participant. Adler and Adler (1987) have further enriched those distinctions by looking at the membership roles enacted in the field. Those roles evolve over time depending on the stages of the study and researchers are invited, within that framework, to make use of their own subjectivity: “the researcher’s own perspectives, experiences, and emotions become equally important to the accounts gathered from others, instead of serving as an important, but secondary, enhancement” (p. 34). As a peripheral member, I have been able to experience significant, frequent, and close interaction with informants, yet I refrained from acting as a central member and from participating in certain core activities. Similarly to the role of participant-as-observer

(Gold, 1958) this allowed me to maintain a certain distance to be able to analyse the data more reflectively.

### **2.2.3. Analytic theories.**

Following from the Grounded Theory guidelines, data were collected in parallel with further research across the literature. Consistent with the interdisciplinary focus highlighted above (see p. 16), this involved going back to exemplary texts on drug use, same-sex sexual expressions, and clubbing. They have indeed been central for the analysis of the data that will be presented in Chapters Three, Four, and Five. In addition to the theoretical sources that have been already introduced, particular use was made of Sigmund Freud's psycho-analytic models. Through most of his life, he developed an unparalleled wealth of knowledge on human sexuality from clinical evidence. According to a model that could be described idiographic in nature, Freud's work was based on qualitative data coming from his patients' talk through therapy. This is somewhat similar to the qualitative focus of inquiry in this project. Jacques Lacan followed Freud's research closely and adapted it to the philosophical paradigm of structuralism. As a result, language took up a central place so much that it led to a re-formulation of the unconscious itself as "[the unconscious] constituted by the effects of speech on the subject, it is the dimension in which the subject is determined in the development of the effects of speech, consequently the unconscious is structured like a language" (Lacan, 1981, p. 149). It is due to such discursive emphasis that Lacan's psycho-analytic revision is deemed most consistent with the constructivist approach underpinning this project as described above (see p. 44). Moreover, Lacan's definition of desire has already been introduced as central in relation to the concepts of consumption and satisfaction (see p. 35).

Finally, Giorgio Agamben's (1998, 2005) philosophical framework of *Homo Sacer* and the *state of exception* has been drawn on to analyse the data particularly from the clubbing ethnography (see Chapters Three and Four). Agamben's emphasis is also on language, although from a slightly different perspective to Lacan's. While the latter situates the subject's personal experience in the context of the social connections that language endorses, Agamben's work is concerned with the normative aspects of contemporary life. As such, his theories constitute a necessary complement to address the elements of sexual behaviour that emerge in compliance with the larger-scale production and management of populations, originally described by Foucault (2002) as "bio-politics".

Starting from participant observation, data were thus iteratively analysed in relation to the field literature, and the emerging categories have been substantiated through recourse to these scholars' descriptions and explanations of related phenomena.

#### **2.2.4. Reflexivity.**

As a co-construction of knowledge from the exchanges between informants and researchers (Mruck & Mey, 2010), my own subjectivity inevitably affected both the engagement with the people I met and the knowledge that I drew as a result. While a neat separation between subject and object is impossible within the research framework that I adopted, it is important to reflect upon the mutual effects between the two.

Scholars from social constructionist approaches and qualitative researchers from various epistemological backgrounds have emphasised over time the importance of reflexivity, involved with a "recursive turning back of one's experience upon oneself" (Steier, 1991, p. 2) to reflect upon the interweaving of the researcher

and participant's subjectivities in the research process. A number of different types of reflexivities have been outlined since, ranging from the self-awareness of own epistemological assumptions, to the impact of the methodology of choice, to that of the researcher's personal features. Grounded theorists have split over the centrality of reflexivity, with those from the objectivist tradition considering it at the extreme "paralyzing, self-destructive and stifling of productivity" (Glaser, 2001, p.47).

Following the constructivist revision introduced by Kathy Charmaz (2006, 2011), it was impossible for me to ignore the effect of my presence on the interactions with my informants especially given the participatory nature of data collection.

Interactions between people are inevitably shaped by mutual impressions of each other, as it is the analysis of the emerging data. The knowledge that is produced as a result needs to be "put in check" by making explicit the source from which it is coming, to limit the risk of making it an absolute account of truth aiming at reinstating power through discourse rather than highlighting the mechanisms of power at play in the dynamics that have been observed.

As a result, attention was drawn to reflecting on and understanding my role as observer (Devereux, 1967) contextually with my personal involvement with informants. This contrasts with research frameworks that describe the role of the researcher as treating and manipulating the objects of study. Given the interactions with my informants that will be described in the following chapters, it has been my aim to highlight both the impact that I had on them as well as the effects they produced on my own feelings, thoughts, and perceptions (see p. 73 and p. 81 for application to the after-hours and group study respectively). Measures to enhance this process involved constant and frequent access to supervision as well as feedback from fellow researchers at academic conferences where my findings were presented.

### **2.2.5. Validity.**

Carrying out research begs the question of which criteria should be used to assess the quality of its findings. Quantitative research aims to produce results that are objective, reliable, and statistically generalisable. Due to the differences in design and analysis, qualitative research cannot provide its claims with those features. In particular, its detailed and focused attention on a limited group of cases will lead to findings that might shed new light on a research question and might be applicable to other variably related contexts through theoretical, vertical, or logical generalisations (Yardley, 2008). Following from that, requirements for large sample sizes are replaced by the consideration of enough cases providing robust descriptions to support the claims. Such cases might be coming from the repeated observation of the same informants rather than the collection of data from one-off exposure to a large group of people.

In order to ensure validity, defined as “the degree to which it [the research] is accepted as sound, legitimate and authoritative by people with an interest in research findings” (Yardley, 2008, p. 235), I will describe here the measures that I have taken to meet Yardley’s (2000) criteria for qualitative validity: (1) sensitivity to context, (2) commitment and rigour, (3) coherence and transparency, and (4) impact and importance.

First, the consideration of the broadest range of literature sources on drug use among MSM aimed to provide my research with openness to many different perspectives from health to cultural studies, sociology, anthropology, analytical theory, psychology, and queer studies (see p. 4). Together with engaging in reflexivity to ascertain my effect on the outcome of the analysis, attention has been paid to the social position of informants in relation to gender, ethnicity, nationality,

and class. Second, data collection, literature review, and analysis through numerous iterations were pursued until saturation had been reached according to the criteria described separately for either study (see pp. 73 and 88). This, in conjunction with the development of original findings, aimed to push the inquiry to adequate levels of depth. Making explicit the philosophical tenets underpinning the method of choice contributed to provide clarity around the choices involved with the design, implementation, and analysis of the research. Finally, maintaining an audit trail through memos that documented analytic decisions as well as moves into further data collection helped increase the transparency of such process. Keeping a reflexive journal, gathering observations and reflections through the different phases of data collection further contributed to that endeavour. Third, it has been a priority to maintain a consistent line between epistemological thinking, study design, analysis, and review of the literature. To that extent, I have opted for adopting qualitative-only methods rather than a mixed method approach. At the expense of the breadth of implications, focusing exclusively on qualitative research intended to maximise the coherence of my findings.

Finally, triangulation is often recommended for enhancing the validity of qualitative claims. Drawing inspiration from the practices of navigation and surveying, it involves confronting whether different points of view on a single topic lead to the same conclusion. In light of the social constructionist framework of this study, such an approach is generally considered inconsistent because of the absence of an underlying objective truth that I endeavoured to discover. Rather, my research aimed to uncover different discursive and affective threads, variably relevant to each informant and equally representative of the practices being studied. In turn, among the many types of triangulation, some have been employed here to the extent that they contributed to the robustness of the claims being made. "Theory

triangulation” was described by Denzin (1978) as approaching the data with multiple perspectives and interpretations in mind. Consistent with this approach, I made recourse through the analysis to the variety of scholarly strands described in the Introduction (p. 3) to make more accurate and relevant interpretations. As elsewhere discussed more fully (Angen, 2000; Latta & Goodman, 2011; Morse, 1994; Sandelowski, 1993), respondent validation does not fit the social constructionist framework of the research: each informant holds particular narrative structures and interests which would not fully coincide with the findings as a collation of all the realities or narratives encountered during the research process. To some extent, data triangulation was pursued through the repeated use of the theoretical comparisons method, which allowed bringing together similar instances in the data and exploring similarities and differences.

As a form of “data-source” triangulation, the design allowed for comparing the perspectives of informants using drugs in recreational settings with those from a health service in order to provide more rounded research insights. In fact, informants could have happened to take part in either component of the study: those in the group also reported having taken part in the parties that I observed, while some of the club-goers disclosed accessing drug services for help with their use. Finally, investigator triangulation was considered both inconsistent with social constructionism and impractical in the context of this project as individually carried out. However, frequent meetings with two research supervisors, feedback from the dissemination of findings at various research conferences, and the fortnightly attendance of clinical supervision for the group study (see p. 82) helped challenging my understanding of the data and created the necessity for revisions. Regular meetings with experts and other representative social actors (e.g. drug agency



management and group co-facilitator) contributed further insight in the analytic process (see p. 61 for the impact of those exchanges on the research design).

### **2.3. Emerging Design and Methods**

As I started exploring the research literature on drug use among MSM, I also began taking direct involvement with both health organisations and club settings. Over time I took part, as a volunteer, in different health projects aimed at MSM. I co-facilitated a group helping men of mixed HIV status who struggled with compulsive sexual behaviour and I acted as a substance misuse worker with those reporting problems with their drug use. Simultaneously, I attended dance parties in London's clubs that featured high levels of drug use and were aimed to a polysexual, yet prevalently gay public.

Following theoretical sampling (Charmaz, 2006, 2011), the analysis of such preliminary data in conjunction with further reading of field literature, indicated more clearly the categories that I was interested to explore in further detail. Drug research is fragmented by the contrasting paradigms of cultural studies and epidemiology (Hunt et al., 2010). As a result, I decided to take part in two studies in parallel, one in the social setting of London's dance club venues and the other in a health service aimed at people struggling with substance use. Within both settings I was engaging in participant observation, documented either through my own fieldnotes as a club-goer or by the transcripts of the group sessions I co-facilitated. These data constituted the basis for the analysis and the development of the grounded theory exposed in Chapter Six. Nonetheless, the different features of those settings placed specific demands on design.

## 2.4. Researching Substance Use in After-Hours

Studying dance parties featuring high levels of drug use posed specific demands in relation to my ethical responsibility as a researcher and to my membership role in the field. Respect for the principles of beneficence, autonomy, and justice to subjects in a “threshold” space (see p. 140) featuring illegality demanded specific adaptations. The informed consent requirement was waived and my research aim was disguised. In conjunction with that, the handling of my presentation in front of *informants*, rather than study participants, had to be paid consideration in light of impression management issues. These dealt with both the need for acceptance from the people I was meeting and the risk of “going native” or “over-rapport” (Hammersley & Atkinson, 1995).

Engagement with 76 club-goers as informants of widely varied backgrounds was documented through anonymous fieldnotes; no recording was taken. Given the peripheral membership role adopted (see p. 51) and my disguising of the research aim (see p. 61), reflections on the elements of trust and reciprocity in the engagements with club-goers are particularly relevant. Finally, the generation of the data in the form of fieldnotes has to be reflected on as both the outcome of my subjective observations and the object of analysis, as described in Chapters Three and Four.

### 2.4.1. Participant observation.

Consistent with my focus on clubbing and drugs, I limited my attention to gay-friendly after-hours, starting in the early hours of the morning. Information from online internet material, social networking and other websites, blogs, podcasts, and music sources has been useful for gaining a fuller understanding of the practices involved,

however these data have been mostly ignored for the purposes of the analysis. For a year since November 2009, foreshadowing (Hammersley & Atkinson, 1995) meant my attending of various parties in London to gain familiarity with the different events and attendants' roles as possible "sites" and "cases" (Miles & Huberman, 1994) that could become objects of research. During that time I did not take notes and the data used in this study do not relate to those visits.

#### ***2.4.1.1. Ethical considerations and design changes.***

Initially this study was designed as a collaborative ethnographic project whereby informants were to be recruited with explicit reference to drug use in dance club settings. Subject to informed consent, I would have taken part in observations at the clubs and interviewed informants around the emerging themes on different days. On the back of such design, the study received initial Ethics Approval in August 2010 (see Appendix One). Through social networking sites, I then proceeded to find 89 users who publicly displayed association with gay-friendly after-hours through preferences for dance club venues, party events, promoters, ticket agents, DJs, and music styles. I made sure that they were unknown to me directly and we shared no mutual friends. After random selection, contact was made with 21 users through private messages disclosing my university affiliation, the research aim, my intention to recruit informants, confidentiality, and anonymity. This approach proved unsuccessful as no one was available to meet apart from one person who proved unreliable and I had to ignore. In hindsight, it seems obvious now that such response failure was to do to a large extent with the illegality of some of the practices that I have later observed. Furthermore, being open about drug consumption in the clubs would also run the risk of exposing the venues and those who run them, sometimes personally known to club-goers through personal networks.

Meanwhile, my work in an LGBT drug agency brought me in contact with people who were expert on the gay scene in London. Speaking with the agency manager at the time, he emphasised the need for concealing the research aim of my study due to (1) the illegality of the activities informants engaged in, also confirmed by Andersson's (2011) description of the semi-legal or illegal circumstances under which similar clubs operate, and to (2) the physiological effects of the substances being consumed. These exchanges can be viewed as part of preliminary fieldwork following the canons of theoretical sampling (see p. 48): starting off as a researcher I was not aware of the legal issues specific to the practices I was going to study and assumed that standard informed consent would apply. According to the inductive methodology exposed earlier (see p. 47), I had to question from the outset taken-for-granted concepts of risk as socially constructed and had to wait for context-specific data to emerge from research. As I went along, however, both the recruitment failure and the advice of key informants suggested that the design should change according to the new information I gained.

The need for protecting informants' anonymity given the illegality of some of the activities they engaged in and the questionable validity of informed consent when dealing with intoxicated subjects (Measham & Moore, 2009) all required a re-examination of the applicability of its requirement. Taking stock of that information and consistent with the discipline body's guidelines (British Psychological Society, 2009), the University Ethics Committee waived the requirement for informed consent and for revealing my research purposes (Appendix Five exhibits the conversation with the Ethics Committee on the matter). As measures of personal safety during the observations I was required to always carry a mobile phone with me and to let at least one other person know where I was going: I complied with both requirements.

Some informants, as personal friends, already knew about my research and, when with them, I made open references to it in the field:

*I recognise Mark and Kurt, two friends. Mark comes close and asks me how I'm doing. I say I'm good. They are coming from an Halloween house party, which explains why Mark is wearing some goth-looking make up and Kurt, his friend, has a red hat on as the Mad Hatter character. I say that I've been hanging out with friends. Mark didn't think this was my kind of clubbing but I reply that I enjoy it, plus I'm doing my PhD on this. He remembers me telling him that and wonders if I am doing research now. To my affirmative reply he asks if I am taking notes and I say yes, well on the phone. We both laugh.*  
(Fieldnotes, observation No. 3, LL569-584)

Others came to know about my research activity and I confirmed it when directly asked:

*Back on the dancefloor I bump into Luke, my friend's flatmate. He says hello and asks me if I'm here doing research, I say yes*  
(Fieldnotes, observation No. 10, LL1613-1614)

Special emphasis was placed on the limits of my participation, which had to exclude consuming drugs or alcohol while taking notes. Because of the centrality of these activities in the practices I was studying, my participation was in line with a peripheral membership role in the field (Adler & Adler, 1987; see p. 51).

As a result of waiving the informed consent requirement I had to refrain from conducting subsequent interviews, originally planned in the study design approved in August 2010. This is because I was not going to take recordings of club-goers, which would have put them at risk of being identified. All their names, mobile numbers, and contact details have been deleted from my laptop and phone and identifying information was disguised in my fieldnotes through the use of pseudonyms. The final design thus included participant observation only, documented through my own fieldnotes according to the procedure described on p. 72. Through my own note writing, and the subjective mediation this entails, the identity of informants is to be

considered further protected in comparison to other means of data collection (e.g. video or audio recording).

#### **2.4.1.2. *Ethnographic studies using deception.***

Historically, exemplary pieces of ethnographic research have involved deception (Lenza, 2004). Most notably, Ervin Goffman (1961) passed as athletic instructor in a mental institution to gather data later published in *Asylums*. However, a study that undoubtedly raised most controversies around the use of deception in social science is Laud Humphreys' (1975) covert research of sexual interactions between men in public toilets. His work has significantly shaped the guidelines for participant observation going forward and contributed to the creation of University Institutional Review Boards in the USA (Galliher, Brekhus, & Keys, 2004).

In order to study an illegal form of behaviour that involved sex in public places, therefore framed as deviant, Humphreys held observations in public toilets for two years acting as a "Watchqueen", i.e. the person that in that setting looks out for the approaching of the police, gangs, or any other presence putting those involved in jeopardy. During his observations he concealed a tape recorder in his car and recorded some informal interviews with men from those settings without their consent. When asked upon subsequent contact and "with the help of some meals together and a number of drinks" (p. 36), twelve men only consented to be interviewed and just two agreed to be recorded on tape. This sample was not representative of those taking part in the "tearoom trade", the name for sex in public toilets ascribed by Humphreys to the homosexual subculture.

In addition to the observations, Humphreys also took note of the registration numbers of cars parked in the areas adjacent to the toilets. Under the premises of him conducting market research, he persuaded some police officers to provide the

names and home addresses associated to those numbers. Out of 134 initial contacts, he sampled 100 men and visited them a year later at their homes. In doing so he acted in disguise as a social health researcher administering a questionnaire to gather personal information about their “family background, socioeconomic factors, personal health and social histories, religious and employment data, a few questions on social and political attitudes, a survey of friendship networks, and information on marital relationships and sex” (p. 41).

*Tearoom trade* received positive reviews initially, also from England (Galliher et al., 2004). The book, however, was heavily criticised on ethical grounds. Some of the concerns are to be related to the historic period when they were raised, with the most critical columnist Nicholas von Hoffman labelling 1976 “the year of the fag” (Babbie, 2004), and to Humphreys’ findings demonstrating the accepted normality in the lives of those also taking part in sex in public toilets. After more than forty years since the publication of the study, feminist researchers now give credit to his work for “giving voice to the voiceless” (Parks, 2004) and documenting “what human beings will do with limited life choices (as compared to heterosexuals) to satisfy their sexual desires through connections with strangers even when such behavior can result in dire consequences for them as well as their families” (p. 151). By documenting gay sexual interactions between men who mostly identified and lived their lives as heterosexuals, Galliher, Brekhus, and Keys (2004) argue that *Tearoom trade* empirically anticipated, and therefore provided validation to, the development of queer theory (see p. 5):

In contemporary usage homosexuality draws “attention to the paradigm shift from sexual acts to sexual identities” (Jagose, 1996, p. 18). A failure to appreciate this complexity led to an initial misconception of AIDS as a gay

disease, only later recognized as a problem for the “general population” (p. 53).

#### ***2.4.1.3. Positioning this study within the contemporary ethical debate in social research.***

Despite the value that Humphreys' ethnography carries, acknowledged even by his detractors (Hess, Markson, & Stein, 1982), it is necessary to recognise what has been learned from the methodological errors that were made and position my participant observation within the ethical framework of this day and age. Accepted ethical pillars of contemporary research with human subjects are the principles of beneficence/non-maleficence, justice, and respect for autonomy (Faden & Beauchamp, 1986; National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). It can be argued that recording people involved in illegal behaviour whilst under partial or total disguise is unethical. Despite all security and protective measures, data can be stolen and individuals can be identified from those recordings with harm potentially ensuing in various forms (e.g. arrest, divorce, loss of employment). In adherence to the beneficence/non-maleficence principle and striving for the minimisation of harm to informants, I did not record my clubbing observations or any verbal interactions with them. I did disclose my identity, personal information, and University affiliation in respect of the reciprocity and trust endeavoured as part of the research method adopted (see p. 71). Making use of personally identifying details of those involved in illegal behaviour to subsequently make unsolicited contact is to be considered unethical a fortiori because of the increased risks to informants. Given the illegality of some activities observed I have not made subsequent contact with club-goers or entertained relationships of any sorts with them after fieldwork ended.



On the one hand, waiving the requirement of informed consent, as discussed on p. 60 and Appendix Five, was motivated by the aim of reducing harm to informants due to the illegality of the practices they engaged in. On the other hand, carrying out this particular piece of research according to such design further intended to allow the involved population to benefit, directly or indirectly, from its research outcomes. These elements are respectively in line with the principles of beneficence and justice, keeping in mind Parks' argument (2004) around the limited life choices for oppressed and marginalised populations.

Finally, a distinction needs to be drawn between human subjects as participants in experimental designs and informants in naturalistic observations. While the former can be affected by the intentional manipulation of experimental conditions, the latter are not addressed by intentional alterations of the object of study pre-determined at design stage. Implications for harm to those involved are thus different, as in the first case there might be additional potential for harm to participants specifically because of the measures taken, whereas in the second case engagement on the researchers' part occurs for them as participants and follows the rules that are set by the *milieu* that is being studied. While experiments in this field are considered unethical for potentially contributing to harm (e.g. through the direct administration of substances or the withholding of medication), questions then can be raised on whether certain topics need not be object of research altogether and the social implications of such a position. Through participant observation this study attempted to better understand a problematised subject and, by addressing a gap in the literature, aimed to better the marginalised condition of those involved, in direct application of the justice principle in social science.

### **2.4.2. The observations.**

Subsequent to receiving ethics approval and until February 2011, I started taking fieldnotes systematically (see p. 72), covering approximately 70 hours of observation (summarised in Table 3). Rather than having interviews with participants featuring high levels of intoxication, whereby less control than usual could be exerted on answering pre-determined questions, I relied on notes from events and exchanges that were naturally occurring in the field based on own my participation (within the limits described on p. 71) as that of an ordinary club-goer. Due to such limited recourse to un-structured data collection, the club-goers I interacted with are best referred to using the ethnographic category of “informants” rather than “participants”.

Table 3. The After-Hours Observations

#	Party	Venue	Time Arrived	Time Departed	Informants	Hours spent
1	Chaos	Wave	03:25	07:50	Andrea, Angel, Bobby, Chad, Charlie, Deb, Gracie, Jack, Kurt, Mark, Pascal, Patrick, Simone	4.42
2	Chill-out	Pascal's flat	07:50	09:28	Charlie, Lindsey, Pascal, Patrick, Tony	1.63
3	Bazaar	Greenhouse	07:04	16:00	Ben, Christian, Fred, Jane, Mike, Philip, Silver Man, Tom	8.93
4	Chill-out	Jane's hotel room	16:00	18:30	Ben, Jane	2.50
5	Aqua	Wave	03:40	07:40	Charlie, Chris, Pascal, Patrick, Sally, Shane	4.00
6	Ultra	Cielo	06:07	13:00	Christian, Diego, Giovanni, Graham, Oskar, Pascal, Patrick, Samuel DJ	6.88
7	Blown	Wave	13:00	15:15	Alessio, Eduardo, Fabio, Giovanni, Graham, Oskar, Susan	2.25
8	Bazaar	Greenhouse	06:40	10:45	Adam, Ann, Brad, Christian, Conor, Jay, Russell, Stuart, Walter	4.08
9	Chill-out	Christian and Russell's flat	10:45	12:03	Ann, Christian, Russell	1.30
10	AnimalFactory	Vast	02:00	06:00	Ben, Brad, Craig, Darren, Luke, Matteo	4.00
11	Ultra	Cielo	06:00	09:41	Ben, Brad, Christian, Darren, Luis, Mark, Matteo, Michael, Patrick, Peter, Russell, Stefano, Tom	3.68
12	Aqua	Wave	04:00	06:45	Fabrian, Juan, Paul, Robin, Tom	2.75
13	Chill-out	Denny's flat	06:45	08:50	Denny, Louis, Paul, Robin, Tom	2.08
14	Zipp	Wave	04:29	09:56	Billy, Carl, Ivan, Joel, Luis, Mark, Omar, Paul, Ted, Thomas	5.45
15	Chaos	Wave	04:20	07:09	Bryan, Phil, Todd	2.82
16	Ultra	Cielo	08:14	12:45	Alex, Ben, Charlie, Dom, Felipe, Metin, Sergio, Pascal, Patrick, Steve	4.52
17	Blown	Wave	14:38	18:05	Brad, David, Metin, Patrick, Sergio, Tom	3.45
18	Underworld	Cielo	23:48	04:26	Brad, John, Joseph, Ronald	4.63
						69.38

Note. All times are approximations.

### **2.4.3. Impression management.**

To a large extent, my conduct in the field enacted the performance of a social role specific to the party setting as “front stage” (Goffman, 1959). Impression management required me to think about my personal appearance and the effects on the research engagement with the people I met. Hammersley and Atkinson (1995) highlight the importance of clothing, speech, demeanour, and pure sociability in order to build trust with informants. Underlying those conscious efforts, “the researcher must judge what sort of impression he or she wishes to create, and manage appearances accordingly” (p. 87).

Whilst entering the field, my aim was to research the experience of an ordinary club-goer and I adjusted my appearance accordingly. From before the beginning of formal observations, I had started attending a regular weight training programme at the gym and paying attention to my diet. By the time I entered the field, I was attending the gym and running on alternate days. This allowed me to “fit in” with the body types as presented shirtless in the clubs I visited. The clothes I decided to wear at each visit typically consisted of simple t-shirts, jeans, and sneakers, as I had seen most of the others wear. Through time, small adjustments were made to my clothing and more elements of the speech style were mirrored from the people I encountered.

Levels of personal self-disclosure were determined on the basis of their adequacy to gain acceptance and trust from my informants. As such, it typically involved talking openly about my home neighbourhood, nationality, and relationship status. This fostered reciprocity in exchanges, as I matched many of the informants’ features. Out of these, my neighbourhood location at approximately 10 miles away from the clubs sometimes raised curiosity, as most of my informants lived within

short distance. That element did not contribute to my affiliation with the “gay village”, often identified with the neighbourhood where the clubs were located.

Meeting personal friends in the field while approaching informants for the first time was managed with caution. Aware of the need for protecting their reciprocal anonymity, I refrained from making introductions or disclosing personal information. Nonetheless, this happened naturally through the unfolding of the party and in those situations I acted as mere observer.

#### **2.4.4. Informants.**

Following convenience sampling, I kept anonymous notes of engagement with 76 club-goers as informants; no recording was taken. I maintained little control over recruitment in the field, mirroring the experience of ordinary club-goers befriending people as they go along. With time, my sample became more focused due to the bonds of mutual friendship that were forming with some club-goers, thanks to whom I was introduced to new people. I met sixteen informants on more than one occasion, eight more than twice, six over three times and two more than four times; 69 were men and seven were women. Due to the method of data collection, it was not possible to keep detailed demographic records; in the protection of informants’ anonymity all persons and venues have been assigned pseudonyms in my notes and any identifying information has been disguised. My own observations indicate their age as ranging approximately from early 20s to 50s, national origin from British to Southern European, Brazilian, Afro-Caribbean, North American, and Asian. Work occupations also ranged widely from unemployed status to law, investment banking, administrative positions, academic research, and bar tending. Women expressed sexual attraction towards men, while men were predominantly attracted to other men but some also to women.

### **2.4.5. Trust and rapport.**

The importance of reciprocity in exchanges with informants is both functional to the establishment of trust on their part (Hammersley & Atkinson, 1995) and essential to the researcher's membership role (Adler & Adler, 1987). During the observations, I kept in frequent contact with the people I was getting to know. Typically, we arranged to meet outside the clubs, out of someone's flat, and went to the party together; I often used my car to collect and take people back home. After the event, we often had food together and spent time chatting about personal life matters. As my informants were sharing with me their joys and struggles with work, relationships, family, and friends, I felt the need to contribute also by telling them about the happy and sad moments in my private life. This often prompted words of advice from them, which not only made me feel taken care of but also related to everyone else rather than someone observing them from a foreign position.

Engaging in those exchanges also increased the risk of "going native": "not only may the task of analysis be abandoned for the joys of participation, but even when it's retained bias may arise from 'over-rapport'" (Hammersley & Atkinson, 1995, p. 110). Refraining from taking drugs with informants clearly mitigated that risk, and so did my holding back from establishing further connections on Facebook. Albeit being functional to creating rapport in different circumstances, I thought that in my case this would run the risk of increasing the enmeshment between my personal life, my involvement with the gay scene in London, and the research study.

Similarly to Perrone's (2009) ethnographic study of drug use on the dance club scene, I sometimes witnessed events that challenged legal, moral, or health norms. While observing drug deals happen around me I was sometimes asked by club-goers to hold drugs, which I have done on some occasions without carrying

them. I also witnessed at times the negative effects of intoxication and club-goers collapse in the club or in the adjacent smoking areas. Given the responsibility of club managers on the premises, however, they were prompt in overseeing these incidents and, despite their frequency, I never found myself in a position where additional help needed to be sought for the safety of informants.

#### **2.4.6. Fieldnotes.**

In the clubs, I drew down jottings in private on a smartphone to avoid disrupting rapport or withdrawing into a merely observing role. Writing up of more complete fieldnotes typically followed within 24 hours after each visit (Emerson, Fretz, & Shaw, 1995). According to the advice of method experts (Okely, 2011), I tried to take notice of everything I saw, heard, and smelled around me. This included conversations that were spontaneously unfolding with fellow club-goers and events as they would occur in the setting. Emphasis was placed on trying not to interfere with my observations in order to avoid bias supporting pre-conceived ideas. Such withholding effort was necessary in order to take on a more observing stance and keep a tension in place to show the familiar in the apparently strange and the strange in the apparently familiar (Hammersley & Atkinson, 1995). In addition to the data from my notes, source material included internet blogs and web sites that discuss topics related to the club scene, from music tracks to details on party events. Whilst not constituting the main focus of analysis, such multi-media content helped me gain a more nuanced insider feeling and provided contextual validation that in some cases was necessary to ascertain symbolic connections between objects, words, and the people I met (see p. 142 for an example).

Starting with *open coding* (Corbin & Strauss, 2008), the analysis was applied to the entire set of fieldnotes line-by-line. Due to the importance of interpersonal

dynamics in the social practices I was observing, gerunds have been used as codes for processes following the example given by Charmaz (2011); where possible, original words that had been used were captured through *in vivo* codes (Charmaz, 2006). Application of the constant comparisons method (Glaser & Strauss, 1967) explored differences and similarities between the categories emerging from the analysis; re-reading the fieldnotes and further coding ensued to provide better grounding. Categories that were similar were linked to each other bearing in mind the different levels of detail they belonged to; also referred to as *axial coding* (Corbin & Strauss, 2008), this led to identify relationships between groups of categories and incorporate them into broader, higher level concepts.

In parallel with reading and re-reading the fieldnotes, memos were kept to flesh out descriptions of salient categories emerging from the analysis. A journal was also kept to provide a trail of the analytic decisions that were made with regard to raising some concepts to higher, more abstract levels while withdrawing others. Relationships between those concepts were also documented, leading to the elaboration of the data as exposed in Chapters Three and Four. The analysis stopped when saturation was reached and these iterations produced no further insights.

According to the importance of reflexivity (see p. 53), especially in the context of participant observation as a means of data collection, the exchanges with informants and the analysis of the fieldnotes were always interrogated in light of the effects of my presence in the field. At times, this led to reflections on the impact of my refraining from consuming drugs and alcohol in a context where substance use took up primary significance (see p. 108) and analytic categories had to account for the consequences of such constraints on my part. Other times, particular emphasis was given to the affective states and dynamics associated to my position as



researcher, which would have been easily bypassed had I taken part in the experience as native participant (see pp. 151 and 159 for examples). Finally, limitations to the findings have been highlighted in the discussion when possibly related to my peripheral membership role in the field (see p. 274)

## **2.5. Researching Substance Use Through a Psychotherapeutic Group**

Parallel to studying substance use in London's after-hours, a psychotherapeutic group was set up to better understand the occurrence of distress in those MSM who seek help with their drug and alcohol use. Participant observation in the role of group facilitator for myself still complied with a peripheral membership role (Adler & Adler, 1987). Meanwhile, taking part in the user-led group sessions, rather than devising schedule-based interviews or focus groups, was deemed more consistent with the Grounded Theory Ethnography approach of this project (see p. 43).

Given the different setting from the clubbing study, ethical guiding principles posed specific implications for confidentiality from each member of the group, including myself. In the context of theoretical sampling (Charmaz, 2006, 2011), which informs this project as a whole, purposive recruitment looked for contrasting features in service users' self-presentations. These were identified as salient to the emerging categories of study whereas clinical considerations posed limits to recruitment in compliance with the beneficence/non-maleficence principle (see p. 65). A dataset was then generated in the form of verbatim transcripts of forty-eight weekly sessions, coded, and analysed using constant comparisons (Glaser &

Strauss, 1967) according to the constructionist revision of Grounded Theory (Charmaz, 2006).

Ten men took part in this study with direct involvement from their lives through personal memories, emotions, and the grappling with often powerful struggles. Four disclosed their HIV positive status and one his HCV status; their current use was reported as problematic in relation to 11 substances including legal and illegal drugs, alcohol, and PIED.

### **2.5.1. Participant observation.**

Following the simultaneous engagement with a review of the literature and some preliminary fieldwork at two health charities (see p. 82), a long-term psychotherapeutic group was set up for MSM presenting as problematic users of drugs and alcohol. Given the normative and moralising discourses surrounding substance use, question-driven modes of research were considered inappropriate to allow the informants' perspectives to emerge more fully. The risk was to replicate, through the fixed structure of an interview schedule or a focus group, hierarchical systems of value re-enacting normative conditions and discourses that might perpetuate distress in substance users (see p. 38). Consistent with a social constructionist perspective, sharing the space of a gay-friendly psychotherapeutic group as participant in the process, albeit in the facilitator role, informed the co-constructive endeavour (Mills, Bonner, & Francis, 2006) of my research.

Through participant observation and the data generated in the form of session transcripts and notes from their initial assessments, I was able to witness the development of an engagement with my informants leading to some insight on the struggles with substance use. I also paid attention to emotional responses and spontaneous interactions among group members which were specifically the focus of

clinical supervision. Reports and experiences of distress emerged unstructured through verbal interactions over time and constituted the content for my analysis as well as the material with which members worked in the group. I joined the group and, together with a group psychotherapist, acted as facilitator. Given the lack of personal disclosure demanded by such a role, my participation was best described as a peripheral member (Adler & Adler, 1987; see p. 51) of the group. However, my participation did entail emotional and personal involvement and it fostered reflections on my own thoughts and feelings as related to those of other members I was observing. As Anne Arber (2006) has described fully, the dual identity as practitioner and researcher involves many challenges, including the “temptation to convert” to complete participant in the presence of high emotional distress from the clients. Yet, it has been my endeavour to maintain the research boundary while constantly drawing on the support offered by academic, clinical, and managerial supervision. These provided regular and frequent chances to reflect on what was happening during the sessions and on my research and professional involvement in such context. Impression management (see p. 69) on my part aimed to be friendly, observing, listening, and using eye contact as much as possible. I tried not to ask questions, to let the conversation unfold naturally in the group but I did prompt informants for clarification when needed.

Before the starting of the group, I spent six months working with the hosting drug agency and invested effort to build rapport with the managers. Hammersley and Atkinson (1995) pointed to the variety of perceptions that the participant observer can elicit in the hosting community, from that of an expert to be welcomed to a critical and unwelcomed observer. From the beginning, I shared my previous clinical training and experience in the drug field and underwent a recruiting process similar to that of all other volunteers. The time when I worked at the agency was also

critical, since staff were in a transition between two different organisations due to restructuring and funding issues. The carrying out of this study occurred right at the time when the transition took place, catalysing the creativity of everyone involved yet requiring quick adjustments to changes in organisational circumstances.

The analysis presented in the Chapter Five was built on the data from participant observation recorded in the form of session transcripts and analysed in light of a constructivist epistemology. It involved understanding substances, service users, and the researcher as subjects, their relationships informed by the social, discursive practices they happened to be embedded in.

### **2.5.1.1. Group therapy.**

Group psychotherapy is the most widely used treatment modality for substance misuse (Echeverry & Nettles, 2009) and it seemed particularly suited to pay attention to the feelings reported by informants. The group was set up in London, England, and aimed at MSM seeking help with their substance use.

The psychotherapeutic approach adopted was inspired by Group Analysis (Foulkes, 1975a; 1975b). A formerly trained psychoanalyst from the Viennese tradition, Siegfried Heinrich Foulkes moved to England as a refugee in 1933. From his work at the Northfield Military Neurosis Centre and in the private and outpatient practice that ensued, he developed a novel “form of psychotherapy *by the group, of the group, including its conductor*” (Foulkes, 1975b, p. 3). The emphasis was placed on free verbal communication of thoughts and feelings between members, to be interpreted in relation to the group. According to this model, the therapist puts his or her knowledge and expertise at the service of the group and is viewed as a full member, benefiting from treatment like the other patients. Attention is placed on the ground rules (see Appendix Seven) and the setting up of the group, which is the

responsibility of the therapist. He or she is expected to perform individual assessments and to select individuals on the basis of their suitability according to a range of parameters that are not to be too inhomogeneous. In an example of a proposed group for psychotherapy, Foulkes reported on 12 potential therapy clients all with high intelligence and middle class background or higher. Among the symptoms, homosexuality was cited for the admission of a 25 year-old man although “this problem is not very pronounced in his case” (Foulkes, 1975b, p. 72). This needs to be placed in the context of the time, eight years after the decriminalisation of homosexuality in the UK, when it still constituted a reason for mental diagnosis.

Analytic groups can be closed, with all members starting and ending treatment together, slow-open, with some people joining and leaving throughout the course of the group, and open, where people change more frequently. The group-analytic approach was considered appropriate to the research aim (see p. 40) for its attention to the verbal expression of feelings and reasons as qualitative data from the clients’ perspective. A broadly accepted principle requires psychotherapeutic groups to be mixed as to the gender and sex of their members. However, a strong case has been raised for groups attended by gay and lesbian clients presenting with drug and alcohol problems. Due to the difficulty in facing prejudice in society that is often real and not only the product of paranoid fears, McDowell (2002) suggested that same-sex groups may be more indicated for gay and lesbian clients presenting high levels of relationship anxiety. Differences in age, ethnicity, HIV status, social background, substances, and modes of using may nevertheless present the group with a “tolerable level of heterogeneity”.

Emphasis in analytic groups is placed on language as means (1) of symbolic representation of inner states of mind, (2) for individuals to become embedded in shared social norms and practices via communication, and (3) to replace actions that

are seen as problematic. In line with Freud's discovery of the transference as the key event occurring during treatment (Freud, 1901/1905, 1917b), interactions between client and therapist are viewed as an enactment, or more precisely a re-enactment of patterns of behaviour stemming from past experiences and ranging from family situations to interactions with peers, colleagues, friends, and partners. In Foulkes' (1975b) application of analysis to groups, transference is intended to operate between members and towards the group as a whole. As a result, the way that clients position themselves and interact with each other is related to their accounts of earlier life experiences. Present distressful states are interpreted in function of past distressful memories; they are deemed to affect patients through the re-enactment of transference relations in many situations with other group members as well as outside acquaintances or partners. This raises questions around the interplay of inner perceptions and external events in contributing to personal distress. Freud, however, did not dissipate such ambiguity between what he defined as the "inner" and "outer world". As epitomised by traumatic memories, psychotherapy is ever unable to separate out fully what has been the external contribution to one's distress and the person's own perceptions and sensitivity (1914, 1915, 1917a). Finally, this analytic approach to group therapy is to be contrasted with Yalom's (1985/2005) experiential reflection on here-and-now processes in the group, despite the shared acknowledgment of the importance of language, which "is to the therapist what the scalpel is to the surgeon" (p. 154).

### ***2.5.1.2. The facilitator role.***

Following some previous experience as a psychotherapist and substance misuse worker, I was asked by a drug agency to help set up and facilitate a new therapeutic group for gay and bisexual men struggling with their use of drugs and

alcohol. Given the significant overlap with the aims of this research project and the different source of data from that of club-goers who attend after-hours, the scope of my fieldwork was extended to this group as a second study (see Appendix Two).

According to the analytic treatment modality adopted, sessions did not follow a specific structure and there was no interview schedule set for members. This was deemed particularly suited to the unfolding of personal narratives without priming the discussion according to discursive categories that could have been introduced through questions. The facilitator's role involved waiting, sometimes patiently for extended periods of time, for service users to make use of the sessions as they felt needed and to introduce topics of conversation themselves. It also involved asking for clarification when something was unclear, when members expressed contrasting beliefs or feelings on similar matters, and when inconsistencies arose between their contributions at different times. It also involved asking for further elaboration from users when they reported acting in states of distress in or outside the group. This form of engagement on the facilitators' part attempted to make explicit beliefs and thoughts that were potentially troubling in order for them to be discussed with the other members. This facilitation style was intended to enable the group to help its members engage with their feelings and thoughts in novel ways and become able to be differently present to them in and outside the therapeutic setting.

Unlike the other group members, facilitators did not disclose personal details about their lives. According to the group-analytic mode of treatment, this is to allow therapy clients to develop transference projections (see p. 79) that can in turn be discussed during the sessions as potentially recurring patterns applicable also to outside relations. Should the facilitators have talked about their own experiences and life histories, group conversations would have been more specific to the persons of the facilitators and it would have been more difficult for clients to isolate general

troubling patterns from the details that would have been exchanged in discussion.

While this approach is compatible with the qualitative research aim as an unstructured method of data collection, it did raise questions about the effects of the differences in the facilitator/client roles within the group. Such effects were paid close attention to and discussed in supervision to better understand them. As such, they became the object of reflexive consideration and were used together with the transcript data in the analysis (for example p. 170 and p. 209).

### **2.5.1.3. Ethics.**

This study received approval from Brunel University's Ethics Committee on 18 October, 2010 (see Appendix Two). All informants provided their consent through signing a form (see Appendix Three): the voluntary nature of participation was emphasised by reminding members of their right to withdraw at any point during the sessions without the need to give explanations and they were informed that they could ask at any point for the recording to stop without needing to leave the group.

All the names of informants, venues, and physical locations potentially leading to identification have been disguised in the transcripts through the use of pseudonyms. Confidentiality was ensured by myself as the researcher and by the professional transcriber, who signed a specific agreement (see Appendix Six) involving similar precautions as those undertaken by myself. Electronic records were stored on my computer, access to which was restricted by a password; the signed consent forms and an electronic back-up of all digital material were stored in a locked cabinet. Due to the group setting, I was unable to guarantee confidentiality on behalf of the other members. However, every member was requested not to discuss the sessions' content outside the group by the guidelines given out upon joining (see Appendix Seven). On the last session of the group, or subsequent to a member



leaving, a debriefing form was handed out (see Appendix Four) reiterating the research aims and offering some suggestions for further reading.

Informants joined the group presenting as problematic drug and alcohol users who previously accessed other services from the hosting drug project. While harm was not foreseen to ensue from this study, the need was identified for monitoring the impact of psychotherapy on the clients and for the additional provision of support and care. The drug agency hosting the group maintained supervision of such matters with regard to informants as their clients, who had provided names and contact details of their General Practitioners or other agencies holding clinical responsibility. Both the group therapist and I were employed by the hosting agency through honorary contracts. We met monthly with the clinical managers to discuss issues requiring attention. Furthermore, we both met with an external Group Analyst every fortnight to receive more detailed supervision on the facilitation of the sessions. While we did not take part in any remuneration, a monetary contribution of GBP 10 per session was asked from service users to pay for supervision and the professional running of the service.

## **2.5.2. Procedure.**

### **2.5.2.1. *Data collection.***

Theoretical sampling (Corbin & Strauss, 2008) involved a multi-staged approach to the research. While simultaneously engaging in a cross-disciplinary review of the literature, I initially worked for two health organisations addressing the needs of MSM clients (see p. 58). This was aimed to approach the subject becoming aware of various and contrasting theories towards which I would maintain an “agnostic” attitude (Henwood & Pidgeon, 2003) and concurrently wait for salient

parameters of inquiry to emerge. I co-facilitated a shorter groupwork project helping MSM clients with compulsive sexual behaviour and provided individual and group support to clients seeking help with drug use. On the back of these preliminary stages of research, I was able to refine my questions (see p. 40): given the joint complaints with drug use and sex, how does the clients' distress feed into these practices and frame them as problematic? This longer-term and stable group service was thus designed to provide depth to the analysis.

### ***2.5.2.2. Recruitment.***

A purposive sample was then recruited in 2010 attending to a variety of salient characteristics to do with the individual substances being used, modes of using, HIV or HCV status, social and ethnic background, nationality, age, and sexual orientation. Clients were referred by the hosting drug and alcohol agency: the manager selected potential candidates bearing in mind the intensity and possible anxieties the experience might trigger. Inclusion criteria were based on previous completion of one-to-one key work, counselling or psychotherapy, residential rehabilitation courses, access to a social drop-in service, and non-chaotic current use. The group was set up as slow-open (see p. 78): five members left throughout its course and two joined at week four and twenty-one respectively (see Table 4). In addition to clinical considerations, admission of the two new members was intended to expand the theoretical sample according to categories that were lacking representation in the group.

Unknown to each other, 65 former service users were approached directly and independently via e-mail and phone. Clients currently having key-work or accessing weekly drop-in sessions at the drug agency were also informed of the group and given details to make contact. Sixteen attended two assessments, one

with each facilitator. Following a consultation with the group supervisor, one person was deemed not suitable in light of the potential emotional impact of the experience and his current work circumstances. Eleven were invited in the group and two declined the invite. The group met once every week for 90 minutes over 13 months, including breaks, for a total of 48 sessions.

### **2.5.2.3. Data set.**

Table 4 presents a summary of the group sessions by attendance; they were all recorded by a handheld device.

Table 4. The Group Sessions and Informants' Attendance

#	Group Therapist	Jason	Nathan	Bruno	Tom	Kevin	Rich	Bastian	Diego	Albert
1	Attended	Attended	D.N.A.	Attended	Attended	Attended	Attended	Attended		
2	Attended	Attended	Attended	Attended	Attended	Attended	D.N.A.	D.N.A.		
3	Attended	Attended	Attended	D.N.A.	Attended	Attended	Attended	D.N.A.		
4	Attended	Attended	Attended	Attended	Attended	Attended	Attended	D.N.A.	Attended	
5	Attended	Attended	Attended	Attended	Attended	Attended	Attended			
6	Attended	Attended	Attended	Attended	Attended	Attended	Attended			
7	Attended	Attended	Attended	Attended	Attended	Attended	Attended			
8	Attended	Attended	D.N.A.	Attended	Attended	D.N.A.	Attended			
9	Attended	Attended	Attended	Attended	Attended	Attended	Attended			
10	Attended	D.N.A.	Attended	Attended	Attended	Attended	Attended			
11	Attended	D.N.A.	Attended	Attended	D.N.A.	Attended	D.N.A.			
12	Attended	Attended	Attended	Attended	Attended	Attended	D.N.A.			
13	Attended	Attended	D.N.A.	Attended	Attended	Attended				
14	Attended	Attended	Attended	Attended	Attended	Attended				
15	Attended	D.N.A.	D.N.A.	Attended	Attended	D.N.A.				
16	Attended	D.N.A.	Attended	Attended	Attended	Attended				
17	Attended	D.N.A.	Attended	Attended	Attended	Attended				
18	Attended	Attended	Attended	Attended	Attended	Attended				
19	Attended	Attended	Attended	D.N.A.	Attended	Attended				
20	Attended	Attended	Attended	Attended	Attended	Attended				
21	Attended	Attended	Attended	Attended	Attended	D.N.A.				
22	Attended	D.N.A.	Attended	D.N.A.	Attended	D.N.A.				Attended
23	Attended	Attended	Attended	D.N.A.	D.N.A.	D.N.A.				Attended
24	Attended	D.N.A.	Attended	Attended	Attended	D.N.A.				Attended
25	Attended	Attended	D.N.A.	D.N.A.	Attended	Attended				Attended
26	Attended	Attended	Attended	Attended	Attended	Attended				Attended
27	Attended	D.N.A.	Attended	Attended	Attended	Attended				Attended
28	Attended	D.N.A.	D.N.A.	D.N.A.	Attended	Attended				Attended
29	Attended	Attended	D.N.A.	Attended	Attended	D.N.A.				Attended
30	Attended	D.N.A.	Attended	Attended	D.N.A.	Attended				D.N.A.
31	D.N.A.	D.N.A.	Attended	Attended	Attended	Attended				D.N.A.
32	Attended	D.N.A.	Attended	Attended	Attended	Attended				Attended
33	Attended	Attended	Attended	Attended	Attended	Attended				Attended
34	Attended	Attended	Attended	Attended	Attended	Attended				D.N.A.

#	Group Therapist	Jason	Nathan	Bruno	Tom	Kevin	Rich	Bastian	Diego	Albert
35	Attended	D.N.A.	Attended	Attended	Attended	Attended				Attended
36	Attended	D.N.A.	Attended	Attended	Attended	Attended				Attended
37	Attended	Attended	Attended	Attended	Attended	D.N.A.				Attended
38	Attended	Attended	Attended	D.N.A.	D.N.A.	D.N.A.				Attended
39	Attended	Attended	D.N.A.	Attended	Attended	D.N.A.				Attended
40	Attended	D.N.A.	Attended	Attended	Attended	D.N.A.				Attended
41	Attended	D.N.A.	Attended	Attended	D.N.A.	D.N.A.				Attended
42	Attended	D.N.A.	Attended	Attended	Attended	D.N.A.				Attended
43	Attended	D.N.A.	Attended	Attended	Attended	D.N.A.				D.N.A.
44	Attended	D.N.A.	Attended	Attended	Attended					Attended
45	Attended	D.N.A.	Attended	Attended	Attended					Attended
46	Attended	D.N.A.	Attended	Attended	Attended					Attended
47	Attended		Attended	D.N.A.	Attended					Attended
48	Attended		Attended	Attended	Attended					Attended

Note. D.N.A. stands for "did not attend".

Recordings of unstructured interviews with informants are commonly used in ethnographic research in general (for instance Wacquant, 2004) and drug ethnography in particular (for example Bourgois, 2003). Given my involvement in the group, which affected my participation similarly to that of other members, I opted for relying on the session transcripts instead of my own notes. This provided a source of evidence that was both separate from my own vantage point and more accurate to represent the verbal exchanges taking place. My own emotional reactions, thoughts, and responses to the content of the sessions were discussed in supervision and are here included in the findings in the form of reflexive discussion (see for example p. 170).

The digital recordings of seventeen sessions were transcribed verbatim, including noticeable non-verbal utterances (see Appendix Eight for the transcription notation). Nine were analysed in detail, following the procedure described below. Decisions regarding which sessions were transcribed and analysed were taken on the basis of the content's salience to the research questions.

#### ***2.5.2.4. Analysis.***

Because of the shared use of Grounded Theory the analytic steps were the same in this study as for the clubbing ethnography (see p. 72). Different circumstances in the setting, participation, and data production however demanded specific adaptations. Data analysis started again with open coding (Corbin & Strauss, 2008) attending this time to the entirety of the session transcripts line-by-line. Because of the importance of interactions between members in the therapeutic setting, coding for processes, as well as for topics, was still deemed important: this was possible through using gerunds as codes, introduced by Charmaz (2011). Through constant comparisons (Glaser & Strauss, 1967), differences and similarities

between the categories emerging from the analysis were highlighted by means of re-reading the transcripts and further coding. The writing up of analytic memos helped elaborate interpretative ideas in support of the different categories and to join them in relationships. Through axial coding (see p. 73) those connections were further explored in the data, leading to identify relations between separate groups of categories and incorporate them into broader, higher level concepts. Together with the analysis of the group's processes, this fed into the elaboration of the two conceptual models represented in Chapter Five. In parallel, memos provided an audit trail of the progress. The analytic process stopped when saturation was reached and these iterations produced no additional insight.

Reflecting on my impact on the research process, from recruitment to the sessions' content and interactions, was an integral part of the analysis. Anne Arber (2006) and Sarah Dilks (Dilks et al., 2010) offered examples by keeping reflexive journals to discern upon their emotional involvement with participants, especially crucial when one is both involved as clinical practitioner and researcher. Together with attendance to clinical seminars and introductory courses in psychotherapy, I have been able to reflect on the impact of my presence upon informants in the group study. Attendance to clinical supervision further helped me to get closer in touch with my informants' viewpoint while acknowledging my own feelings as separate from theirs.

Following Mallory's (2001) recommendations, this also involved attending to differences in age, social position, and ethnicity. Nationality of origin was an additional parameter to observe given the non-British origin of four informants and myself. Furthermore, the need to refrain from personal disclosure due to the facilitator's role in a group-analytic therapeutic model inevitably affected the reciprocity of the engagement with service users, as further discussed in the

findings. This was partly mitigated by the group taking place in a LGBT drug agency, promoted and run predominantly by LGBT volunteers.

#### **2.5.2.5. *Data management.***

The transcripts of the group sessions were always kept in digital format. A spreadsheet was prepared in Microsoft Excel (version 7), allowing for the coding and the analysis of the data. This decision was taken after exploring other software packages specifically designed for qualitative data analysis due to its flexibility and lightness. A pivot table was designed to help retrieve line-by-line codes as well as conceptual categories in conjunction with the excerpts from the sessions.

#### **2.5.2.6. *Validity.***

Clinical supervision was attended fortnightly by both facilitators, as well as monthly meetings with the organisation's staff responsible for their clients' care. Together with fortnightly research supervision, those meetings helped audit the validity of the findings. Whereas respondent validation was not deemed consistent with the theoretical framework of this project (see p. 57), confirmation of preliminary findings was gathered indirectly through data generated from subsequent sessions. As a result, validity was further ascertained by the repetition of consistent analyses through the unfolding of the 48 sessions. Taking the findings back to members through the course of the therapy was considered inappropriate because it would interfere with the therapeutic model which instead requires service users to find their own interpretations and meaning out of the group experience. Informants were able to provide full feedback on the experience through an anonymous online form.



### 2.5.3. Informants.

Ten men, including the group therapist (age range: 30-52; median: 39) from London, England, joined the group and all agreed to take part in the study (see Table 5). The inclusion of the other facilitator as informant is due to the project's emphasis on the relationships mutually affecting group members, his exclusion potentially undermining the validity of the conclusions. Six informants were British, two South American, one Polish, and one Italian. Eight were from a white ethnic background, while two were of mixed ethnicity.

Table 5. The Group Informants

Name	Age	Nationality	Ethnicity	Children	No. sessions attended
Bastian	39	Brazilian	Mixed: Other	3	1
Jason	43	British	White British	N.D.	25
Bruno	33	Italian	White Other	1	40
Tom	46	British	White British	N.D.	43
Kevin	36	British	White British	N.D.	29
Diego	30	Colombian	Other	N.D.	1
Nathan	52	British	White British	N.D.	40
Rich	N.D.	British	White British	N.D.	9
Albert	32	British	White British	N.D.	23
Group Therapist	Mid-Forties	Polish	White Other	N.D.	47

Note. "N.D." stands for "not disclosed".

One informant was unemployed and all others were in full-time occupations, ranging from nursing and social care to administrative office jobs and property development. Nine informants described themselves as gay and one as bisexual; two disclosed having children. I am a white man, in my early thirties at the time of the observations.

Out of the nine clients, four disclosed their HIV-positive status (median years since diagnosis: 8), three opted for non-disclosure and two were HIV-negative; one

disclosed his HCV-positive status. As summarised in Table 6, substances object of problematic use ranged from alcohol to prescription drugs, smoked and injected Crystal, G, cocaine, ketamine, mephedrone, cannabis, and past use of heroin and performance and image enhancing drugs (e.g. anabolic-androgenic steroids).

Table 6. Current and Lifetime Problem Substance Use Prevalence Reported by Service Users

Substance	Current		Lifetime	
	%	(n)	%	(n)
Crystal	44%	(4)	56%	(5)
G	33%	(3)	44%	(4)
Mephedrone <sup>a</sup>	33%	(3)	33%	(3)
Alcohol	33%	(3)	56%	(5)
Cocaine	22%	(2)	33%	(3)
Cannabis	22%	(2)	22%	(2)
Ketamine	22%	(2)	33%	(3)
MDMA	22%	(2)	22%	(2)
Prescription Drugs <sup>b</sup>	11%	(1)	11%	(1)
Heroin	0%	(0)	11%	(1)
PIED	0%	(0)	11%	(1)

Note. N = 9.

<sup>a</sup>4-methylmethcathinone

<sup>b</sup>medications for the treatment of alcohol dependence

## 2.6. Conclusion

This chapter started by describing the theoretical underpinnings and assumptions informing the research endeavour of this project. From a social constructionist frame of reference, it has outlined the qualitative methodology that inspired the two studies. In line with those premises, Grounded Theory has been presented as a set of principles guiding data collection and analysis through

participant observation. The central element of reflexivity has been introduced to address my personal involvement as researcher in the process, in light of established criteria for enhancing the validity of its findings.

In relation to the first study, the chapter has introduced the specifics of carrying out research in London's after-hours. I have discussed my position in the field at the intersection between the ethical constraints of drug research and the methodological demands of fuller participation. The production and analysis of fieldnotes on my part constituted the link between the observations at the parties and the analysis presented in Chapters Three and Four.

The Grounded Theory Ethnography approach informing this project required specific adaptation to the study of a psychotherapeutic group. This chapter carried on describing the procedures that took place to set up such group involving ten informants from London, their recruitment, and my participation as facilitator. Data were generated in the form of verbatim transcripts of user-led sessions whose analysis will be presented in Chapter Five.

## Chapter Three:

# After-Hours as Perceivably Safe Spaces to Embrace Desire Through Consumption. Findings From a Clubbing Ethnography.

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*It's the Halloween weekend and I am on my way to Bazaar's birthday event in South-East London. Bazaar achieved great notoriety on the London after-hours clubbing arena, being one of the first events to open its doors in 1990. Now shut as a weekly party and exported as a brand around the world, it is only set up on special occasions. The flyers say it's open from "5a.m. till superlate". It's 7a.m. on Sunday morning. As I walk towards the club, I can't see anybody on the main road but only a sign printed on an A4 sheet pointing to the back. I turn around the block and a 40-50 people queue starts emerging in my sight. It doesn't seem to move quickly. A man passes by asking who bought online tickets and signs them off a list. I hear it is the same queue for people with and without a ticket, so I am told by the guys behind me: "two of us have bought a ticket and two haven't". The man confirms that. Someone says that it might be "one in, one out", meaning the place is full and they are only letting people in as someone leaves. I hope not. I start thinking that if this place is not working out I might go to Ultra. A guy queuing behind me asks me if I am here on my own. He introduces himself as Fred: he's English, in his late twenties and works in a bank. They have arranged this night out for his friend's birthday. I ask them if they've already been out, they say yes. I smell stale alcohol coming from them. Fred asks me where I am from and tells me about his trips to Italy. He is here with at least three friends from what I can see, I introduce myself to the one next to him, Philip, who is Australian and looks rather muscular. We joke about having a protein shake before getting to the club. I have one in the car myself, ready for when I'll be done. People in the queue are mixed in terms of age, with the average looking well above 30. There are many women with their gay friends and some wearing dark outfits for Halloween. I spot a man stepping outside the queue shouting driving instructions at his friend over the phone. I can't see many black men, it's mainly white people here. After waiting for half an hour, I get to the door and the security guard (a man) searches my clothes thoroughly. He asks me to empty my pockets, which feels almost like airport standards controls. Subsequently, I make my way to the till. It's 20 quid.*

*(Fieldnotes, observation No. 3, LL457-541)*

In Chapter One I have summarised current research findings framing MSM drug use in dance clubs and sexual risk behaviour. Following from the aims of this project, this study set out to explore the emotional relevance of object-consumption in gay-friendly dance clubs and whether taking drugs reflects those dynamics for those who take part in it (see p. 39). My participant observation was informed by theoretical agnosticism (Henwood & Pidgeon, 2003) regarding assumptions around risk. I thus endeavoured to give visibility to a fuller clubbing experience as it unfolded naturally in the setting, with the hope to highlight a more nuanced spectrum of positions and motives reflecting the heterogeneity of these practices.

This chapter will start looking at drug use as part and parcel of broader practices of object-consumption. By joining in with others and sharing the use of such objects, the data will demonstrate how expressions of sexual desire come to life between people. Being able to freely enjoy sexual attraction while consuming with others fosters the development of closer bonds and relationships, which both cause excitement through anticipation and enhance satisfaction through partying. Conversely, experiencing the physiological effects from consuming drugs in isolation can be viewed as separate from those exchanges with others, placing increased emphasis on drug-taking.

Consistent with the guidelines of theoretical sampling (see p. 48), the research data from fieldwork will be compared and complemented with the literature that I exposed myself to in order to understand the practices I was observing. Within a constructivist framework of analysis, these are viewed as connected in webs of signification that manifest themselves through various forms, eminently through language. As a result, post-modern theories of subjectivity as socially and discursively constructed provide a valuable resource to make sense of these empirical findings in addition to the literature directly related to MSM drug use in

dance clubs. Furthermore, Lacan's theory of desire has been introduced in Chapter One (see p. 35) and will help highlight the function of object-consumption in relation to expressions of sexual attraction that are so recurring in the dance club settings that I studied. The fieldnotes from my participant observation will be here interwoven with the analysis that I have been able to draw from those texts.

### **3.1. The London Gay Scene and After-Hours Parties**

My investigation of gay-friendly clubs started with bewilderment at the great variety of London's scene venues. Distinctions are drawn on the basis of parameters including music, style, age, status, and sexual preferences. "Circuit Queens', 'Gay Skinheads', 'Muscle Marys'. . . 'Leather Boys', 'Positives'" (Bardella, 2002, p.84), but also "Gay Professionals", "Gym Bunnies", "Fashion Queens", "Indie Boys", "Bears", "Twinks", "Scene Queens", "Scallyboys", "Chav Lads", etc.: a catalogue of types that provides clubs with innumerable commercial niches to position themselves in and, concurrently, affords club-goers with a vast choice of options to identify with, perform, and consume at their leisure. This resonates with Matt Wray's listing of the different groups of people at the Burning Man festival:

There are all sorts here, a living, breathing encyclopedia of subcultures; Desert survivalists, urban primitives, artists, rocketeers, hippies, Deadheads, queers, pyromaniacs, cybernauts, musicians, ranters, eco-freaks, acidheads, breeders, punks, gun lovers, dancers, S/M and bondage enthusiasts, nudists, refugees from the men's movement, anarchists, ravers, transgender types, and New Age spiritualists (Wray, 1995)

After-hours take place in venues that, thanks to specific licence arrangements, stay open beyond traditional time limit restrictions. Starting in the early morning and lasting through the following day, they are popular on the gay

scene, yet attract clubbers from all over town. This is also due to the scarcity of other options when most of the dance clubs close between 3 and 6a.m. Consistent with the rave tradition (Thornton, 1995), these multi-day parties are significantly associated with drug use. Predominantly, but not exclusively located in South London, some parties are held at regular times every weekend while others take place on special occasions (e.g. public holidays and Pride weekend). Individually, they normally last up to 10 hours although subsequent parties scheduled at different times can be attended as liaisons between different events over the space of three or four days. Some after-hours explicitly associate with circuit parties (see p. 33) as the London “permanent circuit”. Commercial messages revolve around muscular male bodies or masculine hairy *bears*. Poly-sensory references are often made to stereotypically South-American, Latino or Mediterranean sexuality features. Sexualised representations of women in bikinis are often intertwined with semi-naked male go-go dancers.

Due to the metropolitan location, attendees come from extremely varied backgrounds. Consistent with the overall population’s diversity, they differently identify with sexually desiring men and some come to the clubs for other reasons. Wood, Measham, and Dargan’s (2012) follow-up survey of 315 customers of two large “gay-friendly” clubs in South London found that 66% of respondents defined themselves as gay or lesbian, 20% as straight, 11% as bisexual, and 1% as transgender. Eighty-five percent of their sample were male; 77% were White, 9% mixed race, 6% Asian, and 4% Black. They also found high rates of illegal drug use and the increasing popularity of *legal highs* (e.g. MDAI, synthetic cocaine, and methoxetamine).

Gay-friendly clubs in South London brand their events as polysexual. Gay men and heterosexual women represent a large number of club-goers; heterosexual

men, for whom selection at the door can be tougher (see p. 131), can approach women knowing to be a minority in the club and perhaps enjoy to some extent the interest from gay men; transsexuals also have some representation.

### **3.2. Embracing Desire Through Consumption**

A wide range of physical products and services, either provided by individuals or the commercial venues, can be tangible or intangible objects of consumption in after-hours. Substances range from alcohol to water, energy drinks, fruit juices, and soft drinks. Timing dictates a certain sequencing of alcohol, marginally at the beginning, replaced by soft and energy drinks in the later hours. While drinking is needed to mitigate dehydration, alcohol must not be mixed with certain drugs (e.g. G) to avoid side effects. Smoking cigarettes in outside areas represents another conspicuous form of consumption (Hebdige, 1979) together with other ordinary examples, e.g. chewing gums, candies, lollipops, and fragrances. Ketamine, Crystal, Cocaine, MDMA powder, and Mephedrone are typically snorted in private to eschew attention. E is ingested in tablet form and liquid G is drunk in a mix with non-alcoholic drinks. Mephedrone powder can also be consumed in hand-made capsules or mixed in a drink. The legal ban on smoking makes using Crystal in a pipe less visible inside the club; injecting was not witnessed during my observations. Food is rarely consumed, whereas other nutrition supplements are used before or after partying to prevent muscle loss from the prolonged physical activity. The effects of drugs suppress hunger, which reappears often metaphorically in the form of a want for more partying, more fun, and more consuming.

The venues' layout can be associated with specific uses, either regulated by management or emerging through consistent habits. Such services can be equally understood as objects of consumption fulfilling the club-goers' needs (see p. 36).



After joining outside queues to be searched and admitted in, coat checks are available to deposit clothing, valuables, and change while “checking oneself in”. Toilet cubicles can be entered with another to have sex or take drugs together; the main floor invites those present to enjoy dancing, the music, interacting with others. Smoking areas offer some rest, chances to socialise without loud music, and a break away from it.

Club-goers also consume intangible goods in the form of information about mutual friends, acquaintances, previous parties, and details about oneself. Consuming each others’ favours is also a desired component of relations taking shape as exchanges. Sexual interactions, through the savouring of each others’ bodies and beauty, can be considered both the eminent enactment of those exchanges and, as expressions of desire, what many other exchanges are to signify.

Multiple and wide arrays of valuables intersect: from money to friendship, closeness, company, sensuous bodily feelings, and sex. Distinct yet complementary value systems accrue different types of capital in unequal stocks to each person on the dance floor, from physical attractiveness in its multifaceted manifestations to popularity, caring qualities, friendliness, social contacts, and access to drugs.

Six themes emerged from this study: by sharing objects of consumption, club-goers were able to embrace desire and foster a sense of relatedness through developing knowledge and feeling close to each other. Being affected by this experience constituted a central pursuit. Its limitations came with disappointment, whether they involved distance from the desired emotional states or privation by someone else’s solitary consumption. Table 7 summarises the categories emerging from the analysis according to each theme grouping.

Table 7. Embracing Desire Through Consumption: Categories Emerging From Data Analysis

Embracing Desire Through Consumption					
Exchanging objects of consumption	Clubbing and being with someone	Been known on the scene	Facing distance from others	Solitary consumption	Being affected
Info re. parties, clubs and venues	Entering together	Familiarity and belonging	Saying no to offers	Hiding	Keeping up the energy
Doing drugs together	Expressing interest	Recognising people	Not feeling it (music, excitement, vibe...)	Saying little about oneself	(Not) getting trashed
Connected	Partner at home	Missing someone	Disgust	Concerned about my research	Wanting sex
Info re. people	In cubicles together	Known parties	Drugs are trashy	Ethics	Feeling horny
Introducing people to others	Dancing with someone	Reputation	Something specific to gay men	Leaving	Jealousy?
Offering	Living together	DJ, music, podcasts	Mad people	Doing drugs on one's own	Embarrassment
Sex	Travelling together	Standing out above	Being not available	Standing out above	Anxiety
Gym and diet habits	Married to someone	Being popular	Competition	No need for anyone	Self-conscious
Enjoying the same music	Relationships	Smell of drugs	Rejection	Strong and hard	Heat (feeling hot)
Recognise same feelings at the same time on dancefloor	Going out together vs. clubbing on one's own	Way to do drugs	Who are these people?	Anxiety	Restlessness
Feeling closer to friends	Keeping in touch	Someone speaking own language	Judgment	In the cubicle on one's own	Excitement & elation
Hanging out together (toilets)	Going on a date	Venue and layout with their functions	Feeling tired or bored	Exception	Feeling cool
Stories and memories	Relying on someone	Prices	Sarcasm	Not sharing drugs	Altered experience
Being generous	Caring help and support		Jokes and blaming		Being sick or unwell
Being friendly	Looking after		Disappointment		This is who I am
			Cheating		Overwhelming
			Falling out		
			Waiting		

### 3.2.1. Taking drugs together, exchanging objects of consumption.

One way of consuming occurred by sharing tangible and intangible objects with one another. Club-goers discussed details from other parties to compare and link together experiences of fun or disappointment, knowledge of places to go to and those to avoid. They “passed around” gym routines and diet tips to help each other achieve better bodies. Similarly, they consumed drugs in groups, passed around from one another:

*Jane introduces me to her friend Christian, who's just come to say hi to her. . . He is with someone, a shorter guy called Oliver, looking very muscular. In a sarcastic tone, Jane observes that Christian likes Oliver. Christian asks her if she liked his performance on the podium before. She tells me he's such a show off. The four pass some house keys around to each other and take a bump of ketamine from a small bag, while still on the dance floor. They then decide to move to a larger, raised platform where many more people are dancing, on the side opposite to the DJ platform. I wander off with Jane, who feels she needs a bit of air.*

*(Fieldnotes, observation No. 3, LL605-613)*

Christian's question re-enacted through language his previous performance as dancer on the podium, where he gave himself to be seen. With Lacan (1994), we can view him become manifest as a subject through an act of exhibitionism. What he gave to be seen, however, in the real performance and its linguistic articulation, was other than what he showed. Sexual desire was elicited and expressed through Jane's sarcasm, Oliver and Christian's effusions, and the group dynamics including the four of us. Ketamine could thus be employed as an object which was passed around as substitute for sex. Together with the limited satisfaction from such a gift, not adequate to give fulfilment to the demands which it stood for, my refraining from consuming with the others also created a rupture in the group. Following from that, Jane decided she did not want to go on dancing with the others.

*I see Brad disappear for some time, I wonder where he's gone. He comes back and then a short guy that I know from clubbing comes over to say hello. His name is Matteo, he asks me for some of my soft drink. Brad, Ben and their friends are passing around a bottle of G, dosing it inside their drinks through a pipette. Matteo asks if he can have some and then sucks it off straight from the pipette.*

*(Fieldnotes, observation No. 10, LL1627-1631)*

The generous offering act was a friendly gesture that pleased the receiver: out of interest in someone, something that one owns was offered to share. Offering objects to others produced a split between the subject giving himself to be seen and the gift that was to be consumed as separate. The erotic relevance of gift-giving was discussed by Hyde (1999) when he related it to the flow of emotions overpowering the satisfaction enjoyed from the individual object that is given. With Nobus (2007), we can view the gift as embedded in a web of signification which, rather than acknowledging the singularity of its act, pulls givers and receivers to reciprocate in the different forms that are available, through the different goods that are valued in the clubbing milieu. Dancers easily ventured information about themselves, especially if thought to be impressive, for the other person's consumption. References were made to professional occupation, wealth, contacts, standing on the scene (e.g. as DJ, go-go dancer, or porn actor), level of fitness, and physical attractiveness among many possible parameters.

Providing stories from other parties, through the re-presentation of contents in "high contrast" descriptions, also enhanced feelings as if through suggestion. The excitement generated by the anticipation of enjoyment through partying was also attached to past memories, akin to original feelings that had been re-evoked. Lacan (1977a) aptly accounted for such an evocative function of language as part of the exchanges taking place in conversation between people:

For the function of language is not to inform but to evoke. What I seek in speech is the response of the other. What constitutes me as subject is my question. In order to be recognised by the other, I utter what was only in view of what will be. In order to find him, I call him by a name that he must assume or refuse in order to reply to me. (p. 86)

In the clubs, chewing gum and drinks were offered, as well as information about people either mutually known or by way of describing them to others. Introducing friends involved offering one's own personal contacts to someone else of interest while simultaneously boosting their kudos. Concurrently, attending the party with a larger group of people amplified its enjoyment due to both increased emotional exchanges within the group and additional chances of meeting others who happened to know someone from the group.

Dancing closely with others, tapping, touching, and sensually rubbing against each other's naked torsos were ways of sharing bodily experiences extending beyond the individual's boundaries. Enjoyment was shared through making one's own body available for sexual contact with another, from kissing on the dance floor to having sex in toilet cubicles. The meeting of similar preferences around specific music tracks or DJ styles conjured up feelings of connectedness. This evidently manifested itself through recognising in the others around expressions of own feelings and joy, in the midst of bursts of light and music at peak. Those moments, awaited for long hours through the night, allowed for a meeting between a subjective experience of excitement (i.e. being "high" on drugs) and the build-up in the lighting, music, and people on the dance floor. New groups formed throughout the time out clubbing while dancing, smoking in the outside areas, or in the social space of the toilets.

### 3.2.2. Clubbing and being with someone.

From the moment club-goers met to enter the venue together, engaging with another facilitated making sense of what was happening through verbal, visual, and emotional interactions:

*Ben and I carry on through the big doors that lead us into the club. I have never been to this place and I feel disorientated. A long bar is on the left and we carry on straight past it to go up the stairs and leave our jackets at the coat check. They ask us to put them in a black bin-bag and we decide to use the same one for both of us, tacitly agreeing that we will be leaving together. As I remove my jacket, Ben comments on my t-shirt, saying that he didn't expect me to come to a club with a neck t-shirt, almost like a polo. I wonder whether that looks wrong and he says no with a reassuring smile.*

*(Fieldnotes, observation No. 10, 1546-1551)*

Dancers noticed in each other something noteworthy. Curiosity prompted questions about someone's background, to gauge his preferences and predict how favourably he would receive the "gifts" on offer. Evidence of drug use or existing love relationships was sought to assess the person's availability and openness. Tellingly, references to consumption were contextually proximal to mentions of close relationships, revealing an underlying wish for a state of closeness or bonding. Club-goers made sense of those coincidences as effects of the drugs they had taken (e.g. being "loved up" as a result of taking E). They judged someone's sexual and emotional availability considering their previous consumption, while carrying on consuming to be emotionally and sexually open to others.

Details of one's relationship with an absent partner soon became stale accounts of something going on somewhere else in the distance: they were often used as pretexts for establishing new connections. New couples formed throughout the night and engaged through dancing or wandering off exploring the venue together. Those dynamics eminently re-occurred in accessing the toilet cubicle with another to consume drugs together, and each other's bodies. Clubbers some time

came to the party to meet someone on a date or looked for a partner through popular applications on their smartphones, showing who was near and available according to the user's geographical location.

A need for mutual "looking after" and caring from friends became evident as a result of consumption. Club-goers made their presence felt to each other by procuring the substances, pacing and monitoring each other's consumption, protecting one another from external abuse or, in case one felt unwell, by comforting and seeking professional assistance from the paramedical staff:

*When they do drugs now, Brad says, they don't do them to get trashed, they just do drugs to get through the night, to keep up the energy and the stamina. . . Brad shows me how he keeps track of the G shots they have been taking on his phone, in the form of notes. I can read 3 and 3.15, that's the time he and David took their shots respectively, he explains.*

*(Fieldnotes, observation No. 17, LL3303-3309)*

According to Freud (1925), repressed content makes its way into consciousness through negation, which the interpretation should disregard in order to pick out the subject matter alone. This is consistent with a social constructionist framework, whereby researchers are invited to ascertain the discursive practices that put the objects in place by way of describing them (Foucault, 1972) rather than granting reality status to their qualities through dichotomous formulations. "Getting trashed" and "getting through the night" are thus related to drug-taking in Brad's description, often interchanged with that of "getting fucked" (see notes and commentary on p. 113). However, rather than engaging in sex, he found himself take note of his and David's separate, alternate "shots" of G on a phone.

Keeping in touch with someone through exchanging phone numbers or online coordinates was a way of extending contact beyond the limits of one single party. It was premised by the planning of future outings and posited reassurance of companionship as a pledge for continued enjoyment.

### 3.2.3. Been known on the scene.

Resulting from consumption in the club, a sense of unfolding familiarity led to recognising people, their faces, and personal situations as well as venues and parties. Recognition contributed to the personal and professional reputations of individuals:

*We move to the bar and order a coke for him and an energy drink for myself. We chat a bit and slowly see people getting in, one by one. We recognise most of the faces from the other club. Eduardo, a short Spanish guy in his early twenties, and his friend. Graham comments on how they both look high. I find a strange sense of familiarity in seeing all the same people slowly entering the club: a sense of closeness unfolds amongst the survivors. I guess those who went to the previous party for a couple of hours after the end of last night's event have left by now. . . Those who come in look like they've all got something in common. (Fieldnotes, observation No. 6, LL1193-1199)*

Akin to what Dean (2009) described as the function of sharing semen and the HIV virus to establish bonds of kinship with other barebackers, what I witnessed in the club also fostered the development of community bonds. Through recognising the features of drug consumption, either by looking high or through lasting on dancefloor way beyond the limits of “sober” physical endurance, club-goers like “survivors” were able to perceive a real sense of familiar connection with one another.

They talked about DJs and their latest music podcasts, making available the tracks playing during the party for continued consumption:

*We are back on the dance floor, he starts pulling my t-shirt, hinting to take it off like most of the guys that are dancing by now. I take it off. . . Charlie introduces me to his best friend and then asks me if I like this music. If I know the DJ. He's called Smokey and is a friend of Charlie's. I see Charlie approach the DJ decks, kissing him on the cheek and getting a CD from him. (Fieldnotes, observation No. 1, LL186-193)*

Akin to the exchanges between gift-givers and bug-chasers (Dean, 2009), the objects exchanged became the symbolic building blocks of a new kin. Lifestyle



features were discussed: the gym everyone goes to, shops and commercial activities managed by people from the scene, locations and neighbourhoods where everyone seems to live at convenient distance from the clubs. A sense of established connectedness extended to internet websites where clubbers enjoy and consume pictures and videos of themselves made public. Through “tagging” (i.e. the linking of media content to one’s own personal online profile), subjects made themselves available online and outside the club, seamlessly extending the experience beyond the limits of the physical setting. The connections that were made physically, verbally, and virtually, all contributed to creating a chain of signification. Rather than affirming an intrinsic essence of what each sign stands for, its meaning, in the journey from love to libido Lacan (1981) points to the relation between one signifier and the other. Hence each person, each symbol and object in interaction represents the subject for another signifier in an endless chain.

Popularity in the club was achieved through exposing impressive qualities, by showing a naked torso and a muscular body or through friendliness, easy access to drugs, or connections to good looking and desirable friends. Dancing on a stage, as an amateur, or professionally as a go-go dancer augmented individual exposure. Often clubbers talked of someone personally known as a dancer, a stripper, or a porn actor with awe, as if taking part in their gratification through connecting as friends.

Previous experiences of consumption were re-evoked through recognising the chemical smell of drugs, e.g. mephedrone, or by the acquired knowledge of how substances were to be used, or the function of each space in the venue layout. Having “been with someone” through sexual interactions similarly evoked feeling related and close. Club-goers accurately monitored the prices of drinks, substances, entry tickets, coat check services, or passes to exclusive areas. Developing such

wide-ranging knowledge through consumption enhanced a sense of sameness and shared identity. It facilitated new connections while mitigating anticipated threats from differences or rejection. The surprise of hearing someone speak one's own foreign language, for example, suddenly provided a new domain of similarities to express interest in.

### **3.2.4. Facing distance from others.**

Not all offers were accepted and consuming could create a sense of distance from others. Personal rejection occurred by saying no to someone else's offers, including free drugs, drinks, or an invite to follow-up parties at other venues or private homes (chill-outs). Spontaneously mentioning one's own partner, whether present or not, made the commitment and the unavailability obvious. In Lacanian terms, this dynamic is represented through recourse to the paternal metaphor. Similarly to the prohibition coming from father, the *non-du-père* (Lacan, 1958/1977), these introductions created a gap between subjects. What is relevant here, based on a structural understanding of the Oedipal configuration, is the symbolic function of such a prohibition rather than the gender of the parent that stands either as cause of desire or as enunciating the injunction to be separate. Club-goers connected disappointments, hurt, and emotional pain with being turned down by someone and went to great lengths at describing being cheated on by their partners or their fall-outs with friends. Those stories partly functioned as justifications for renewed enjoyment through meeting people at the party.

Waiting was a recurring experience due to both the large number of attendees and to the club policies as enforced through queues, searches, timed opening of different rooms, bars, and outside spaces. The anticipation of excitement from experiences of fullness and peak in the music, lighting, and people's attendance

created the premises for it to happen through a preliminary experience of privation. In Lacan's terms (1977c), a primal repression had been operated upon one's needs, only inadequately reappearing later on in the articulation of the subject's demand and through the experience of frustration. By means of those expectations of satisfaction from another, whether a permanent partner or a group of friends to go clubbing with, the subject finds itself constituting the Other with the privilege of satisfying those needs (see p. 215). Informants frequently complained at some stage that they were not "feeling it", not enjoying the music fully or not having adequate fun. Sometimes this was accounted for by the type of music or the people in the club, the substances' quality, the quantities consumed or the time elapsed since the last intake:

*Returning to the main dance floor, the music is alternating between hard-beating house and some repetitive vocals with a funky base. I see Stuart sitting on the edge of a small platform pulling his shoe off and getting something out of it. As he comes back to dance with some white-powder bag in his hand (mephedrone?) he tells me that it's not happening for him, he is trying to get high, he wants to have a good time but it's not happening.*  
(Fieldnotes, observation No. 1, LL1393-1395)

Due to the participant observer role, I was simultaneously enacting an insider and outsider position in the club. By joining in the dancing and the partying from start to end, I exposed myself to the same dynamics as other club-goers, personally and emotionally involved in interactions with fellow dancers. However, I had to refrain from consuming drugs, which created the peculiar dynamics of eliciting all sorts of chances for consuming with others, yet their frustration repeatedly occurred. While this put me in touch with my attraction for other men, it also gave prominence to the theme of "Facing distance from others".

Object-consumption was thus bound to face the subject with the incomplete satisfaction of needs and the reoccurrence of frustration. In relation to others,

someone being unavailable often put the subject in a competitive position whereby the previously desired qualities were looked down upon, in order to preserve a positive imagined self-concept. Other times, distancing was operated through moral judgment around drug use, e.g. “drugs are trashy”, “all people here are trashbags”, or some presumed flaw, e.g. something inherently dysfunctional or people being simply “mad” and “not normal”. Such drawing on stigmatising and prejudiced repertoires was concurrent with the subjects’ own engagement in the same practices for which they judged others:

*Graham's flat mate is also smoking outside. I try to make small talk and I comment about people at the party: there are men, women, blacks, whites, old and young. . . He replies laughing that they've all got one thing in common, though: they're all “trashbags”. He says the drugs keep them all together.*  
(Fieldnotes, observation No. 6, LL1083-1086)

These descriptions, shared by outsiders and club-goers alike, resonated with Foucault’s account of the ship of fools and its sacred function. With the disappearance of leprosy towards the end of middle Ages in Western Europe, Foucault (1967) described the up keeping of “rituals of confinement at sacred distance”: those games of exclusion devised to preserve the sanity of the majorities, re-deployed first to deal with venereal disease sufferers and, later, for the distancing of the mentally insane:

Leprosy withdrew, leaving derelict these low places and these rites which were intended, not to suppress it, but to keep it at a sacred distance, to fix it in an inverse exaltation. . . What doubtless remained longer than leprosy, and would persist when the lazar houses had been empty for years, were the values and images attached to the figure of the leper as well as the meaning of his exclusion, the social importance of that insistent and fearful figure which was not driven off without first being inscribed within a sacred circle. (p. 4)

The madman's voyage is at once a rigorous division and an absolute Passage. In one sense, it simply develops, across a half-real, half-imaginary geography, the madman's *liminal* position on the horizon of medieval concern – a position symbolised and made real at the same time by the madman's privilege of being *confined* within the city *gates*: his exclusion must enclose him; if he cannot and must not have another *prison* than the *threshold* itself, he is kept at the point of passage. He is put in the interior of the exterior, and inversely. (pp. 8-9)

The ambivalence around “being trashed” could account for both a state of satisfaction and a certain moralised distancing from it. Drugs were thus the object that allowed people to bond through enhanced sexual feelings. Disgust, sarcastic remarks, or derisory jokes were repeatedly expressed as linked to those views, revealing shameful and rejecting attitudes towards oneself, one's own sexual desire, and its expressions in the club. Other times, distancing prompted club-goers to speculate about a background common to all others despite the extremely varied assembling of people from many parts of the world.

Based on Freud's (1915) distinction between the internal world and the external one, satisfaction can be viewed also in relation to one's inner perceptions and the internal set of fantasies and wishes constituting the subject. In the club, tiredness and boredom also manifested a perceived distance from the wished-for state of enjoyment and were inevitable reminders of its finiteness and the necessity of returning to ordinary life. Those signifiers of an external reality were often perceived as intrusions to fight against. Carrying on partying through staying, moving to another venue, or a chill-out, aimed to defeat such a call and the sadness or disappointment from the ending. This could be intended as a reminder of loss (Freud, 1925/1926), externally and internally encountered by club-goers, in relation

to the anxieties that it might trigger. Consumption of energy drinks, waiting for some impeding effects to wear off, or using other stimulants helped carry on partying.

Despite the display of attractive semi-naked bodies, visual and verbal subtext references to sex, and generalised feelings of arousal, it was striking that penetrative intercourse was not visible to me. Out of hundreds of clubbers, more involved sexual interactions were limited to a few toilet cubicles, normally supervised by staff, where one was quickly and abruptly reminded to leave to make space for others. For those who could find some privacy and looked for penetrative sex, the physical effects from drugs were likely to make it difficult to hold an erection (see notes and commentary on p. 115). Other substances (e.g. Viagra) might have been consumed to counteract those physiological states, albeit not directly witnessed in my observations. Inevitably, disappointment arose and, although the party offered a lot for mutual consumption, sexual intercourse in fact felt unlikely to be fully consummated. These observations concord with Andersonn's (2011) doubts on the evidence of widespread unsafe sex in Vauxhall's venues, with Dean's (2009) recurring references to oral sex in cruising venues, and others' findings of non-penetrative interactions in public sex environments (Downing, 2011; Flowers et al., 2000; Frankis & Flowers, 2007). In turn, this might contribute to the wish for extending the partying until one found a suitable partner.

### **3.2.5. Solitary consumption separate from others.**

While consuming on their own, clubbers could find drugs from a dealer through an exchange or, similarly, they could buy a drink at the bar rather than taking part in "rounds" to share with friends. Yet the impact, or the lack thereof, that this mode of consumption had on others was noteworthy:

*Outside in the smoking area, Matteo is back talking to us, to Brad in particular, and asks for a cigarette. Once Ben tells him that he's only got only one left for himself, Matteo goes away. Brad then mocks him by saying he's always asking for something, whether it is G or a cigarette.*

*(Fieldnotes, observation No. 11, LL1732-1734)*

Consuming on one's own invited others to appreciate the symbolic worth of the objects club-goers possessed: the potential for enjoyment from chemical substances, sexual pleasure from an attractive body, connections from their network of friends, exclusive and satisfying entertainment opportunities from their links with DJs, promoters, go-go dancers, and members of staff. However, such value could sometimes be simply stared at without one being able to take part in its enjoyment, because of the separation re-created with those observing. This mode of consumption could find parallels with a sort of exhibitionistic stance; Bardella (2002) already pointed to those features in queer clubbing. It is worth noting however how the exhibitionist/voyeur complementary and interchangeable dyad (Freud, 1915) is to be related to the plane of fantasy and desire. The fantasy object of enjoyment could be deemed to constitute in the club an elided partner for the exhibitionist's intercourse and, as a result, the object of envy on the part of those witnessing his state of bliss. Drugs, as symbolic objects, represented again a gift that was exchanged in the form of sexual intercourse through fantasy.

The rhythmic and fast-paced "pumping" of the music, typically electronic dance tracks ranging from progressive house (featuring faster tempo and build-ups towards a melodic climax) to techno (giving prominence to rhythm and synthetic timbres over melody) surprised the dancer with strong and hard features. Chiming in with an attractive fantasy of ideal masculinity cued by pictures on large video screens or by the tangible bodies of other dancers, letting the music in put club-goers in touch with a certain wish to release self-control:

*It's 9.51am. I take a look around and see that some people have already left, the dance floor looks less crowded than it used to-especially compared to a month ago. The music is very funky and people around me seem very self-content and happy. I hear some lyrics going: "I wanna get high I wanna get fucked up tonight".* (Fieldnotes, observation No. 8, LL1403-1406)

Being high, being trashed, and being "fucked up": the effects of consumption converged towards fantasies that could draw on the abundance of sexualised imagery from the surroundings. The repetition of vocals from the sensuous tones or seductive content also elicited elements of passivity. While creating the possibility for a satisfying musical intercourse, this experience permeated club-goers through the movements of their limbs, increasingly matching those of the music, or through the emotional build-up of elated feelings. Using podiums and higher platforms allowed clubbers to stand above the crowd and be observed in a pure state of bliss: a reassuring feeling of not needing anyone or anything else, in turn made possible only by the attention of others. Desire could seem fully satisfied through fantasy, hence the appearance of completeness to others and the abstaining from further social engagement. As a condition for it to happen, however, others had to be looking or were imagined as looking at the subject in such a blissful state. Its enjoyment thus re-enacted exclusion upon others who were bound to stare at what they were lacking of, or imagined to be doing so. In his differentiation between the function of the eye and the *gaze*, Lacan (1981) points to a subject who is aware of only looking from one point, but of being looked at from all sides in his existence. Through this phenomenon, he is deemed to come into contact with the desire of the Other and the consequent feeling of being reduced to shame, for his inadequacy as an object to provide full and permanent satisfaction. The gaze, thus, "may come to symbolize this central lack expressed in the phenomenon of castration" (p. 77) emerging recurrently through the experience of being looked at in the form of anxiety. With the aid of



fantasy, however, the club-goer dancing on the podium could accommodate a renewed awareness of the gaze in a flight from shame: rather than being in touch with his own shortcomings in relation to the demands of the Other he could subversively let himself go to a blissful state of enjoyment placing himself at centre stage only to mirror back to others the unfulfilled state of their desire.

Nevertheless, the potential for connecting with others determined the symbolic value of drugs as objects of consumption, which made consuming on one's own rather selfish and evoked images of what others were missing out on. Widespread moral judgment held that people consuming drugs alone breached a boundary with problematic use specifically because of the lack of a social purpose. Conversely, it was difficult to keep something to oneself by joining in clubbing without exposing or saying too much. A resulting prompt to search for a place to hide was met with the realisation that there were not many suitable locations (see p. 152). Even using a toilet cubicle, the only place for some privacy, was timed by members of staff banging on the doors to prevent misuse or to discover if anyone was feeling unwell. Anxieties could occur as a result and were often alleviated by further consuming.

Both the informants I interacted with and I experienced disappointment and hurt; I often had to reflect upon my judgments and a certain aloof questioning of the practice as a whole as alien and deviant, in relation to my position. This happened despite both my previous and contextual enjoyment of clubbing. I often shared with fellow dancers feelings of disgust and sarcastic remarks predicated on shame. Conversely, the concurrent triggering and frustrating of my own desire put me in touch with the club-goers' frustration at the party's end and the wish to avoid going home to preserve instead an ideal of everlasting satisfaction. Anxieties, resulting from my solitary consumption of the clubbing experience for the purposes of

research, led to a certain wish to hide which has also been related to the theme of “Solitary consumption away from others”.

### **3.2.6. Being affected and the effects of object-consumption.**

Attending after-hours significantly affected those who took part and those effects were enhanced and mediated by the consumption of drugs and alcohol. Club-goers could freely embrace sexual desire thanks to the safety provided by the setting (see notes and commentary on p. 136), as regulated by the owners and surveilled by security. Especially because of that and the difference in freedom of expression with other settings, they anticipated sexual gratification from sex:

*On the dance floor, Dom starts talking to me. His friend looks a bit odd, keeping his right hand in his trousers. I ask him about that and Dom says half-joking that it's hard for his friend to keep it hard. I find that weird. Dom asks me if I am top or bottom. He says he's been top for 36 out of 37 years and only recently tried being passive in anal sex for the first time. He loved it and doesn't want to go back. He can only imagine himself with a partner who is versatile or else he will feel like going with other guys to satisfy his needs.  
(Fieldnotes, observation No. 16, LL3139-3150)*

Preparing for partying heightened one's feelings in the anticipation of enjoyment. Experiencing sexual arousal was amplified through the music, the sensuous dancing, the exposed bodies from the videos and performance acts as well as by the consumption of drugs and alcohol. Clubbing allowed the central pursuit of excitement through feelings of joy, happiness, and relief from ordinary concerns. Following the unfolding of the party, informants found themselves monitoring whether they were feeling the desired effects, complaining if those had not occurred, and acting on further consumption or its dosage. Evidence of “being affected” involved physical reactions through feeling hot, sweaty, energised, restless, or sometimes drained and low:

*Ben is saying to Brad that we are all headfucked. They're asking each other how their legs feel, apparently it was the ketamine. I ask Ben if he is all right. He says that they aren't in a K-hole, but the K is affecting them strongly and they feel dizzy. (Fieldnotes, observation No. 10, LL1646-1650)*

Depending on the substances' quality, the nature of the objects being consumed and their cumulative doses, unwanted effects could sometimes leave clubbers feeling unwell, increasingly anxious, or in need of medical attention. Varying descriptions of fellow club-goers, from looking "high" to "trashed", reflected the significance of those states.

More importantly than with other drugs, they had to pay attention and space out G doses in timed intervals depending on body size, to avoid side effects (e.g. seizures or coma). Those requirements made consuming G difficult to monitor, also due to the varying degree of personal tolerance. Doses, as subjectively perceived and determined, discriminated between desired and unwanted effects. A difficult balancing, leaving club-goers to manage through trial and error the swing of an experience spanning from pleasurable highs to pain and the consequences of excessive consumption: it became thus difficult, if not impossible, to separate out pleasurable from painful experiences on drugs (see also p. 202). Predicated on social, cultural, and professional contexts, knowledge constituted an invaluable resource to understand and manage those physiological consequences. Dina Perrone (2009) has shown how information around drugs from various resources (e.g. books, articles, Internet sites, and experience) can help regulate the effects of consumption in the club: "When users understand the pharmacological properties of the drugs, establish drug use rituals, have a clear mindset and obtain knowledge on the drug's risky combinations and negative effects, they can usually minimize harmful experiences and maximize the pleasurable ones" (p. 160). As she pointed out that certain friends and certain sources of knowledge can be trusted more than

others, she seemed to indicate that her informants who went clubbing and used drugs with medical school students and neuroscience PhDs might be safer than those who do not have access to knowledge of that standing. Hence social capital (Bourdieu, 1986), mediated by its culturally encoded form, significantly help enhance pleasurable effects while mitigating the most harmful consequences. While this represents an important element of harm mitigation or reduction, it is however important to highlight the ultimate lack of control on the quality of the substances or the intentions that any acquaintance might be holding while taking drugs together.

Feeling “cool”, popular in the club, and looked up to in connection with a sort of *élite*, the “A-list” of people, chimed in with the “strong and hard” background music. Experienced as altered states of mind, they could induce increased self-esteem and confidence. They could also lead to embarrassment and could make club-goers feel self-conscious through exposing themselves openly on the dance floor. Sometimes jealousy occurred in witnessing rejection or swift shifts in people’s closeness from one to another clubber.

### **3.3. Conclusion**

This chapter presented some findings from participant observation in gay-friendly dance venues, particularly after-hours where drug use is prevalent. It has highlighted clubbing as a social practice whereby attendants could access and embrace their constitutive sexual desire. Through consuming drugs and other substances, club-goers found themselves sharing emotions and experiencing connectedness with others. In turn, this enhanced the intensity of enjoyment and its effects on inner states of being. Familiarity unfolded through being with someone, whether by taking drugs together, by having sexual interactions, or a combination of

both. Being recognised and known on the scene offered warm and accepting solace for those looking for a place to be fully themselves.

Through the analysis, objects of consumption have emerged in the context of exchanges between club-goers assuming significance as expressions of sexual desire. The combination of homoerotic attraction, drug use, and its effects have sometimes given way to moralised expressions and shame which co-existed with the enjoyment from partying. The next chapter will present further findings on the function and the organisation of the setting in which these exchanges took place, in order to better understand the specificity of the clubbing milieu and the conditions under which club-goers felt enabled and willing to give expression to their sexual desire.

## Chapter Four:

### Organised Club Spaces and Inner States of Personal Enjoyment: More Findings.

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Following from the emerging significance of substance use in relation to desire and its sexual expressions, the present chapter will focus on the role of the setting in facilitating and regulating access to enjoyment. After-hours provide a unique milieu, different from other scene venues and separate from the outer world. Through a lengthy procedure to gain admission, club-goers put themselves through the scrutiny of a benevolent form of authority and receive validation as a result. While they check in their bags, leave their coats, and change their clothes upon entrance, they also leave behind objects that carry value in the outside world while exposing themselves *bare* in the club. A threshold between inside and outside with their different value systems manifests itself through ambiguous exchanges and illusory perceptions.

The sense of striking difference with other gay-friendly venues and the outer world emphasises a sense of liberation from social constraints and self-control. Unlike other drug-intense partying events, after-hours are hosted in commercial leisure venues. The management carefully organises the different nights and employs staff that monitor the safe unfolding of the party. While complying with external regulation, e.g. health and safety policies, members of staff are perceived as protective by club-goers, who find it easy to leave their personal possessions with them and feel free to enjoy themselves during the night.

This chapter highlights a connection between expressions of sexual desire through object-consumption and the protection granted by the venue and its staff. It is argued that organisations provide cohesiveness and a sense of unity to such an experience despite the heterogeneity of the attendants. As a result, inner states including feelings, personal attraction, and enjoyment are connected with the physical space, as structured within the venue and its changes.

The notion of the state of exception (Agamben, 1998, 2005) will be employed to better understand the relationship between normativity, and sexual normativity in particular, and the party as a *liminal* space where pure and impure interweave. In the club, ambiguous messages reflect a threshold between different and opposite hierarchies of values and desire. Sarcasm is experienced as its humorous expression on an interpersonal level, extending to exchanges between friends, relations with figures of responsibility, and subjective perceptions. Inner states of mind depended on the contexts of consumption and were enhanced by the sharing experience. Withdrawing from group interactions and from being available resulted in increased anxiety, affecting the perception of one's own body and one's self confidence. Similarly, ambivalent, "trashed" states alternated with being "high" according to the relational context of the experience. The search for substances by security guards at the entrance of the club was re-enacted by club-goers moving from room to room in the venue, as if searching for something hidden. Large numbers of attendants gathering at special weekends or public celebratory occasions made it possible to find companions to face the finiteness of enjoyment and carry on partying at a different club.

The chapter will conclude by describing positions of anxiety as experienced at the "outskirts" of clubbing and the related wish to hide as opposite, yet complementary, to bare exposure. Hiding, it is argued, enticed club-goers to search

beyond the limits of enjoyment, by exploring darker corners in the venue or carrying on partying from one event to the next. Table 8 exhibits the categories emerging from the analysis supporting the main themes presented in this chapter.



Table 8. Organised Club Spaces and Personal Enjoyment: Categories Emerging From Data Analysis

Organised Club Spaces and Personal Enjoyment			
A separate space	"Feeling" in the State of Exception	Anxiety	In search of something
Regulated and organised space	Ambiguity	Feeling anxious	Non-stop partying
Convenient location	Infamously famous	Feeling self-conscious	Disoriented
Gaining admission	Instead of being here	Hiding	Exploring
Body search	Outside reality	Making small talk	Feeling restless
Checking in	A scene job	Looking rough	Glamour
Entering	Sarcasm	Stopping drugs	Going somewhere
Bare	Sick or high	Drugs make you lose muscles	Leaving
Familiarity	Togetherness & fullness	Feeling shy	Special occasion
Freedom	Trashy & fun	Uncomfortable attention	Coming from another party
Monitoring staff	Week-(end)	Self-judging	The after-after party
Self-presentation	Where is someone from	What people think	Arranging a chill-out
Drinks vs. drugs	Being fucked	Fear of being judged	Greedy no matter what you were on
This kind of clubbing	Gay or straight		Not having enough
A druggie night	Dangerous & hot		After-hours
More manly here	We are boring		Never getting out of the scene
Drugs only in South London	Top or Bottom?		Needing to go crazy
Jumper vs. t-shirts off	A trashier party		Stopping when out of drugs
Double doors	Resentment		The London-born circuit party
Muscley guy looking sexy and sleazy			Carrying on with another party
Strict controls			Four parties the same night

## 4.1. A Separate Space for Those who Enjoy Drugs (and Men)

As prescribed medications, drugs allow for life's continuation as "normal", as long as those who are HIV positive comply with the medics' scripts. Substances, however, also take centre stage in men's gay leisure spaces according to a fashion that could be described as unruly: as objects of consumption they help bring the administration of pleasure back in the realm of the subject's control. Far from prescriptions of ordinary, life supporting, ways of using, numerous types of substances and modes of consumption are available that do not fit the health perspective. Attending after-hours in South London, I gathered the feeling of being in a unique sort of space, somewhat different from both other scene venues and outside reality. This enabled club-goers to leave behind their daytime jobs, their places of origin, their family backgrounds, or simply the ordinary constraints of life and feel completely free and liberated in the experience of enjoyment. These parties' differences were evidenced in a number of parameters: their occurrence in the early morning hours when most other events had finished, the high association with drugs rather than alcohol, the large attendance by men dancing bare-chested and showing off their muscular bodies, and the rather mixed gender make-up of club-goers.

Dance clubbing in after-hours marked a symbolic moment when someone accessed an experience beyond the limits of the ordinary. This was often associated with initiation to drugs and, in turn, it signed the beginning of new friendships. The permanent association with a group of people, through clubbing, fostered the development of close bonds resembling kinship. Starting to take drugs made the clubbing experience qualitatively different and was also a point of no return:

gradually, but predictably, people stopped drinking alcohol when they went out because of its messy effects and its unsuitability to sustain longer hours of partying. Also, when out clubbing and not taking drugs, club-goers felt something essential was missing and the experience seemed more like a dull conglomerate of noise, rather than the sparkling and exciting event they became used to. Mark clearly remembered when he started this different type of clubbing:

*Mark asks me if I've been clubbing at this kind of venues for a long time. He says he's been clubbing here since April last year. Not long. So do you really not take any drugs? He asks me again. I say no. He likes coming to South London because the guys look good and look after themselves. I say that there is also a lot on display, he nods with his head.*

*(Fieldnotes, observation No. 14, LL2451-2458)*

If, according to Lacan (1999), culture is not distinct from society, what Mark described here is a way of relating based on homosexual attraction and arousal which seemed otherwise foreclosed in everyday's social interactions. Gay-friendly after-hours were branded through images of unrepentant masculinity. The male body was celebrated through the exaggeration of its muscular features, and visual messages revolved around the erotic meeting of strong and ostentatious figures. Not all parties were dedicated to the gym crowd, though it seemed that other masculine signifiers can replace the muscles, depending on the target population. For example, bears are notorious for flaunting their bodily hair, their abundant bellies, and are not afraid of looking older than the stereotyped *club kid*.

The function of those stylistic features as "expressive forms and rituals of those subordinate groups" (Hebdige, 1979, p. 2) can be viewed in light of the understanding of subcultures developed by the Birmingham school and the Centre for Contemporary Cultural Studies in the 1960-70s. Following from the Chicago School's work on deviance, this concept highlights the symbolic function of style in providing unity to relations, situations, and experiences of a group that has

traditionally been marginalised, originally because of class discrimination. Objects are thus seen to carry a double meaning to reflect the creative re-appropriation of mainstream signs by charging them with different significance in the subculture. Tim Dean (2009), on the one hand, employed a subcultural lens to describe the up-taking of barebacking (see p. 30) and the systems of meaning that have developed around its ritualised practice. Bardella (2002), on the other hand, used the concept of subculture in a post-structuralist fashion to describe the different *gay tribes* that populate the scene. This is similar to how Kozinets (2002) employed the same construct to talk of the different kinds of styles and peoples he encountered at the Burning Man festival in the desert of Nevada. Modelled on Michel Maffesoli's (1996) formulation of *tribe*, this is an attempt to develop an anti-essentialist approach in subcultural theory whilst keeping the prominence of consumption patterns and practices with no stable demarcation of inclusion or exclusion, originally described as forms of *conspicuous consumption* by Hebdige (1979).

A different relevance has been given by Sara Thornton (1995) to style and object-consumption in her study of British rave parties of the 1980s as a subculture. While highlighting the function of *moral panic* in feeding subcultures through trashing them and moralising them, she leveraged Pierre Bourdieu's work (1986) to develop the notion of *subcultural capital*, referring to the knowledge and social value produced through the relations fostered in the club. According to Ben Malbon's (1999) perspective of *experiential consuming*, however, Thornton paid little attention to the experience of clubbing itself as a milieu "in which the concurrent *emotional and practical constitution of the clubbing experience* by clubbers themselves is based upon and within notions of group togetherness, of the crowd, and of the technical demands, and opportunities, of clubbing" (p. 24).

In my participant observation, the peculiarity of after-hours clubbing was highlighted by club-goers measuring the frequency of their attendance, spanning from the occasional weekend during a public holiday to more regular visits. Similarly, permanence in the setting was also measured, from a single escapade after the Friday or Saturday night out to a properly planned journey from Thursday through Tuesday. Depending on how club-goers positioned themselves according to those parameters, judgments were often made: for example, those who needed to leave around mid-day on Sunday could preserve a certain aura of respectability because of the implied responsibility of work, while those clubbing through Monday morning could conversely be looked down upon.

Chatting with Ronald, who was new to after-hours, highlighted a perceived divide between alcohol consumption in ordinary venues and drug use in these parties. While he seemed to withhold from giving in and enjoying drugs too much, framed rather as a necessity of being at these venues, he was admittedly drawn by the attractive masculine features of the crowd:

*Ronald doesn't come here often and tells me that his friends have just gone to do some K but he doesn't like it. He lives in Dalston and normally goes out in East London. He says the guys here are more manly. . . he might go to Zipp at Wave: since he made it here, he might just as well carry on. We briefly talk about drugs, he says that it's almost inevitable for him to take drugs when he comes to South London but not when he goes out in east London; people there drink more and he drinks too rather than doing drugs*

*(Fieldnotes, observation No. 18, LL3713-3737)*

What seems interesting in this excerpt is the discursive construction of the club space by informants as inevitably associated with drug-taking, giving it features of essentialist difference from other locations. The sexual appeal of chiselled bodies and other masculine features on display, an equally prominent feature, took up a second stage thanks to the significance of the drugs, as objects of both conversation and consumption.

Not many public partying options are available to people as they walk on the streets of central London in the early morning hours of the weekend. As a result, gay-friendly venues in South London attract attendants from all parts of town, who wish to carry on partying at the end of a night out, sometimes coming from heterosexual clubs too. Because of the perceived association of after-hours with drug use, straight club-goers might express a preference for these venues simply for that reason. Wandering near the venue at 4.30a.m., I was asked about the party by some straight-looking men driving by. The disappointment and the following decision to leave revealed the interchangeable activities of drug consumption and selling to others to dispose of the remainder:

*As I walk away some guys stop their car asking me about the club, I say it's closing soon but Wave is open. They ask me if it's gay: I say yes. They look disappointed. A minute later they ask me if I want some MDMA but I say no, that I am going home. (Fieldnotes, observation No. 18, LL3755-3759)*

#### **4.1.1. The regulated administration of enjoyment.**

Unlike unlicensed events, South London after-hours take place in commercial venues where the management is also charged with responsibilities by outside stakeholders. The location of clubs is convenient for the availability of large spaces, the inexpensive location due to underused openings created by rail tracks, and the lenient noise restrictions in the absence of houses in nearby proximity. As Andersson (2011) puts it, those clubs look anything but respectable from the outside. Coming from all around town, clubbers gather at night outside the venues when others would be going home:

*The club is located under a few of arches created by some rail tracks that run overhead. The main street crosses under the tracks and the back entrance of Wave is in a corner off the street, just at the end of the tunnel created by the tracks. Once I get into the bay, a little space is dedicated to people queuing, the tickets booth, the security checks and, past those, a fenced area is*

*allocated to smokers who come from inside the club via another set of doors.  
(Fieldnotes, observation No. 1, LL42-45)*

In the venues, management permanently allocated rooms and spaces to different functions: from queuing, to dancing, or smoking. Each room has a permanent bar attended by members of staff and the presence of clearly indicated emergency exits shows compliance with health and safety regulations. Paramedical staff are also employed and located in especially reserved areas that can be accessed if needs be, while coat-checking facilities are always available for club-goers, subject to charge. On the dance floor, special areas are reserved for the DJs' platforms and their decks, which are not accessible to clubbers:

*The first room is approximately 100 sq metres, it has a bar on the left, followed by an emergency opening. I move towards it and I notice some fencing and a tent beyond the fences. At first I thought the tent was for smokers but then I deduced from the obstruction that it must be the paramedics' area for clubbers who feel unwell. At the opposite side of the room, I notice two toilet entrances and the coat check. Opposite to the entrance to the room, there is another big opening onto the next room, the main dance floor. . . On the right hand side of the room, a large platform is set up for the DJs  
(Fieldnotes, observation No. 3, LL546-557)*

The sequence of the DJs who are playing (line-up) was decided in advance and made public on the adverts, both printed on fliers and magazines or available on the internet. The choice by management indicated the breadth of music genres but also what was on offer, so that club-goers knew what to expect:

*The DJ line-up is printed and affixed on the room's entrance. It looks pretty full on, with all the big names, from electronic house to trance, from tribal to the more alternative/indie taste.  
(Fieldnotes, observation No. 3, LL560-561)*

Through the unfolding of the party, staff seemed constantly vigilant and monitored the space to take care of the club-goers' safety. Security guards were very prompt in spotting those who were not feeling well and prepared to intervene to provide assistance:

*As we stand outside, we see a guy falling over a bench and being held by his friends. He's clearly passing out on G. Ben and I talk about it, he says that's why he hates G. I wonder where the paramedics are and a minute later I see two members of staff coming over and picking up the guy to take him to the medics room.*

*(Fieldnotes, observation No. 16, LL3050-3054)*

In his hateful comment towards G, Ben most likely referred to the unpredictability of its side effects, ranging from fainting to coma or seizures depending on the combination between doses of intake, physical tolerance developed through times of using, and the body size of the user which affects its concentration.

The opening of the different rooms was spaced out according to a pre-determined schedule and the levels of attendance. The largest rooms, featuring the most impressive light effects and sound system, opened a few hours after the start of the party. As a result, club-goers were left waiting and anticipating the excitement from the peak of enjoyment (see also the discussion on p. 102). Typically, in the Sunday morning event this occurred around 9 and 10a.m., sometime after the party opened its doors at 6.

*We are standing by the bar near the coat checking area, in the second dance floor at Cielo. The main one is still shut and everyone waits for it to open when there will be enough people. (Fieldnotes, observation No. 11, LL1681-1682)*

The toilet cubicles attracted large numbers of club-goers as the only places where they could find some privacy behind locked doors. They were often used for taking drugs and having short sexual interactions, while one had to be more cautious on the dance floor and sex was not visible (see also p. 111). Toilets were permanently attended by staff, who offered soap and towels to club-goers, sometime selling candies, chewing gums and lollipops, and tidying up when needed. They were there to monitor the club-goers' wellbeing and enforce clear rules about entering the cubicle on one's own:



*In the toilets, I can't stop myself noticing the sign on the door which says "strictly one person per cubicle". Shortly after I enter a cubicle on my own, I hear the toilet assistant banging on the door with what sounds like the hard ending of a broom asking: "Are you all right?" He keeps asking so I have to shout yes, that I am fine, which allows him to move on and do the same at the next door.* (Fieldnotes, observation No. 17, LL3238-3241)

The sign on the door reflected a discursive parameter disclosing the customary use of toilets by more than one club-goer at a time. In line with the object's other meaning contrasting with the prevalent one in the *parent culture* (Hebdige, 1979), this sign might thus look rather as an invitation to enter a private space with one or more partners where drugs can be consumed in a sexually charged situation. The shutting of the door and the sign on it might evoke the sense of a paternal injunction in the figure of the Law (Lacan, 1977a) and the re-enactment of a situation similar to that of the *primal scene* (Freud, 1918; see also p. 144), whereby everyone in the queue is left out from the fantasy of intercourse between those in the cubicle. This is contextual with the message itself being structured as a prohibition (Lacan, 1958/1977) that enforces a gap between the subject and the object of desire.

#### **4.1.2. Passing the selection at the door and gaining admission.**

Anybody could turn up and queue to enter the venues, attracting club-goers from all around town. Nevertheless, staff had to carefully select people before letting them in, in order to preserve safety within the environment. Unlike in other mainstream clubs, fights were rarely witnessed and women found it less harassing a setting due to the majority of gay men among the attendants. Selection at the door also aimed to prevent those who showed signs of excessive intoxication from entering. Rather than discriminating on the basis of self-reported sexual orientation,

staff asked questions to ascertain the familiarity with the gay scene. The following extract shows a friendly, straight-looking bouncer stationed at the door, who mirrored the features of those likely to be turned away, and suggesting alternative clubbing options that could be better suited. The surprise and lack of preparation in the club-goer, coupled with an unrecognised party of origin, highlighted the absence of familiarity with the scene and was a valid reason for rejection at the door:

*There seems to be some people queuing even before the fences that have been arranged in front of the club entrance, to accommodate clubbers waiting. A bouncer is stopping people before joining the proper queue into the fences. He looks like a white working class lad calling people "mates" and with an undertone of manly camaraderie: I presume he's straight. As he stops a black man getting in the queue, I hear him ask where he comes from. The man sounds unprepared, and a bit frightened as if in the middle of an interrogation. I hear him whisper something, the bouncer repeating the club's name: "Flash". I have never heard of it, it must be a straight venue. So thinks the bouncer, who advises him that this is a gay venue and he should go somewhere else, maybe club "BounceBack" in West London, still open at this time. I hear the man protesting and see the bouncer behaving sympathetically "same here, mate". Eventually, the man leaves.*

*(Fieldnotes, observation No. 6, LL987-995)*

Before entering the venue, club-goers had to join outside queues within an area clearly marked by fences and attended by members of staff. This was especially the case when the club was still to open or operating already at full capacity, with people waiting in the often cold weather for up to a couple of hours. Once they reached the end of the queue, attendants were made to buy entry tickets if they had not already done so on the internet. Separate queues were arranged for those with pre-paid tickets and other guest passes. Concessions applied for an hour or two from opening and aimed to have the venue filled up as quickly as possible after opening. Students could claim a reduction of about 20% on the entry ticket; fliers and wristbands were distributed at other parties, inviting club-goers to move onto the after-hours with the enticement of a reduced ticket:

*Once I get to the booth with a 50-something man selling the entry tickets, I ask for a student discount and show my ID. He smiles and quotes the reduced price of £8 (instead of £10). Two security guards, a man and a woman, are then waiting for me. I am sent to one, who scans quickly through my jacket and jeans in search of anything suspicious; I can feel the hand on my pockets where the keys are, I'm then clear to enter. I hand the ticket to another man at the entrance and I am finally ready to get in.*

*(Fieldnotes, observation No. 1, LL38-41)*

Body searches by security staff were customary, for venues needed to demonstrate their effort in combating drug use as well as to prevent violence in the club. A few security guards were normally waiting before admitting people in, typically from a deprived socio-economic or foreign backgrounds. They did not often look gay:

*I get to the security barrier in no time. The guards search my pockets by passing the hands over my jacket, though it doesn't feel like they would discover much even if I did have something to hide, no attention drawn to my shoes or my jeans pockets. As I pass the check and I walk into the door, I notice on the side some public licence-like posters disclosing all sorts of information. All I can quickly read is to do with the search being a condition of entrance, and if people want to get in they need to agree with being searched.*

*(Fieldnotes, observation No. 14, LL2311-2313)*

Inside the club, drugs were very visible, and sometimes club-goers handed them openly and passed them to each other on the dance floor or in the smoking areas outside. This left me wonder many times how they managed to bring them into the club, considering also the high prevalence of use among the attendants. Conor told me how he hid them in his shoes:

*I ask Conor how he managed to smuggle the drugs in the clubs, given that I was shocked by the level of security controls this time! He says that he hid them in his shoe, beneath the sole. I thought that was clever, as I never get checked in my shoes! He adds that it hurt a lot as he was walking in with that*

*(Fieldnotes, observation No. 8, LL1324-1325)*

The process of examination at the door was highly significant: on the one hand, it led to validation of the self as entitled to enter the club and take part in the enjoyment, with more wide-ranging features of belonging predicated upon

acceptance by a form of authority. On the other hand, the searching of the body also revealed places left unexplored, as further discussed on p. 156. A multiplication of body-parts was created as a result: as they were going to be exposed in the club and on the dance floor, they were ready to turn into objects of arousal at the end of a process named “headless subjectification” by Lacan (1981).

In some cases, small bottles of liquid G were passed around among club-goers, also raising the questions of how security missed them in the searches. This was especially remarkable considering the emphasis placed on the dangers of using G and the warning from many posters affixed inside the venues. Brad said that it was not so difficult for him to hide the bottle between his legs, adding a sexual subtext to the description of the searches as hasty:

*I can see Brad getting out a small bottle of G and I make myself to ask him how he managed to smuggle that through security. He says that it's not too difficult: he just had to hold it in between his legs as he got in. No need to hide much deeper, he just holds it like that.*

*(Fieldnotes, observation No. 17, LL3215-3218)*

As to the age of admission, clubs rely on the UK limit restriction of 18 years to buy and drink alcohol, often increased to 21. This is variably enforced by the bouncers depending on the looks and acts of those waiting to gain admission, sometimes being asked to show a proof of identity and age, such as a valid driving licence. The after-hours crowd is much older than that on average, yet it is not unusual to meet club-goers at both extremes of the age range. Gracie seemed disappointed to look older than her age and revealed in her comment how some of her friends were able to gain admission even below the restricted age:

*Gracie says she's 21 but everyone thinks she's older than that. I comment that it could be a good thing to look a bit older at that age to get into the club. She responds coldly that her friends who are 17 and look 17 find no problems getting into clubs.*

*(Fieldnotes, observation No. 1, LL93-95)*

### 4.1.3. Checking-in and the exchange of valuables.

As club-goers entered the venues, coat checks represented the final stage of gaining full admission. The relevance of this service, again managed by staff, was symbolic in that it involved an exchange of items holding different meanings inside the club and outside. People deposited their jackets and clothes, together with valuables of various kinds. Those items were charged with class, status, occupation, and cultural meanings in the outer world. In the club, however, such content was far less valuable. Instead, people stripped off their clothes and flaunted their torsos, painstakingly chiselled at the gym, their hairy bellies, or their baseball caps and tiny vests. Regardless of one's position in society, showing the "right" clubbing appearance granted the person success and contributed to the enjoyment of the party. A levelling experience for some, albeit equally enforced in the form of a subverted hierarchy; similar features have been described by Flowers and Hart (1999) for regular attendants of the Glasgow scene. Malbon (1999) pointed to differentiation in styles as *hierarchies of coolness*. According to Agamben's (2005) framework of the state of exception, which will be discussed on page 139, after-hours resemble in these features the periodic feasts (e.g. the Anthesteria and Saturnalia of ancient Greece and Rome respectively, or Carnival in the medieval and modern world), for the overturning and suspension of "normal" legal and social functioning.

Consistent with Lacan's (1991) view of the function of the sign, being asked for initials by staff attending to the coatcheck was a form of indexical identification, which worked as long as both parties remembered it but carried no intrinsic meaning beyond that exchange. At the coat-checks, people leaving met those who had just arrived, mirroring to each other the effects of the party before and after taking part:

*I look for the coat check and a guy on his way out stops me asking if I've just got here now. I say yes and try to ignore him as he looks drunk. I see him once again later. I get to the coatcheck and leave my coat and scarf together. They ask me for my initials and get them wrong, I correct them, 'MB' I say. (Fieldnotes, observation No. 13, LL1910-1915)*

The stop at the coat-checks was not only limited to leaving one's jacket, but it could involve a complete change of clothes. I was surprised by Paul carrying a bag to swap his jeans and t-shirt with a vest and some cotton, boxing-style shorts to wear inside the club:

*He asks me if I am going back with them to Denny's and I say yes, that maybe I can meet him at the coat check while he's chasing all his other friends. I pick up my jacket and shortly after see Paul and Robin. Paul is picking up his T-shirt and his trousers from the coat check, swiftly changing from his shorts into his jeans before leaving. (Fieldnotes, observation No. 13, LL2003-2006)*

Outfits changed throughout the partying and, depending on the number of events one attended, the necessity arose for more than one outfit. Proper planning could involve carrying those with oneself and using the coat-check to get changed. In addition to keeping a fresh appearance, indicated by Graham's use of a spray deodorant, this also allowed for a better fit with the different styles required by each party one goes to:

*As we approach the coat check, Graham changes his t-shirt with a fresh one from his bag. I notice that, and he says yes, of course, he had 4 changes of t-shirt since the start of the weekend. He sprays some deodorant on himself, I feel conscious of smelling from the sweat of all that dancing, but still say no when he offers some to me. (Fieldnotes, observation No. 7, LL1190-1192)*

#### **4.1.4. From outside to inside and the build-up of excitement.**

Entering the club carried with itself a sense of anticipation and the build up of feelings throughout the journey, beginning with the first planning phase. A clear demarcation signified the moment one "got in" or "inside" through the doors, into a place qualitatively different from the outer world. The closer to passing such a

threshold, the more intensely people felt vibrations from the music, the excitement all around, from friends to fellow club-goers. The inside environment was dark for the absence of natural lights, but also lit up by flashing laser beams cutting through the air, the video screens, and the special effects. The loud house music combined with the chemical smell of mephedrone, human sweat or cleaning products, the sight and touch of bare-chested male bodies or men and women in sexy outfits, the feeling on the skin of the altered room temperature. An overwhelming mix of sensory stimuli all concurring to elicit an intensively different experience to the environment one was coming from. The journey towards the club seemed filled with many steps to go through in order to arrive to destination. As pointed out by Thornton's (1995), knowledge of the scene is the most important asset to overcome the pitfalls of admission.

Concurrently, having been through searches, the scrutiny of staff and the checking-in procedures enabled one to enter this "underworld" free of possessions and to feel accepted for who one ultimately is without those. Entering the club involved identical screening procedures for every club-goer, and coming through the other end had a validating function which was denied to others, typically straight men who were not familiar with the scene. For those who made it, a feeling of safety and freedom paved the way to fuller enjoyment. The presence of a double set of doors was partly required to limit the noise disturbance to the outside neighbourhood. However, the scarcity of residential buildings in close proximity and the noisy trains running on the rail tracks overhead made more evident the symbolic function of those double doors in demarcating an inside/outside boundary. Opening them could feel like coming back to a familiar place where one could be himself, but also like disappearing:

*The way in is through a double set of doors, probably to stop the sounds and the noise. As I enter through the doors, I seem to disappear in the loud music and the darkness of the main corridor.*

*(Fieldnotes, observation No. 1, LL46-47)*

The stark contrast with the outside world gave prominence to the features of the club space and immediately allowed club-goers to recognise it from previous times out, or to notice differences in the layout of the rooms. Improvements and refurbishment were welcome novelty, also indicating the success of a recurring party or of the company that organised it. In turn, one felt part of a more exciting and exclusive experience:

*I recognise the venue as I have been here a few times and once since they changed the layout and renovated the main room slightly. It looks a bit more glamorous than before, the old garage-looking style is leaving space to some finer decorations including some fake candles by the sides of the bar, some fancier brown cover on the walls, a platform in the centre of the dance floor and nicer furnishing for the bar. A large digital screen now covers most of the wall at the back of the dance floor displaying graphics that change rhythmically with the music that is being played. The DJ platform and decks are now very visible above the digital screens.*

*(Fieldnotes, observation No. 14, LL2323-2326)*

Entering the party also made me more aware of what I was leaving behind, most notably the cold and cloudy winter weather. It often felt like a relief to enter the club with its excitement on a Sunday morning. The area's "gritty industrial architecture" (Andersson, 2011, p. 86) also contributed to such a contrast with its concrete landscape constellated with closed shops, rail tracks, and large roads with multiple lanes. A wave of excitement took over club-goers as they opened those doors: it felt amazing to be surprised by a large number of attractive men looking like they were enjoying themselves to the full. It invited one to join in as if in a "wonderland" that had been discovered for the first time as real and available. Facing the exciting sights behind the entrance doors dissipated for a moment those concerns and allowed club-goers to simply feel "good":



*One of the first things that go through my mind is how decrepit it looks outside, on the way in. It's cloudy and raining a bit. . . Yet, getting inside the club, a wave of excitement goes through me thanks to the laser beams, the rhythmic pumping of the music, the people, a sort of euphoria that leaves no space for the empty feelings of a grey Sunday morning in February. As we walk through the dance floor, surrounded by people and having to gently push our way between them, I think to myself that this is great fun. The music feels amazing, and we just came in at what feels to be the peak of things. No waiting for us this time. Even though I am not feeling carried away by the music yet, and dancing makes me feel uneasy, I find myself observing people here. So many attractive men and women looking like they are having a fantastic time. I can't help thinking that nothing feels wrong about this and it's just something to enjoy. I see Charlie as I squeeze through the people and I say hello to him. He gives me a warm hug; I tell him that I haven't seen him in a while.*

*(Fieldnotes, observation No. 16, LL2929-2943)*

#### **4.1.5. Rawness as inner state of being.**

On the dance floor, it was common to come across references such as “raw” and “bare”. They reminded me of their association, in the literature discussed from p. 30 onwards, with bareback sex. Yet it was uncommon to find bareback explicitly mentioned in the club. Rather, words were commonly used in their most general sense and the unpicking of any subtext was left to club-goers and to their interpretation. “Raw” was often used in names of parties, club venues, agencies offering photo-shoots, and other services on the scene, typically with images of semi-naked men in attractive poses. The use of words as general labels incorporated feelings and elicited wider experiences beyond the narrow limits of sexual practices. A resulting sense of freedom thus emanated from attending in the party, most genuinely expressing a natural state of being. This seemed uniquely allowed, in this setting, to be exposed and accepted as such:

*The digital screens in the main room are showing the dictionary entries for the English word “Raw”: adj. 1) not processed refined or treated in any way, 2) in an original state, 3) not subtle, restrained or refined*

*(Fieldnotes, observation No. 5, L959)*

Stripping off clothes and all other valuables carrying meaning in the outer world engendered “bareness” in the club-goers. Both the visual word stimuli and practices of “lying bare” (e.g. through dancing bare-chested or leaving layers of clothing at the doors) co-occurred in the club and it was impossible to disentangle the ones from the others in an order of priority, attesting the evocative function of signs as part of language (Lacan, 1977a). It was the opposite of hiding while embracing the freedom of being oneself. It also involved a strongly affirmative experience, asserting the body as good and also attesting goodness within oneself. Rather than it being related to objective conditions and the beauty of one body versus the other, the capacity to “lie bare” in the club seemed the result of inner and freed states of mind. Feeling free of anxieties around one’s own body as a reflection of the inner self seemed the prerequisite for dancing bare-chested. Drugs could help relieve those anxieties, although some club-goers never felt able to take their t-shirts off:

*I wonder what taking the t-shirt off means for the guys who do it. From a quick look, they all look like a group of attractive men, perhaps the ones who are most attractive in the club daring so much. But by looking around I notice that some attractive men never take the t-shirt off, maybe they feel fat tonight or not too confident. On the other hand, some men who are bare-chested look a bit trashed too, but so are some who are fully clothed*

*(Fieldnotes, observation No. 15, LL2743-2746)*

## 4.2. “Feeling” in the State of Exception

Taking part in after-hours as different and unique spaces in comparison to other settings gave prominence to a symbolic boundary. There was also something movingly religious about the music played, as exemplified by the song “I Feel” (Gonzalez, & Casermeiro, 2009). Yet the online public comment on the song lyrics did not fail to pick up its seemingly obvious gay meaning: “This song is amazing. It's about 2 gay guys high on drugs and meeting in a club” (Iwasinacoma, 2011).

Religious, however, did not have to mean transcendental. *Homo Sacer* was a figure of archaic Roman law whereby a man, judged on account of a crime, could be killed by anybody without committing homicide, and yet was not deemed worthy of sacrifice to the gods. Philosopher Giorgio Agamben (1998, 2005) discussed *Sacratio* as an ambiguous practice by which pure and impure interwove in the state of exception. The norm thus taking centre stage, not necessarily a legal one, but an expression of sovereignty, bio-political normativity in Foucauldian terms (2002).

Outside the norm, sex as *state of nature* could not exist without its precepts, in turn reinforcing their grips via the vicissitudes of bare life, life at the gates of the *polis*, life that may be disposed of but cannot be sacrificed to the “ideal”. Normative sexuality not only addressed reproduction in itself, but it also regulated the formation of psychosexual, social bonds in modes of relating that were deemed appropriate to its purposes through mutuality, permanence, and monogamy. This could be viewed as the paradigm from which the facts of bare life departed in after-hours clubbing. It was the function of the norm, however, to create such an order through its (dis)application to chaos, through a process of normalisation. Dance clubbing thus became the place where prescriptions around sexuality could be suspended and life could be just life, converging toward what the Greeks described with the term *zoē*, animal life, different from *bios*, the life of civilisation, political existence in society. As a state of exception, the club setting could be lived as a transient, liminal space filled with ambiguous experiences and feelings.

Hierarchies were subverted through the primacy of the body: go-go dancers and porn actors were expressions of the type of success to be celebrated (see p. 134). Double entendres, ambiguous forms of communication and sarcasm delimited the personification of living in the space of threshold, defined as the “zone of indifference where inside and outside do not exclude each other but rather blur with

each other” (Agamben, 2005, p. 23). A liminal experience at the margins of what is otherwise portrayed as responsible and morally appropriate sexual behaviour.

Due to the commercial set up of the venues, aiming to stable economic viability and to the survival of the event, management was also keen to guarantee compliance with public regulation. Club-goers never left the outer world, informed by concerns with policies, health, and work occupation. Yet, something very different occurred in the club due to the consumption of drugs and the expression of sexual desire.

#### **4.2.1. Ambiguous exchanges, shame, and affirmation.**

Exchanges between friends often expressed ambiguity, akin to being between different co-existing pulls. As with the trashed vs. high states of intoxication, sex could represent a split of all-good or all-bad qualities between the extremes of danger and arousal. The party adverts used double messages revealing also the co-existence of two parallel systems of values, broadly represented by the world outside and inside the club. Being “infamously famous” was an effective selling point for the party in that it highlighted this tension: moralising judgments and subversive attitudes both present on the scene. Yet, one could not exist without the other and they both seemed to mutually reinforce one another. “Pulling a sickie”, i.e. calling in sick at work, resembled such double meaning in both taking up the valence of being unwell towards the outside world as a result of being high in the partying setting. Both meanings were indeed real: while taking drugs or “coming down” club-goers did feel unwell at stages, meaning they have also been taking part in consumption at the party:

*Aqua at Wave, East Facing Road, South London. Midnight-9am. £6 w. Queer Magazine advert b4 1am, £10 OTD (i.e. ‘On The Door’) b4 1am, £12 after. End the weekend as you mean to go on. . . at Sunday night’s most infamously*

*funked-up club spot, playing pumping house on the main floor, minimal tech house in the raw room. Pull a sickie tomorrow, anyone?*

*(Queer Magazine, 16/12/2010)*

According to a subcultural structure of signification, Hebdige (1979) argued that objects are charged with double meanings that reflect clashing definitions of style. While “objects are made to mean and mean again as ‘style’ in subculture” (p. 3), they also mean refusal of the mainstream social order. As a result, what is perceived “outside” as morally questionable can become the object of admiration in the subculture. In the after-hours clubbing milieu, however, double entendres and double meanings also gave space to enigmatic exchanges that were not reduced to clear messages but rather opened up a creative space of communication on multiple levels resulting in the amplification of desire in those involved.

Concurrently, sarcasm became one of the most typical humorous ways of relating to friends and new acquaintances. As an interpersonal attitude, shame and affirmation were mixed together in jokes and comments, often related to the parties on the scene as something fun but also disdainful. Due to the “lying bare” and the genuine identification, at times, with the party as an authentic and liberatory expression, ambiguous feelings towards the scene and fellow club-goers also revealed similar attitudes towards the self:

*As Brad tells me this story I can sense the sarcasm and pick up on some undertone regarding how David's date and perhaps both David and Brad too were drawn to the scene. Brad says about David's date that he's a bit of a club kid. When I see the guy I recognise him and I tell Brad that I've seen him around before, he is quick to respond that he's seen him around a lot*

*(Fieldnotes, observation No. 17, LL3189-3193)*

#### **4.2.2. Friendliness, seduction, and sex.**

Dancing and mingling on the dance floor offered numerous chances for exchanges of all types. When an object of consumption was offered, from drugs to

new friendship, it could be deemed to function as a gift whose significance lied beyond the specific object-exchange insofar as it emerged from the intersubjective space structured as an “immense circulation of gifts” (Lacan, 1994). As an erotic expression, offering substances or intangible objects for the other’s consumption reinstated as “presence” in the exchange what was previously annulled or revoked, hence felt through its absence.

Together with admiration for one’s body, friendliness could turn into seduction and reveal a gamut of personal objects of value and interest. A smooth, muscular body was not the only object of attraction for other men: rather, one’s presence was desired more as a result of the shared consumption of substances, whatever they happened to be:

*A guy is stepping to dance over a small platform and Brad pays him a lot of attention showing that he is in awe of him. Brad looks like a middle aged chubby man. As a bear, I am sure he would receive a lot of attention in the same club on a SuperSize night. I think that he tries to make people feel absolute stars so they would be kinder to him. I tell him that he is very kind to introduce me to all his friends and all the people that he knows  
(Fieldnotes, observation No. 8, LL1329-1334)*

Those exchanges were more visible in toilet cubicles. Whilst in a state of arousal due to closeness and the sexual imagery from the dance floor, people recognised each other. One had to be quick to decipher the signs of availability, getting around the vigilance of security and the gaze of other people in the queue, which has already been described as a form of peer surveillance and social censoring in scene venues (Flowers & Hart, 1999; Flowers et al., 2000). Looks and gestures of invite were quickly exchanged, as drugs and sex would once the door had shut behind:

*Todd takes me to the cubicle as he offers me a bump: I follow him. The toilets are still very busy, people waiting or just hanging next to the cubicles. I see the muscled guy with the cap that I noticed earlier. He passes ahead of me, I get a feeling he's looking too. He goes into a cubicle and leaves the door*

*open; as I am with Todd I ignore that. Soon I see Tony getting past too and entering the same cubicle. . . Todd is saying that my accent sounds as if I was born here, he asks me if I actually speak Italian and is surprised when I tell him that I do. We get in the cubicle together. He says he just wanted to kiss me but I say to him that's not possible. He then pulls out a small plastic bag and takes two bumps up his nose, through the same nostril. . . We then come out and exchange numbers.*

*(Fieldnotes, observation No. 15, LL2838-2851)*

Not only did drugs as the objects being offered have the function to arouse desire and entice the other into having sex, but they also reinstated as objects what had been previously annulled through the lack of satisfaction. In a circular fashion, thus, gift-exchange and desire can be viewed as mutually reinforcing one another through frustration.

As friends entered together in the toilet cubicle, the observer was left wondering about their exchange while he had been left out of it. In a re-enactment of Freud's (1914) primal scene, the unique privacy created by the shut door left no chances of being observed and of the exchanges being monitored. A separation was re-created between inside and outside adding ambiguity to what had been consummated and whether or not it had been worthwhile:

*On my way to the toilet I find Brad and Metin, who are also queuing there together. They both see me but we don't get to chat much. I assume they're both heading in the same cubicle and I prefer not to interfere. So it happens, they quickly go in as one door opens. While I'm still waiting in the queue, I get caught by surprise by seeing them come out of the cubicle so quickly, which I didn't expect.*

*(Fieldnotes, observation No. 17, LL3352-3359)*

Different parameters and standards of beauty overlapped when people were high or in a state of excitement. The sober assessments one would make in the outer world left space to alternative configurations of attraction and desire. This is reminiscent of the subversion or the replacement of value systems upon entering the club. As objects carrying value in the external world were deposited at the coat check, so were some selective requirements for sexual partners. Yet, such different

value systems were borne in mind, the resulting contrasts generating surprise in the observer:

*Brad says sometimes it's funny to see hot guys and who they go with, their sexual preferences. As we are standing outside, a lot of men are coming over to greet Brad and David, who seem to know pretty much everyone here.*  
(Fieldnotes, observation No. 17, LL3228-3230)

Consistent with Race's (2009a) description, these can be viewed as instances of "sexual encounters that. . . pay *less heed* to some of the sexual segregations surrounding age, class, race, body-shape, conventional attractiveness, sexual setting, and relational context maintained by respectable propriety" (p. 236). Dean (2009) also described this in his argument around barebacking and cruising as engendering a loss of differences traditionally attributed to class, occupation, and other factors of identity, in a more creative type of encounter with other(s).

#### **4.2.3. A friendly, permissive form of authority.**

Some members of staff were paid by the management to attend the toilets, effectively overseeing the orderly running of the queue and keeping the space clean. These employees were typically foreign or from a minority ethnic background. Shortly after patrons entered the toilet cubicles, they knocked on the doors to make sure that they were well and not experiencing side effects from the drugs. Tips and small change was left by club-goers, formally as gratitude gestures. While they were not allowed to enter the toilet cubicle more than one at the time, leaving those tips was contextual to waiving such a rule for a short period of time:

*I meet Steve and Alex while waiting in the queue for the toilets; I see them handing some change to the assistant, a middle aged black man sat on a chair next to a public sink where people stop by to wash their hands. I am learning that tipping is functional to being let alone in the cubicles for longer. Unless you pay them off, the attendants come banging on the doors with a hard broom or knocking to say that it's time to leave. Instead if you pay a pound or so they leave you alone for longer or allow you to get in the toilets*



*with someone else, which is formally prohibited by the club.*  
(Fieldnotes, observation No. 16, LL3002-3006)

Similarly, security staff was employed at the entrance doors to operate checks and the selection of those waiting to get in. Often times, they welcomed people with a friendly attitude, not afraid to show familiarity or to use friendly gestures:

*It's 4a.m. when I get to the front door; the guy I noticed from the street is ahead of me waiting to get in and is chatting with the bouncers in a familiar way. One of the bouncers is telling him that a friend has left him something, they are joking about a Christmas pack or a present; as he is asked for more details, the bouncer replies that he has only been asked to pass on the message.*

(Fieldnotes, observation No. 12, LL1890-1894)

Concurrently, management was keen to reinforce the visibility of the rules through posting signs around the venue. In making explicit the absence of an obligation to tip toilet attendants, those signs also validated such a practice as significant enough to raise the management's attention:

*At the toilet, my attention is captured by a sign which says "you don't have to tip, if you are forced / see the staff". I am amused by the sign because of course tipping the attendants at the toilet is a way to gain time in the cubicle or to enter one with someone else (which is also prohibited) and both are functional to doing drugs* (Fieldnotes, observation No. 18, LL3552-3553)

The sign expresses a negation which, as I have pointed out earlier, can also be read as an affirmation of its opposite meaning through discursive repression (Foucault, 1972; Freud, 1925; see notes and discussion on p. 104).

#### **4.2.4. The illusory perception of fullness.**

Experiencing closeness with other clubbers, whether known friends or strangers, contributed to feeling part of a communitarian experience. "Togetherness" was thus linked to the perception of fullness and peak in enjoyment, while emptiness of the club could be interpreted as a reminder of its finiteness. This resonates with Lacan's (1994) description of an illusory sentiment aimed at filling the lack beyond

the object of love: in those terms togetherness and the perception of fullness are a defence against the realisation of the absence of an object providing full satisfaction to someone's desire.

As the party is starting, staff made sure that a limited section of the venue was open to club-goers, so that they gathered all together in a smaller place. As a result, people more quickly felt in a crowded space and able to have fun. With the timed opening of the different rooms, this also demonstrated the venues' control on subjective enjoyment:

*The rooms are filling up fairly quickly. Staff keeps most of the spaces shut so that people get pushed together against each other in a few cramped corners, which gives them the impression of there being lots of people, the club being busier or just closeness with lots of strangers and new guys*  
(Fieldnotes, observation No. 18, LL3531-3533)

Equally, dancing on a podium could engender the peak of someone's self-expression and triumph over shame, being so exposed to the rest of the club. Being at centre stage attracted the gaze of others and, together with the meeting of many new friends, the friendliness in the exchanges, and the effect of object-consumption, a fantasy was conjured up. One felt noticed, appreciated and, as logic conclusion, expected to be missed when not around. Yet, this was also an illusion: every night the party happened to the full, with new exciting objects of interest and attraction. The one dancing at centre stage, whose enjoyment depended on the gaze of the others, was also the one left missing those who had not come back to the club:

*Tony is now dancing on the podium in the middle of the room, the Lucozade bottle in the back of his trousers: I can see how he is enjoying being above everyone else at centre stage. I can relate to him in my own experience of having people's gaze on me. There is something slightly deceiving in all this. People are all looking everywhere, as am I, and for some reasons dancing here makes one (me or Tony) feel that everyone is looking at us. Yet, they are also looking in many other places, and this is an illusion still. On the dance floor one lives in the illusion of being at the heart of everything and noticed and as if it is a big deal for people if all of a sudden he is not around anymore. It makes me think about the lots of people I've met in South London so far:*

*most of them I haven't seen in months and must be up to whatever else in their lives. Perhaps moved on to a relationship or busy with work or some even injured from too much clubbing. While one feels that the show will not be the same without him there, I can see how every time things happen to the full. A new fantastically attractive man can pop around and a new drama can light up the night out of nothing.*

*(Fieldnotes, observation No. 18, LL3667-3678)*

### **4.3. Anxiety and the Alternating of Relational Connections**

Rather than directly related to an individual substance, inner feelings were dependent on the contexts of consumption. Most often, refraining from sharing with others caused anxieties (see notes and discussion on p. 111), revealing a connection between one's enjoyment and the friendly, supportive presence of others. This also extended to attitudes towards one's own body and the confidence required to make oneself available to meet others in the first instance.

The relationship between drugs and their physiological effects seemed to be nuanced by the swinging perception of "trashed" and "high" depending on the relational configuration of enjoyment. Consequently, "saying no" to drugs in the club raised anxieties of all sorts due to its symbolic valence of withdrawing from being connected with another. A certain necessity to hide emerged as a result, revealing the lack of suitable options in a setting where exposure of the bare self is celebrated. Time-limited trips into the privacy of a toilet cubicle were functional to further consuming and recourse to dark rooms for sexual interactions, not always available, was recounted with tones of marginal drifting.

"Feeling" in the state of threshold thus entailed constantly being surrounded by anxieties and the dichotomical fragmenting of life objects, co-existing right next to one other. In the state of exception, bare life involves the continuous re-enactment of *bios*, the politically organised life of social existence, in the form of its exclusion:

In the body of Homo Sacer, the ancient world finds itself confronted for the first time with a life that, excepting itself in a double exclusion from the real context of both the profane and the religious forms of life, is defined solely by virtue of having entered into an intimate symbiosis with death without, nevertheless, belonging to the world of the deceased (Agamben, 1998, p. 99-100)

Inclusion was featured by bonding on the dance floor, friendly interactions with the staff and exchanges with fellow clubbers, secret yet publicly signified forms of consumption, the music and the “highs” as shared experiences. The club space did indeed feel safe, allowing attendants to check their responsible selves at the door with their clothes, being “devoured” by the loud music and the darkness once they got in. They could strip off their t-shirts as signifiers of outside values and “lie bare” to themselves, the others, and society in a position of heightened desire and celebrated fragility. Homo Sacer: the man whose life can be killed by anybody without committing homicide and yet cannot be sacrificed to the gods.

According to Agamben, bio-politics are not only in force when we aim to comply with the rules of normative political existence; they are also paradoxically in operation when we call ourselves out of those borders through the exclusive inclusion of the practices we engage in. As he puts it, with the dissolution of sacrificial ideologies in contemporary times, we all resemble Homines Sacri. Our body, as *corpus*, best represents the modern condition of the subject as sovereign in the world of politics and democracy, whereby “the sovereign is entering in symbiosis not only with the jurist but also with the doctor, the scientist, the expert, and the priest” (Agamben, 1998, p. 122).

As a result, non-stop partying (see p. 158) in an after-hours can face us all with the shared condition of a life that today, according to Agamben, “is exposed to a

violence without precedent precisely in the most profane and banal ways” (Agamben, 1998, p. 114). What is then left to us if we are to acknowledge our own social, civil, and political engagement as “situated at the intersection of a capacity to be killed and yet not sacrificed?” (Agamben, 1998, p. 73) How are we left to feel if, reassured by our compliance with the workings of civilised society, we find that our existence is most aptly described by that of an after-hours club-goer who suddenly feels sick from too much life? These are perhaps some of the anxieties that after-hours clubbing raises for us today and our agency might lie in the choice of fending them off through ever renewed systems of confinement and exclusion. Shifting the focus conveniently onto novel, individualised forms of maladjustment and dysfunction instead of honestly engaging with those aspects as connate to our lived experience of political beings.

#### **4.3.1. Fluctuating relationships between body, drugs, and feelings.**

Moments of self-reflection and openness about one’s flaws emerged throughout the night, especially in one-to-one conversations. People could feel enabled to share their insecurities with friends, sometimes revealing criticism towards their own body. Arguably, this was brought up by comparisons with others around, given the concentration of beautiful bodies and the importance of those aesthetic values on the scene. Witnessing swift changes in attitude was quite striking. Drugs emerged as ambivalent substances that at times could boost the muscular mass together with the self-esteem. Other times, they could undermine one’s progress at the gym and increase his anxieties:

*Pascal says he’s got all those spots coming out. He hasn’t done drugs for two weeks and they have all come out now. When you stop doing drugs, he carries on, all the bad things in your body come out. He used to go to the gym*

*and have a nice body. . . but has done too many drugs and it's all gone now. I thought some drugs help you stay fit or get bigger, for example with G. He says yes but you still need to go to the gym, he's been doing too many drugs to even make it to the gym [smiles].*

*(Fieldnotes, observation No. 2, LL391-396)*

Self-presentation in the club obviously took up great importance because of the leaving behind of some clothing at the entrance door. Wearing a t-shirt or feeling not in best physical form could raise doubts about one's success in meeting new people and having fun. Fluctuations in other club-goers' attention, as subjectively perceived, could affect one's inner feelings revealing a connection between the setting, the management, and the sense of self. Variations in attendance, depending on timing and other external factors as well as on the management's timed opening of the venues (see notes and discussion on p. 147), also affected directly the personal degrees of enjoyment and satisfaction from the party. Expressions of desire were again significant to the clubbing experience and, to some extent, judgments of self-worth depended upon the renewed perception of interest from others. Being too carried away with excitement was also something being monitored to avoid looking like a "novice" and to preserve an aura of control as someone who is part of the scene. Harsh judgments, criticism, and anxiety were more evident at times when one was refraining from consuming with others or taking drugs. These attitudes were directed both to the self and others, undermining the closeness of other sharing moments. Shared consumption is thus highlighted in its importance by the dissipating of those anxieties.

Participating in after-hours while refraining from taking drugs and having sex revealed aspects that would have been otherwise easily bypassed. In turn, it posed limits to the enjoyment of the setting as a native experience. More emphasis was placed on my own anxieties in entering the club and "hanging out" with informants

while holding back when offered chances for shared consumption. I became more self-conscious and sometimes drew back into hiding with the excuse of taking notes. Other times, receiving admiration gave more prominence to certain exhibitionistic features of the experience (see p. 112), given that I was not going to take up chances for sexual interactions.

As a result of such positioning, it was possible for me to learn about the function of consuming drugs and other objects in after-hours as ways to reduce those anxieties. Through accepting offers one became connected with the group by symbolically receiving something from another. Furthermore, allowing oneself to be taken care of by management and staff in a position of authority in the club, was another personification of desire or receiving something from another. It was then possible to relate the sexual desire with joining in object-consumption under the auspices of the club management. Friendly and permissive attitudes from the staff reverberated through the flirtatious and seductive offers of fellow club-goers.

#### **4.3.2. Hiding at the outskirts of clubbing.**

My participation in after-hours often involved a certain wish to hide or not being seen by others. Searching for a place to avoid exposure to others led me to realise that this was not the reason why people took part. Withdrawing from being exposed to the gaze of others perhaps revealed a wish to renounce the need for them, which was opposite to lying “bare” in the midst of the crowd. In turn, the structuring of clubbing around such forms of exposure could reveal itself in contrast with the necessity to hide one’s sexual desire elsewhere in the outer world.

The social relatedness developing through meeting people in the club elicited memories of friends who were not present. Not seeing someone made them feel missed and raised questions as to why they were not back. In some cases, a certain

embarrassment was associated with talking about the negative consequences of too much clubbing as the reason for not coming back. Mirroring shameful reactions, hiding, or not being back to the party could be recognised as the opposite correspondent to being in the closet in the outer world:

*I ask Patrick about Charlie, I remember the two being very close. Looking slightly embarrassed, Patrick tells me about Charlie having had to go to see a doctor for a problem with his knees. The doctor said that he damaged his cartilages and has got to rest so he can't put any stress on them by dancing. I recall then seeing him last Monday at Aqua, when he said that he had been up since the previous Thursday, same as the week before, and get to think that perhaps that had something to do with it. I don't ask any more questions.  
(Fieldnotes, observation No. 6, LL1158-1162)*

Chances to hide were sometimes offered by dark rooms, spaces created in the venue where people could have sex without seeing each other. Those provisions were not always available because of the different restrictions imposed by local government authorities on commercial club licences, which also varied between the different boroughs in London. Where available, my attention was not drawn to dark rooms, hence the surprise at people sharing their stories after leaving. Again, disappearing from the sight of friends or hiding from the gaze of a long-term partner was experienced at the outskirts of the clubbing milieu. Sexual interactions were associated to being trashed on drugs, akin to a cheating relief or something one felt not entitled to.

#### **4.3.3. Feeling unwell and the limits of partying.**

Leaving the party and going home signed the end of the night out for club-goers. Decisions were often made on the back of feeling tired after the prolonged time one had spent dancing. Refraining from taking drugs, or their effects wearing off also contributes to a certain distancing from the continued sustainment of excitement. However, being sober and feeling unwell also pointed to the ambivalent



association between object-consumption and inner personal states, highlighting their multiple configurations. So was the case for drug-taking, leaving users alternate between feeling trashed or high. Refraining from drugs could also lead to feel unwell, tired, or anxious.

*Ben decides it's time for him to leave. He looks tired and doesn't feel too well. Plus he hasn't been doing any drugs so he just wants to go home and sleep. He asks me if I'm going to the other party, I say maybe and he smiles. He tells me to text Brad if I'm going. I carry on dancing on my own.*

*(Fieldnotes, observation No. 16, LL3132-3137)*

Consuming alcohol instead of drugs was often considered more “messy” and not apt to keep awake and dance over long periods of time. In addition, driving responsibilities imposed limits over how much one could let himself go through clubbing. Those limits can be deemed as influences from the external reality. Alcohol could not be mixed with most drugs used in after-hours (e.g. Ketamine and G). As a result, those coming to South London following impromptu decisions after being out to other venues would often leave earlier than those who had more carefully planned their visits. The latter rarely used alcohol, they had made arrangements, and had plenty of spare time following the ending of the event:

*It's about time to leave for Jack, he is tired and hasn't been drinking because he is driving. He later told me that he works with Deb in a pub and Chad is their manager. That's where we're coming from (“Do you think I go out dressed up like this?” I remember this comment from Deb).*

*(Fieldnotes, observation No. 1, LL169-171)*

Going back to the same parties week after week could produce a sense of lack of variety and increased boredom. Clubbing could thus become another routine, quite like work, that left little escape. Inner states of boredom, or being “fed up”, were reflected in polarised descriptions of partying as predominantly dominated by memories of friends collapsing or experiencing the side effects from drugs:

*Pascal tells me that they always keep going out to the same places: Wave, Cielo, Preparty. Last weekend he spent the whole Sunday holding in his arms a lot of friends one after the other, collapsing from too much G. [he shows me as he tries to hold me]. Always the same places.*

*(Fieldnotes, observation No. 2, LL397-400)*

## **4.4. In Search of Something**

Something inevitably goes missing during the time out partying. Or something may be hidden, and those can be reasons to go looking further. Being searched at the door, before entering the venue, was a necessary step that club-goers willingly complied with. Similarly to the substances that were hidden in those searches, they were tempted to search for what was hidden within the venue. Exploring different rooms, the corners, people with whom enjoyment could be renewed revealed unquenchable curiosity.

Wandering around the different spaces in the club could be associated with searching for more enjoyment through moving to a different party at the end of another. Special weekends gathered large numbers of party-goers from all parts of London and beyond. The provision of almost unlimited chances for connecting with others served as an enticement to continue the search.

### **4.4.1. Thorough searches and darker corners.**

At the entrance of the club, one is expected to be searched as part of the admission policy. Club-goers willingly exposed themselves and their bodies to the scrutiny of another in order to gain access to the party. While raising varying levels of anxieties, due also to the substances that one was carrying, being searched was accepted as part of the experience. The enforcement of these procedures recalled the power of an authority gaining access to even intimate and personal bodily locations. It is noteworthy however how such a form of authority was attributed

friendly characteristics in after-hours (see notes and commentary on p. 146) and its prohibitions were interpreted according the ambiguous semantic structures of the club setting (see notes and commentary on p. 142). Furthermore, the often thorough performance of searches left some places unexplored and highlighted chances for hiding:

*This time we get in very quickly and I am impressed with the security search, which is more thorough than usual. The black lady at the door asks me to empty my pockets and then examines the content: a wallet, a pen and some house keys. She looks at the pen but doesn't open it. I am surprised because that would be a very convenient place to hide some mephedrone, pills or other powders*  
(Fieldnotes, observation No. 18, LL3512-3515)

Similarly to linguistic negations and their valence in highlighting the opposite content of repressed communication (see notes and discussion on p. 104), searching for drugs in specific bodily locations drew attention to the number of alternative places to hide them in order to carry them inside the venue.

Feeling disoriented and confused in the club was not uncommon, especially as one entered a new space where he had not been before. The different lighting of the rooms, some darker than others, raised fantasies about what was kept hidden and was a motivation for people to go searching following their curiosity. There was a similarity between the club-goers' bodies being searched and the venue being explored, both raising awareness of what was hidden in the dark:

*Brad, Ben and I go together to the main dance floor. The place looks a bit like a dark maze to me: lots of different doors leading to multiple rooms, some lit up and some left in the dark. The toilets have two separate entrances, one for men and one for women, but it is confusing for me to see people using them interchangeably. As I am looking for one, I find myself by the door of the other.*  
(Fieldnotes, observation No. 10, LL1572-1575)

Club-goers wandered together from the dance floor to the smoking areas, moving repeatedly from inside to outside spaces. Similarly, they went from the bars to the dance floors and back to the toilets. Moving from one space to the other can

be here compared to the symbolic movement from one signifier to another in the chain of signification. Club-goers could thus be found orienting themselves according to webs of signification pointing to places where further, fuller enjoyment could be experienced. As with Lacan's view of the subject and the Other (1981), rather than offering the essence of something, a signifier's fate is to become the subject for another signifier:

The signifier, producing itself in the field of the Other, makes manifest the subject of its signification. But it functions as a signifier only to reduce the subject in question to being no more than a signifier, to petrify the subject in the same movement in which it calls the subject to function, to speak, as subject. (p. 207)

Brad commented on the advantages of being gay as to not having children and being free to party at will, yet the sense of absence evoked by such a family-orientated narrative left some club-goers searching for something else:

*The guys are heading out for a cigarette, I follow them. I am amazed to see them getting outside still with no t-shirts on. The smoking terrace is a fenced area given access to by some big emergency-like doors. Outside, a double marquee was set up with some heating lamps to accommodate the smokers. I put my t-shirt on and so do the others. Brad jokes with me telling me how we are so lucky to be gay: if he were straight he would be at home now looking after three kids. As we walk back inside, I try to get some energy drink from the bar but I am told that it is sold out. So we wander around, stop at the toilets, and go to the other bar near the entrance, where I finally manage to find the drink.*

*(Fieldnotes, observation No. 10, LL1593-1601)*

Being gay and partying at the club was contrasted by Brad to being a father who looks after his children. Such a split description resonates, on the one hand, with certain normative tenets of civilised life (*bios* in Agamben's terms) which do not ascribe social value to gay subjects and thus relegate their practices to the realm of *zoē* (see also the notes and commentary on p. 140). In Agamben's (1998, 2005)

state of exception marriage, family, and children are still present as discursive objects implicated via their exclusion: each one carrying both an outside and inside meaning. On the other hand, the very same narrative produces its discursive objects through a structure of lack or privation, thus turning them into forms of desire for the speaking subject (Lacan, 1994).

#### **4.4.2. Non-stop partying.**

Attending different parties one after the other blurred the boundaries between night and day and expanded the partying up to most of the weekend. Moving from one club to the other carried increasing excitement due to the build-up of expectations that were not limited by what had been met at one single place and time. As if to attempt to defeat the end of clubbing, partying, or of the night out, moving to a different venue was similar to chasing enjoyment following its anticipatory signs. Given the experience of distance and disappointment as sometimes recurrently related to clubbing, non-stop partying allowed to dismiss such a feature while thinking of the fuller experience yet to come. As a result, club-goers experienced the effects of their cumulative engagement with different signifiers providing them with the allure of being ever more “cool”, “in the know”, always around the more “happening” places:

*A girl, she looks Polish and has dyed blond hair. . . She tells me that she's been to four parties the same night across town.*  
(Fieldnotes, observation No. 6, LL1104-1105)

The decision to carry on was often made at the end of an event, while the club was about to close. A frantic mix of excitement accompanied looking for endorsement from each other and asking back and forth whether to carry on. In Lacan's terms (1991), what's being “carried on” is something that goes beyond the meaning of each individual party that one might want to go to. On a symbolic level,

each event can be viewed as a signifier whose intrinsic meaning, or essence, escapes the subject: “signification only refers back to itself, that is to say to another signification” (p. 238). However, the act of taking part is inducing a creative experience: “the emergence of the symbol *creates*, literally, a new order of being in the relations between men” (p.239).

The contrast was striking with the concurrent emptying of the venue and quick leaving of people:

*As Graham approaches me, we start asking each other whether we are going to Blown: the after-after party hosted at Wave, the club next door. Ultra closes at 1pm and that's when Blown opens its doors to carry on until the early evening. When Graham asks me I say yes and then we get ready, collect our jackets and his bag from the coat check and leave Cielo (the club hosting Ultra).*  
(Fieldnotes, observation No. 6, LL1172-1174)

After-hours club-goers sometimes came to the clubs from outside London, turning the weekend into a special partying occasion. Transport was sometimes not available as easily and club-goers wanted to make the most of the time out, especially when facing a longer journey back:

*At the bar, I meet Jay, a tall guy with dark hair and skinny look. He hasn't got his t-shirt off but is wearing a light sleeveless cardigan. He came here from Brighton and has been partying all night. He has been to Wonderland.*  
(Fieldnotes, observation No. 8, LL1355-1358)

My experience of clubbing could have also continued endlessly, similarly to the non-stop partying dynamics I encountered, due to the research constraints on taking up offers and leaving to go home with someone, which would have meant abandoning the field.

#### **4.4.3. Special partying occasions and ordinary weekends.**

After-hours were individually recognised by their brand name, their location, the music played, and the clientele they attracted. Some events were fuller and

happened less frequently, typically on public celebrations. New Year, public holidays, LGBT Pride Weekend, or even the party's yearly birthday offered chances for large numbers of clubbers to gather from all over London and beyond. Some travelled across continents to attend special events that were planned for well in advance. Some other venues hosted the same events on a weekly basis, changing the name according to the night:

*The Bazaar after-hours has been organised this weekend again. It's not happening with regular frequency since its end as weekly party at BrightSpace. But the name and the reputation have lasted for over 20 years and, in correspondence with a special occasion, the party takes place as a one-off event. This time is only a month after its 20th birthday, which I have gone to. This weekend is a reasonably "happening" one, with Wonderland going on from 12a.m. until 6 in the morning and two main afters: Ultra and Bazaar.* (Fieldnotes, observation No. 8, LL1249-1253)

Many times the significance of partying had personal relevance and was related, for example, to the end of a course of study, a birthday, a holiday flight being cancelled. Other chances for going out included a range of reasons for not going to work on Monday, including someone losing their job or taking a sabbatical. As if arranged on a popularity scale from ordinary to special, the attendance to weekly events varied from big crowds to nearly empty venues. Sometimes money could hold people back from going out many weekends in a row, other times a spike in the numbers of club-goers could be witnessed after pay-day at the end of the month. Subsequently to attending a large event, people tended to stay home the following weekend, leaving those wanting to go out hope for a decent night:

*It's around 5.30-6am and the place is slowly filling up. I am told that's because UnderWorld, the party at the nearby venue called Cielo, shuts at 6. Someone tells me that here is not so packed because people are playing their kind of "roulette game" over going out, meaning that they try to guess if there will be people before they decide to go out themselves. I hear some resentment. I am adding that some people might also be broke given that New Year's Evening was so expensive. I am chatting with someone who says that he's been to Madrid for New Year's but has come back on the day of the 1st. He came to this venue to celebrate and it was so packed that they couldn't move. It took*

*them 40 minutes to queue and another 20 for the coat check.*  
(Fieldnotes, observation No. 14, LL2390-2398)

## 4.5. Conclusion

This chapter has presented the second part of my observational findings on dance clubbing in gay-friendly venues where drug use is prevalent. Expanding on the previous discussion of the significance of sexual desire in the context of exchanges of drugs and other objects of consumption, my observation went further to highlight the importance of the clubs' set-up as commercial organisations in fostering the development of those closer bonds.

By complying with public outside duties and responsibilities while maintaining a friendly and permissive environment inside, after-hours offered expressions of accepting forms of authority. The success of such an endeavour could be witnessed by the interplay between the professional organisation of the space and the safety with which club-goers felt able to strip off outside signifiers and expose themselves symbolically bare to the full swing of enjoyment. Anxieties could be witnessed in such a liminal state when withholding from the connections offered. The occurrence of negative feelings was also related to the contexts of consumption, how it was made sense of, in addition to the individual substances of choice.

The analysis has involved a discussion of the main theoretical lenses to understand these practices through the notion of *subculture*, which captures the role of the objects' double meanings and the function of *moral panic* in fuelling its appeal and cohesiveness. Further, the aspect of normativity, and sexual normativity in particular, has been related to the liminal state experienced in the party at the intersection between outer values and their suspension through enjoyment. A state of exception described the functions of admission procedures and gatekeepers as the threshold between "inside" and "outside" spaces.



So far, the analysis has focused on the social aspects of substance use in relation to enjoyment and sexual desire. In the following chapter the focus will shift to substance use when presented by health clients as problematic.

## **Chapter Five:**

# **Self-Harm, Shame, and the Personalisation of Lack Through Pleasure and Pain. Findings From a Psychotherapeutic Group**

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The study of a psychotherapeutic group set out to explore the accounts of those MSM who find themselves at odds with their use of drugs and alcohol. Following from the participant observation in gay-friendly dance clubs I presented earlier, this chapter reports on the findings from a group of ten men, nine of which were service users, observed weekly for a period of thirteen months. While I have not arranged to meet the informants outside the group setting, in adherence with the guidelines enclosed in Appendix Seven, some overlap between the two studies exists. All group members had attended gay-friendly venues at some point through their lives: some of them refrained from going back during the period the group took place whereas others were still going out irregularly. They could be thus thought of as familiar with the gay scene. Consistent with the questions posed earlier (see p. 40), this group study intended to research the conditions under which substance use is problematic for some, but not all, MSM and how they interfere with enjoyment from other aspects of life. It is hoped this will provide insight beyond the public focus on drug use and sexual risk behaviour per se to better understand the personal accounts of those accessing health services. Following from this aim, the research has been limited to MSM users of drugs and alcohol in order to better understand

their presentation of distress in relation to the literature reviewed in Chapter One. Many features of the informants' lifestyle and struggles with drugs and alcohol may well be shared with substance users in general. Comparing the specificity of these men's needs with the general population, however, falls beyond the scope of the current study, as for breadth and methodology, which is instead limited to highlighting the many facets of distress possibly stemming from ordinary aspects of the human condition.

Initial access to the group was pursued by members under the auspices of finding belonging and acceptance, while drug use was often portrayed at the same time as destructive and undermining of fuller personal development. Concurrently, discussion of the individual members' circumstances triggered reciprocal anxieties which made them withdraw from each other. At those moments, dissociative experiences were described both in relation to having drugsex (see p. 38) while harshly judging oneself and by pursuing connections with other gay men while maintaining strong negative attitudes towards them. Relations in the group reflected similar patterns.

This chapter will carry on describing the significance of shame, which emerged from the findings as undermining of personal satisfaction in the members' lives. Traumatic childhood memories will be examined in relation to the subjects' sense of worthlessness and the mixed pursuit of pleasure with pain through drug use. Freud's (1920) theorisation of pleasure will be used (1) to describe the interweaving of pain and pleasure as inseparable, and (2) to highlight a recurring pattern in the pursuit of satisfaction beyond the limits that engender its very possibility.

Despite the variety of upbringings among the service users, it will be highlighted how emotional responses to disappointments and losses were similarly

reported. Furthermore, engaging in pleasure/pain behaviour will be understood as an attempt to overcome frustrations triggered by recurring expressions of symbolic lack, empty space, and depth. It will be argued that shame operates through the personalisation of those otherwise shared experiences, in which subjects find constant reminders of personal inadequacy while they look for remedies to overcome or disguise their presumed inner flaws.

## 5.1. The Conflictual Participation in the Group

Analysis of the sessions' transcripts led to the identification of seven categories: they aim to describe personal distress from problematic use in both external relations and within the group. Six "positions" are to represent subjective states of mind shaping the service users' engagement in interpersonal relations, whereas the remaining category describes "shameful sex" as recurring source of distress for informants. This carries effects on both the individuals' changing positions and the group processes as a whole. Figure 3 illustrates the resulting model in two flow sequences, highlighting the interplay between inner psychological states (in the lower flow) and those related to outer social stimuli (in the upper flow). It starts from an initial wish to belong and ends at the opposite extreme, involving either leaving or pre-empting closeness with others. Group members initially accessed the service for help with their drug use (position No. 1), revealing a desire to be accepted by a supportive community that focuses on their problem behaviour (No. 2). Expressing one's emotional pain was experienced as increasingly difficult (No. 3) in conjunction with feeling threatened by others (No. 5), who would distance themselves by drawing on a number of possible differences. This co-occurred with expectations of abandonment (No. 4) manifesting a deep lack of self-worth, leading to pre-empting closeness and rejecting one's own initial social needs (No. 6). The

engagement in sex perceived as highly shameful (No. 7) despite its pleasurable aspects seemed to mark a separation between the initial wish for bonding and the later pull towards further isolation and withdrawal from other members, friends, family, or partners.

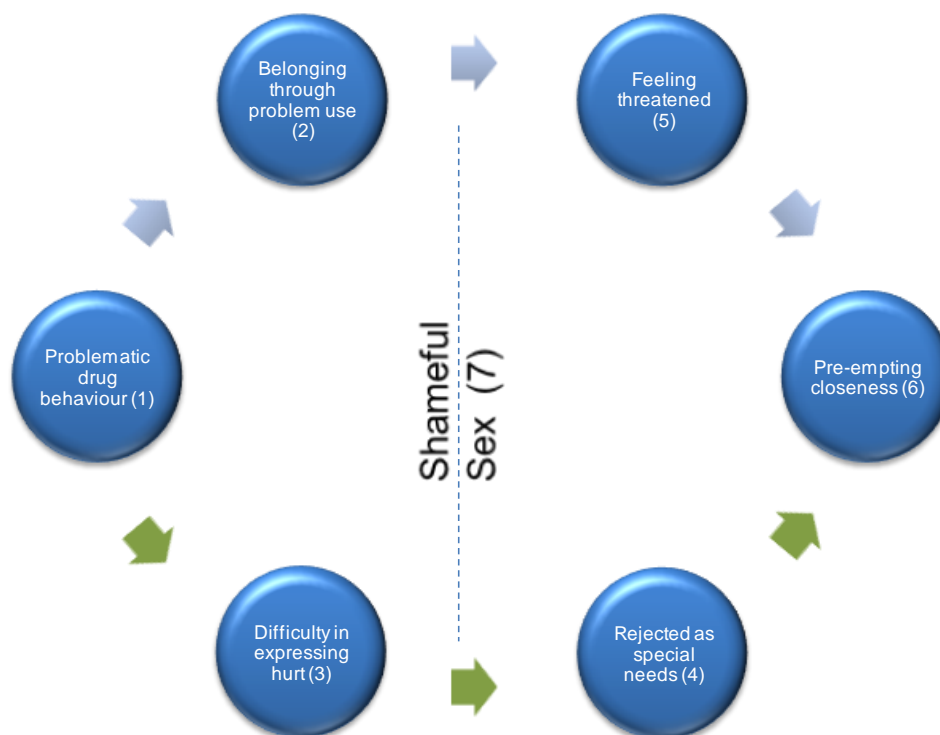


Figure 3. A model representing the operation of shameful sex through undermining close relationships in dissociative dynamics.

The discussion below presents these themes in detail, including examples from the session transcripts. Due to the extensive exposure through participation in the group and the affective, visual, and often unspoken knowledge that members formed of each other, transcript excerpts can only convey part of the evidence. The categories presented here will also draw on my further observations over 48 group sessions with the same informants. The data provided in support should be situated in the context of those exchanges as stretching the limits of what was said or omitted at each time.

### 5.1.1. Problematic drug behaviour.

Informants described having hit “crisis point” through their use many times in their lives. Despite entering the group at a moment of relative stability, they reported past events as often extreme examples involving life-death features: development of psychotic symptoms, life-threatening loss of consciousness following over-dosing, bingeing relapses leading to hospitalisation, violent incidents, suicidal feelings and ideations, neglect of work duties, enduring abusive relationships. In the following extract Kevin described the frightening memory of his breakdown at a time of increased drug use and difficulties in his relationship:

*it's a big problem and I think when I was taking a lot of drugs. . . I admitted myself into hospital a couple of times because I- I thought (there) was someone was trying to kill me. . . So that has to be wrong so if that's wrong then I'm I can't think properly. And then it was like everything was just broken*  
(Session No. 11, LL3075-3080)

Refraining from identifying a specific treatment outcome with regard to abstinence and sobriety followed from the aim of this study (see p. 40) and is respectful of the use of drugs as a cultural norm for socialisation in gay social venues (McDowell, 2002). Furthermore, given the range of substances described as problematic objects of consumption in the group (see Table 6), and the varying level of harm attached to their misuse, a goal or indeed a prerequisite for abstinence would have ignored the individual situations of service users. They, however, consistently described taking drugs and having sex as problematic for the dangerous repercussions. Both facilitators openly challenged all-negative default assumptions regarding those behaviours, repeatedly inviting members to think about their experience before, during, and after taking drugs rather than attaching moral value to it. Nevertheless, members used pathological categories (e.g. “active addict”, “chaotic use”, “problem user”) to describe themselves and others, often drawing upon

psychological constructs (e.g. “addiction cycles”, “sensation seeking”, and “delayed gratification”):

*Bruno*                    *But what happened last week?*  
*Jason*                    *I don't know. I (was going to call LGBT Health) I- I don't know what's happened. I don't know if I got into the what they call the the actual addictive cycle – out of control, and I'm just taking it without even thinking about it. I don't know.*  
*Bruno*                    *It probably was your subconscious thinking over you [Jason: I don't know] thinking over you. No?*  
*Group*                    *Sorry you said you would call LGBT Health?*  
*Therapist*  
*Jason*                    *I was about to, yes. It was that bad. . . First time I've ever tr-like trashed my work responsibilities and just lied, rang up and didn't go in*

*(Session No. 8, LL117-125)*

After taking part in enjoyment to the limits of what is morally, legally, or medically acceptable, service users found themselves compelled to access drug services, health clinics, medical examinations, police stations. Submission to forms of authority was exemplified by either active recourse to established organisations (e.g. the HIV clinic, A&E, medical examinations) or by accidents demanding coercive power to be enforced upon the individual (e.g. sectioning, arrest, imprisonment).

Foucault (1987) described the suspicion towards male sexual passivity in ancient Greece, where self-mastery and sexual moderation were compared to the necessity of a patriarchal family structure and male political authority:

What was affirmed through this conception of mastery as active freedom was the “virile” character of moderation. Just as in the household it was the man who ruled, and in the city it was that only men should exercise power, and not slaves, children, or women, so each man was supposed to make his manly qualities prevail with respect to oneself. . . in the use of male pleasures, one had to be virile with regard to oneself, just as one was masculine in one's

social role. In the full meaning of the word, moderation was a man's virtue (pp. 82-83)

Following on this point, Leo Bersani (1987) further observed that "to be penetrated is to abdicate power" (p. 212). Men's homosexual behaviour, through the example of being the recipient in anal intercourse, can be traditionally viewed as subversive by a culture which enforces clear gender/sex distinctions:

A man being penetrated by a man is certainly not without its subversive potential: nothing is more threatening to the culturally enforced boundaries between men and women than a man participating in the jouissance of real or fantasmatic female sexuality. (Bersani, 1995, pp. 121-122)

Outside the group, members often described enduring abusive relationships that involved making themselves available for use by partners, represented as incarnations of extreme confidence and stereotyped masculinity. These features can also be viewed as resembling transference patterns in the informants (see p. 79). Tom ascribes to his attraction for those features some of the reasons behind the repetition of distressful patterns in his relationships:

- Tom* *I've always been attracted to sort of self-confident, cocky, arrogant men who tell me what to do, and um, uh and that's the kind of relationship that I'm in at the moment really. . . I know that he like he like the stability of having me there that you always thinks he's not going completely mad if I am there sort of doing the same drugs and all of the (time). And so*
- Bruno* *Are you more upset with yourself or with them? If you are upset.*
- Tom* *Um, I used to get upset with him. Now it's become because it's a familiar pattern I get more upset. Because I know what he's like so I think but why am I deluding, why am I going along with it really?*

(Session No. 9, LL1193-1211)

The frustration ensuing from going mad while the partner keeps "in control" was directed towards the self through reference to a lack of agency, in turn providing



support to the account of one's own behaviour as symptomatic. A related, albeit slightly different theme emerged in da Silva's (2009) analysis of the accounts of some barebackers for whom knowing that the partner was of positive and different HIV status brought up a desire to surrender completely to the act.

Facilitating a psychotherapeutic group and carrying out research at the same time, despite the overt and mutually consensual nature of the endeavours, put me in a position to access informants' feelings and thoughts, life stories and identities. This inevitably extended beyond their control over what that information could be made use of in connection with theories and observations of the occurring dynamics from the investigator's viewpoint. Limited self-disclosure due to the facilitator's role (see p. 79) made such asymmetry more prominent. The function could be charged in the group with power characteristics giving less visibility to its other potentially caring features. Sometimes comments on my part were uncritically accepted despite the harshness or punitive character as perceived by the other facilitator, instead more likely to be addressed as dismissive. Other times, some members willing to take up insightful or experienced roles repeatedly disagreed and argued with me.

### **5.1.2. Belonging through problem use.**

A wish to belong was highlighted by anticipations of warm welcome from the service, acceptance, and on-call support throughout the week by other clients, unlike in other familiar places where exclusion and rejection kept on reoccurring. Rich made such aspirations explicit by addressing his frustrations to the group in comparison to another service:

*I've been going to Gproject on Alban street, we all go, we all go for a coffee afterwards, we all chat, there's a nice feeling about it. And sometimes some of them meet up with each other in the week. Sometimes, you know, I'll meet someone in the week. And you all bring together on a Wednesday night; it's a nice feeling, it's a nice community there, where you feel like you could ring*

*anyone up and say "I've hit crisis point" and they understand. You don't have to explain why you've hit crisis point, they just know you have a problem with drink or drugs and they're there. And I just feel that's lacking here, that's my feeling.* (Session No. 9, LL1508-1513)

In order to fulfil the hope of finding a "home" in the group, service users identified with each other and their reciprocal struggles. I have previously discussed similar aspects in relation of dance clubbing practices in gay-friendly venues (see notes and discussion on pp. 105 and 123). What emerged in the group, outside the social space of clubbing, was the absence of that sense of familiarity and recognition that made club-goers feel part of the same "kin". The need for acceptance and belonging, so long as it was predicated on the mirroring reflections from others behaving familiarly, can be viewed as intimately related to the need for self-validation. This also emerged when discussing admission to the club venues and the searches operated by staff (see notes and discussion on p. 132).

It is as if a form of authority, however benevolent or cruel depending on the circumstances, is required to provide the subject with a mirror image of the self. This is aptly expressed by Lacan's formulation of the mirror stage, whereby the sight alone of one's own body gives the subject an imaginary mastery over it (Lacan, 1991):

The fact is that the total form of the body by which the subject anticipates in a mirage the maturation of his power is given to him only as a *Gestalt*, that is to say, in an exteriority in which this form is certainly more constituent than constituted. . . [which] symbolises the mental permanence of the *I*, at the same time as it prefigures its alienating destination (Lacan, 1977b, p. 2)

An emerging wish of sameness emerged in the group in relation to assumptions made about others around significant parameters that were not discussed, e.g. HIV status, sexual orientation, or personal situations in external

relationships. In the following extract the group therapist called Kevin's attention to the impact of being HIV positive on his feelings and behaviour:

<i>Group Therapist</i>	<i>But I think it's very important for. . . people who <u>are</u> HIV positive here in the group, to explore a little bit the impact of it. Because I think you mentioned [Bruno: Mm] your impact. . .</i>
<i>Kevin</i>	<i>The impact of HIV?</i>
<i>Group Therapist</i>	<i>Mm. I don't mean you have to answer now. [Kevin: Mm] It's something we can explore other times.</i>
<i>Kevin</i>	<i>Yeah.</i>

(Session No. 13, LL4456-4464)

The importance of an open discussion was emphasised by the members' hesitation, while describing states of mind that were perceived by the group therapist as possibly related to being HIV positive. In turn, naming the condition revealed the group's tacit wish to keep members undifferentiated with regard to their status. Such a tendency towards assuming the identity of features between the self and others, here named "homophilia", features strongly affirmative and warm feelings. Hope for uninterrupted friendly support and authentic understanding was predicated on the unquestioned identification with each other's struggles. Thanks to his identification with Nathan, Bruno was able to make sense of the group's emotional reactions to him:

<i>Bruno</i>	<i>To me it sounds that you are more judging yourself. Because I don't feel that anyone judge you. I think it's you get on some people nerves, like Kevin's nerves a lot of the time. . . you resemble what we can't deal with ourselves. I think what irritates sometimes is the fact that you play the k- the ((throat clearing))</i>
<i>Kevin</i>	<i>Victim</i>
<i>Bruno</i>	<i>a victim victim role, like "Poor me. What can I do? What I can I do?" But in reality in a way that's what each of us does. . .</i>
<i>Nathan</i>	<i>Yeah. Yeah.</i>
<i>Bruno</i>	<i>And But don't feel li[ke] we're judging you</i>

*Nathan* *[It does... and it just brings up a lot of stuff a about (.) I think "Oh God that person (is a bit) shame" and brings up definitely brings up a bit of embarrassment.*  
*(Session No. 11, LL2816-2826)*

Through homophilia, members became able to voice their emerging feelings of embarrassment and shame, otherwise kept as secrets. The belief that one's emotional burden is already shared with others allowed members to seek support from one another, overcoming the fear of being judged. Despite it allowing informants to experience genuine acceptance, however, this tendency was also discussed in its limitations. Kevin and Tom related similar tensions towards loving forms of identification to the lack of autonomy in external relationships, where it was described as a problem of co-dependency:

*Kevin* *Mm. I mean I resonate with that completely.*  
*Tom* *Do you?*  
*Kevin* *Yeah. Totally. Because uh, I think for me that's what I tend to do: give away my [Tom: Yes] my (.) my control so someone else will look after things*  
*Tom* *It is a form of co-dependency I guess isn't it?*  
*Kevin* *Yeah, I agree with that. It's very evident my co-dependency nature, with Robert and Gary and um last summer who I totally completely absolutely fell head and heels in love with and was besotted and was anxious when I wasn't around them and um, you know, read everything into one kiss two kiss [Tom: Yes] . . . if I had a friend like that I would take, you know, that's just a bit wrong, the way you're behaving.*  
*(Session No. 28, LL6809-6828)*

The distance afforded by the passing of time or, through imagining a friend in a similar pattern, allowed members to frame it as a type of behaviour that required change.

### **5.1.3. Difficulty in expressing hurt.**

Feeling affirmed and taken seriously in the group allowed the exploration of problematic circumstances and states of mind. Members often reported the threat of

being powerless and vulnerable in acknowledging their own emotional states to others. Jason described his difficult attempts at sharing his hurt towards his partner while being encouraged by the group, resulting in an expression of mutual care:

*Jason* Or to communicate. Which we're starting to do. . . [Rich: Yeah] say how "I feel like this. I'm not comfortable. I think you're being a bit inappropriate". I'm I've started [Rich: Yeah] doing that a bit more, thanks to this group, th- to talk to him. .

*Rich* and that's positive ((crosstalk)) to mean that he cares about and you look for compromise.

(Session No. 8, LL685-693)

Voicing one's own needs, hurt, and fragilities leads the subject to acknowledge these, thus offering the chance to deepen one's self-knowledge. This can be viewed as a step towards addressing the repetition of role patterns that cause concerns in external relationships, insofar as these role patterns are actively questioned. This position involved allowing oneself to be cared for and attended to. Resulting in one of the most difficult struggles, it required placing enough trust in others, hoping that they would be supportive:

*Rich* I'm more and more thinking "What are you avoiding emotionally? What are you scared of?"

*Group* I think it's a very good question for all of us here.

*Therapist*

*Rich* Oh I'm just scared of being vulnerable again. I don't want to be like that anymore.

(Session No. 8, LL990-992)

Despite being often inclined to talk about their substance use, service users were also reluctant to acknowledge what they missed in life as if cause of further shame. When those exchanges occurred in the group, they were very personal and anxiety provoking. In the excerpt above, Rich addressed another member through a psychological construct of emotional avoidance promptly questioned by the group therapist.

#### 5.1.4. “Rejected as special needs”.

Because of their fears, when faced with the chance of making themselves known more genuinely members anticipated disappointment and fading interest in others. Receiving support from the group triggered strong emotional reactions associated to memories of abandonment. Signifiers such as HIV or HCV status and other physical or mental conditions, explicit affiliation with the group before external acquaintances or one’s own past trouble with the law represented valid reasons to expect rejection:

*Rich*                    *shut the door and you all go off and just like a load of gay men, you don’t even give each other eye contact in the street. What the fuck is that about? . . .*

*Kevin*                    *If I saw you outside I would definitely say hi and ((crosstalk))*

*Rich*                    *I said hello to you the other week in Tesco’s you looked at me like special needs [laughter]. . . you looked at me like “I’m on the phone stupid”. . . smiled, but I am perhaps special needs and [laughter] I thought OK, I take your point, and walked off. But I could imagine it happening anywhere, you go and speak to someone and they’d just be like looking for the first reason to run*

*(Session No. 9, LL1492-1504)*

Meeting casually at the supermarket evoked in Rich and Kevin a sense of closeness and familiarity in recognising each other from the group; however, it also reminded them of the reasons for being part of it, perceived as shameful. This double status (see also p. 141) was accompanied by resentment: the missed acknowledgment by Kevin was made sense of as an expression of contempt and triggered the wish to run away. Unlike in the clubbing study, where familiarity and kinship-like networks extended outside the venues (see p. 105), the generalisation of such rejecting behaviour by the group members to “most gay men” is significant: they represent a social group where informants should be able to feel accepted due

to the similar sexual orientation. This ambivalent behaviour between members can be related to what Lacan named *the see-saw of desire*:

It is within this see-saw movement, the movement of exchange with the other, that man becomes aware of himself as body, as the empty form of the body. In the same way, everything which is then within him in a pure state of desire, original desire, unconstituted and confused, which finds expression in the wailing of the child – he will learn to recognise it through its inversion in the other (Lacan, 1991, p. 170)

Through language, and through the social relations that language avails in its symbolic valence, desire is described by Lacan to take full shape beyond the wish for full identification with another or a group to belong to:

At first, before language, desire exists solely in the single plane of the imaginary relation of the specular stage, projected, alienated in the other. The tension it provokes is then deprived of an outcome. That is to say that it has no other outcome – Hegel teaches us – than the destruction of the other (Lacan, 1991, p. 170)

Given the members' experience of sexuality as pathologised and stigmatised, however, dysfunctional features were ascribed to those groups they identified with. In relation to gay venues, this position involved some harsh criticism pointing to them as mainly superficial, where everyone is portrayed as struggling with intimacy. A conglomerate of commercial services rather than a "real" community where one can belong:

*if you look at groups of people (.) if you're hanging around with people that are on the scene and they're doing drugs (.) who have like lots and lots of sex with lots and lots of different people, um, and they're in a relationship that's open and all this kind of stuff, there's so much lying going on to themselves, to others, and it just becomes a way of life* (Session No. 11, LL3109-3111)

Kevin synthetically portrays those who go to gay venues, as he had done in the past, as not trustworthy. In turn, this leads to further isolation and hopelessness. Anticipating abandonment from group members mirrored similar patterns in the service users' outside relationships, including past partners who had left them (see also p. 79). Current relationships were often portrayed as emotionally hurtful and unfulfilling and group members specifically complained for how sex and companionship were perceived as necessarily accompanied by substance use. Jason gave the example of his troubling living arrangement with a former sex client:

Tom                      *What time did you start taking the drugs?*  
 Jason                    *Like four.*  
 Tom                      *In the afternoon.*  
 Jason                    *Yeah. But it's another whole story. Because I live with the uh uh uh ah it's another (.) it's a whole (.) it's an ex-client I live with and it's a ri- wealthy guy. I sort of arrange another escort to see him and I'm just like a friend now, so I get out of the flat and the other guy comes around. But that's been a (.) become a problem because I've going to start to get a bit funny about it so I'm taking the drugs*

*(Session 8, LL204-210)*

Drugs and sex often came together and refraining from using was described as too difficult without rejecting the friendship. At times, members experienced rejection by friends who, in an attempt to control their own drug consumption, associated them with compulsive behaviour. Jason explained:

*I met one friend recently s- he admitted, they don't want to invite me around to things. For his own issues, because I could tempt him into taking stuff. He said "No it's not because you do it, because I'm- when I'm with you I want to." So there's all this other (.) this sort of social things that sort of Oh my God. Have we got to this place?*

*(Session 19, LL5965-5967)*

### **5.1.5. Feeling threatened.**

In response to the others' disclosures, members found themselves distancing from one another by drawing on various parameters of differentiation. Becoming available through recounting in the group, those were also practices the service



users identified with: from the individual substances being used (e.g. alcohol versus drugs, cocaine and G versus Crystal) to modes of using (e.g. oral versus injecting; alone versus with someone), attitudes towards using (e.g. one's own ritual to be enjoyed vs. others' out-of-control binge), temporary abstinence, and sexual practices.

The occurrence of such discussion can be viewed in response to da Silva and Iriart's (2010) exhortation based on their online ethnography of Brazilian MSM who practice barebacking:

It is, thus, important to the construction of more open and dialogical spaces where mutual differences can be recognised. These spaces in which people feel included (and desired), without having necessarily to share a same identity ("positive" or "negative"). It is noteworthy that the feeling of "belonging" is highly important in the life of any person, which makes us reflect on the impact or effects produced when people feel awkward or out of place (p. 411, own translation as amended by author)

Rich responds to Jason's concerns over his use of Crystal by pointing to the differences with his own consumption of alcohol:

*It's interesting that you [Jason: It's really worrying.] felt that you were out of control for yourself because like I- I mean I can't really speak because I don't take drugs in that way but [Jason: Mmm] other people that I know who do  
(Session No. 8, LL128-130)*

Similarly, outside acquaintances were idealised on the basis of their presumed distance from those practices, described in the group solely as harmful. Kevin ascribed the reason for his loneliness and isolation to a difference in social ability with his friend Bastian:

*Kevin                      Bastian has this whole set of he's got like twelve, fifteen friends that he does stuff with, goes to their houses, watches movies, has coffees, you know. This is someone who's not*

*going to be alone on a Saturday. . .*

*Marco But what's wrong with being alone on a Saturday?*

*Kevin I guess there there's nothing wrong with being alone on a Saturday if that's your choice*

*(Session 11, LL3242-3246)*

While the multiplication of differences can increase reciprocal knowledge, a sense of threat pulled members away from each other and the group. Perceiving others as essentially different from the self undermined the pursuit of further understanding or support. The “abstinent addict”, for example, felt that mixing with people in “active addiction” would put his sobriety at risk, a valid reason for Diego to leave:

*I will not be attending the group therapy since I don't consider it is a safe environment given the fact I am still in early recovery from alcohol and drug abuse and nearly every member is still in active addiction*

*(Diego, LL2-4)*

Members often reported on states of depression, confirmed by medical diagnoses and prescriptions, which came more vividly to the fore when abstaining from drugs or alcohol. Nathan shared his disappointment with medications:

*when I was prescribed (.) anti-depressants, you know, I was like “You'd have to ((inaudible)) nothing's happened. What (.) what should I expect?” And he (the doctor) was like “You'll just expect a really good lifted mood”, and I thought “Yeah. Brilliant. That's brilliant, that's going to be, you know, I can take a pill that makes me feel good.” It didn't happen. It didn't work for me*

*(Session No. 11, LL3402-3404)*

Achieving a “good lifted mood” represented the ideal outcome wished for, and taking medications to feel good reflected similar attitudes to those described towards drugs. The onset of psychological disorders subsequently to abstaining from substance use can be viewed as evidence in support of the self-medication hypothesis (Khantzian, 1985, 1997) and the use of drugs to treat pre-existing

psychological vulnerabilities. Volkow and Li (2004), however, challenged this stance by drawing on recent neurobiological evidence:

It has been proposed that co-morbidity might be due to the use of the abused drugs to self-medicate the mental illness in cases in which the onset of mental illness is followed by abuse of some types of drug. But, when drug abuse is followed by mental illness, the chronic exposure could lead to neurobiological changes, which might explain the increased risk of mental illness. For example. . . the reported risk for depression with early drug abuse could reflect neuroadaptations in dopamine systems that might make individuals more vulnerable to depression. (pp. 965-966)

#### 5.1.6. Pre-empting closeness.

Denying the need for others through dismissing one's own expressions of fragility came sometimes as a retreat from previous positions involving emotional vulnerability. Asking for help, acknowledging his needs of another, was difficult for Nathan, who was instead tempted to present himself as more together than he felt:

*Nathan*            *I find it very very difficult to ask for help unless I'm rock bottom and then suddenly it's like "Yeah, come and help me" you know. But um, otherwise you know it's like "Yeah, Yeah, I'm alright, I'm alright."*

*Bruno*            *But you're not. So why you say you're alright? . . .*

*Nathan*            *To other people? [Bruno: Mm] I think it's just (.) It's automatic. You know, it's it's automatic. You know, rather than saying, you know, "I feel shit" or "I feel really anxious" or "I feel worried about something" or "I'm worried about someone else." . . . getting to that level where you can sort of like just be OK, you know, I can talk to this person, I can connect like that and you know in that way. So all the drink and drugs comes in because for me that sort of opened up (.) opened and condones to be able to be close to my friends and and family and you know, tell people I love them and stuff like that – stuff that I find really really hard to do.*

(Session No. 10, LL1913-1920)

While the fragility implied in expressing one's anxieties was kept at bay, so were some loving feelings towards family and friends. Nathan linked his use of drugs and alcohol to connecting and being close to those who matter to him. In order to better understand the problematic configuration of substance use in this context, it is useful to compare it to similar practices in the club settings. As discussed earlier (see p. 101) alcohol and drugs can be object of exchanges embedding expressions of sexual desire. As such, they are manifestations of emotional links that tie subjects together in relations with varying levels of intensity.

In the group setting, where substance use was predominantly discussed as problematic, drugs and alcohol often took precedence on the relational exchanges they formed part of. The powerlessness resulting from authentic forms of expression was further heightened by imagining others to distance themselves. A position of self-reliance and autonomous independence sometimes involved the refusal of closer emotional attachment to partners or friends. Bruno described this state in relation to his female friends:

*My biggest anxiety right now is to depend to someone. . . to some of my girl friends, somebody I'm really close to, I don't want to depend on her because when you're depending you get yours hurt your feelings hurt, and I don't want that. And I'm I'm kind of I've done something similar that you kind of withdraw myself, not from the group but to you know, going out last night, (because) I don't want to be hurt*  
(Session No. 9, LL1057-1058)

Claiming the right to control drug-taking or drinking through emphasising one's own agency became suddenly a very sensible strategy for Rich:

*as an adult I can choose to get plastered, I mean I don't do drugs but if I did I could chose to take it. I could choose to do whatever I want. And I feel like for me the only thing that I've got to be aware of is perhaps harm reduction or (.) or a little bit of forethought about what risks I might be taking. But as adults we weigh 'em up don't we?*  
(Session No. 8, LL377-378)

Taking control over one's own behaviour was described in this excerpt through recourse to a narrative of moderate use on one's own. In turn, this can be compared to "Solitary consumption separate from others" (p. 111) from my clubbing observations. Given the initial admission of problematic drug use upon joining, reclaiming agency over these behaviours and the correlated risks also meant making the group redundant and expressed the wish to withdraw from it too.

### **5.1.7. Shameful sex.**

Informants moved between the six positions described above as if to follow the two flow sequences represented in Figure 3. This seventh theme introduces a discussion around sexual practices described as shameful by members, which further undermined their sense of closeness with others. By joining the group, members hoped to find a place where they could experience belonging and acceptance (position No. 2 in Figure 3). However, this was hindered by anticipated abandonment (No. 4) on the back of convictions and expectations.

Through the unfolding of the sessions, members found themselves prompted to concurrently acknowledge sameness and difference with each other in relation to a number of parameters. While similarities were exaggerated early on, this revealed the belief that no acceptance would be possible in the presence of differences (No. 5). Rage and anger were expressed both towards current partners, friends or caregivers who in the past abusively betrayed their trust. However, the repetition of such patterns was premised on shame, blocking off further self-disclosure.

A dissociative structure could be deemed to operate both at a group and an individual level. The wish to connect with others was manifested by the hope to find belonging in the group, the pursuit of sex, and closer relationships. Yet, distancing from each other involved also distancing from oneself, one's own needs and desire

through moral judgment and disgust. Shame for the self and its sexual desire found expression through sexual acts carrying negligible HIV risk:

- Bruno*            *Can I ask you something? Did you start doing drugs first and then having sex or did you have you took the drugs in order to having sex?*
- Jason*            *No no, the sex yeah, since I was quite, you know, eighteen, nineteen (I was)*
- Bruno*            *No no no, this week. What did you do? You, you [Jason: Mmm] you start smoking and then you get horny and then you go online?*
- Jason*            *Drugs first. . . But then wh- why I'm so concerned about it is it goes down the road of very ba:d ( ) sex.*

*(Session No. 8, LL139-156)*

The initial misunderstanding between Jason and Bruno provided a glimpse in the former's difficulties towards accepting his homosexual desire as a teenager. The more recent drug use, in the form of smoked Crystal, helped him relieve these difficulties and prompted him to momentarily enjoy the sexual interplay with other men. Such enjoyment however was pursued through being unable to be fully present to himself and left Jason feel guilty about the acts and judgmental towards the fantasies he enacted. This description most aptly resonates with Kane Race's definition of drugsex introduced earlier (see p. 38)

On a cognitive level, such dissociation pulled towards searching for a perfect relationship and idealised community (position no. 2 in Figure 3) concurrently with co-existing negative attitudes towards others who could potentially respond to those wishes (no. 4 in Figure 3). Not only did such a split operate at alternate times, but it is also presented itself in the form of extreme simultaneous ambivalence. It was enhanced and accommodated by the physiological effects of substances allowing for a certain separation of the wish to embrace erotic desire while suspending self-judgment. This representation resonates with Race's (2009a) description of

“intensely bifurcated and isolated sexual subjectivities, in which guilt becomes the only available mode of self-relating” (p. 240).

The following discussion takes a closer look to those feelings of shame in the expressions of group members relating current disappointments and earlier traumatic experiences to their consumption of drugs and alcohol.

## **5.2. Trauma, Self-Harm, Pleasure, and Pain**

Due to deeply shameful feelings stemming from early adolescence, group members described a pervasive sense of worthlessness and were prompted to attribute the reasons for recurring disappointments to inner personal flaws. Trauma was adduced as evidence or causal reason, yet personal situations varied among them while the stemming feelings were similar in their descriptions. Remedy for disappointments was sought through mixing excitement and pain, reported as diluting one's own perceptions. Meanwhile, a somewhat cyclical pattern of behaviour involved enjoyment to the extreme followed by leaving others or stepping out of one's conscious self.

Drugs, sex, or any objects of consumption however seemed to be replaceable with one another, while shame prevented connecting personal experiences of emptiness with an underlying sense of lack shared possibly with others. Lack of self-worth was an expression of such emptiness which, rather than being acknowledged as a more general human need for another, was ascribed to the individual as caused by incidents in his personal history. Shame for being gay made one idealise the satisfaction that heterosexual people must enjoy through having children and families and downplayed the significance of frustration and dissatisfaction in their lives. Figure 4 represents the interplay between the themes involved in the accounts

of “spiralling behaviour” in relation to the informants’ personalisation of pain as opposed to expressions of lack, depth, and emptiness.

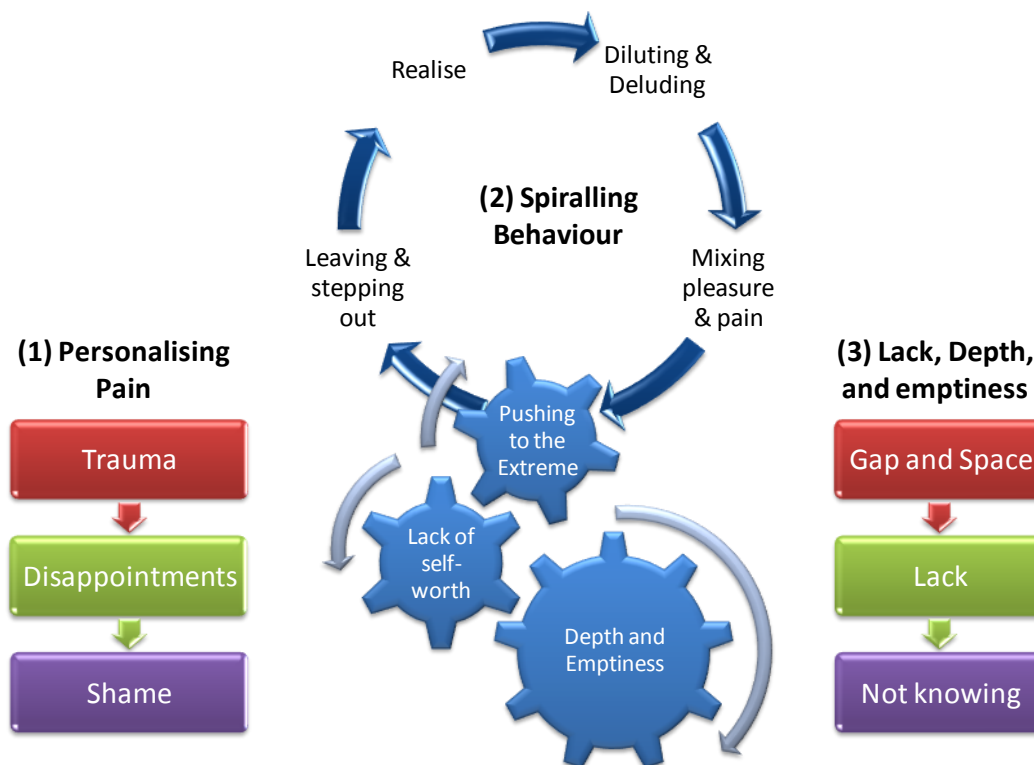


Figure 4. A model connecting the three conceptual components of (1) Personalising pain, (2) Spiralling behaviour, and (3) Lack, depth, and emptiness.

### 5.2.1. Personalising pain.

Informants provided varied accounts of their emotional difficulties in relation to the behaviours, involving drugs and sex, which they found problematic. Shame was explored as a feeling similar to terror which emerged through early childhood and never went away. Concurrently, a deep lack of belief in one’s inner value seemed to justify, to their minds, the continued occurrence of negative events. Memories of early trauma, sexual abuse, and neglect both provided causal reasons for current problematic behaviour or were other times irrationally deemed attracted by one’s fundamental faults. However, similar hurtful feelings could also be related to ordinary experiences of loss through life frustrations and disappointments.



The analysis of members' discussions in the group helped identify recurring elements and four conceptual categories, described below in detail as part of the theme named "Personalising Pain". Table 9 shows some discursive evidence from the group in support of those categories.

Table 9. Descriptions of “Personalising Pain” Expressed by the Group Informants

Shame	Personalising Pain		
	Lack of self-worth	Trauma, abuse, and neglect	Frustration, disappointment, and loss
Gayness as pathology	Too messed up to date	Unresolved anger with me dad	Who is really there at the end of the day?
A guilty secret	They'd run away	I was so scared	Feeling abandoned
Ashamed for coming from a single-parent family	I don't deserve any joy	Not in a place where I want to cry	Feeling deep inside
Ashamed for drinking and medications	I deserve to suffer	To wallow in a pity party	They're never available
Mad shame	I don't deserve to be happy	Pain and excitement	The painful things have happened to me
Hiding a secret in front of people	People being really horrible to me	Dream or reality?	Feeling hurt
Ashamed for being poor	Something is wrong with me	Sexual abuse	Feeling sad
Ashamed for one's sexuality	Being ignored by people	Death	In shock and not asking
Ashamed for one's femininity	Not deserving any friends	I can't forgive	A very sharp slap
Carrying a lot of shame	Surprised when people like me	I always loved him	Out of proportion reactions
How bad it is to be gay	Not looking forward to birthdays		Being strongly upset
Making everybody laugh	Presents to me are waste of time and money		Everything has been taken away from me
A dirty secret	Not feeling good enough to be loved		Someone dying and non-stop drug taking
You're going to get caught	Having to be a “good boy”		A massive row
We are all narcissistic			A massive disappointment
Decided to be gay to get attention			Too high expectations
Can't face to show what I'm like			
Ashamed for being overweight			
Being unpopular at school			
Hiding a big thing			

### 5.2.1.1. Shame.

Childhood memories of emerging attraction towards men were early on associated with terrifying feelings, as Nathan poignantly recounted from his time at age seven or eight:

*from a very very early age I was just, my childhood, I was just terrified all the time. You know, from the time I must have been about seven or eight, you know, from the first crush on the people on TV, but you don't recognise (.) it's not sex, but it's your heart goes fast and you adore someone, to the first time you you start entertaining your family because you realise you're doing something that's, you know, like, you know. Me and brother used to put down our pyjama bottom and do Shirley Bassey and stuff like that and make everybody laugh. And then even at an early age you think "I better stop that" And, you know, and then from sort of like teens, from thirteen, just being really really scared*  
(Session No. 24, LL6751-6756)

The first occurrences of infatuation were initially not recognised and yet internally troubling. Mitigation for such discomfort seemed to be sought through loving features beyond sexual expression, on the one hand, and entertaining the family on the other. Yet those measures proved ineffective at relieving the original fright and the most effective remedy seemed to be its conscious suppression, a seemingly well-known coping strategy associated from such an early age.

Interactions with siblings or friends were significant to make sense of inner experiences in that they provided a language for their expression and acceptance. When Albert, despite his initial hesitance, managed however to talk to his older brother about his sexual interest in other men this was met with dismissal through exogenous explanations:

*I told my brother and and he'd said "Oh well, you know, it's I've I've kissed a bloke before now but it was just a thing and and and so just tread carefully and you'll be fresh meat" And I think I'd said to him that I can't believe like how much of you know, how much success I get and stuff. Like I felt more you know, if you walk into a gay bar and you're a new face yeah, you tend to get a fair bit of attention whereas you know, and so. Well maybe that's it and*

*nobody maybe I just decided to be gay because I thought that was a way of getting attention, I don't know* (Session No. 24, LL6644-6648)

Expressions of same-sex sexual desire were assimilated to ordinary experimentation; settings where it is possible to meet a gay partner were portrayed as intrinsically dangerous and peculiarly predatory. Inevitably, those pre-emptive descriptions left little space for any affirmative significance and seemed to spoil an unbiased experience of those situations. The meeting of appreciation and interest by other potential partners was thus made sense of as evidence supporting those a priori explanations, rather than lived more spontaneously. Self-doubt ensued as a result. No wonder that initial sexual experiences had to be kept as guilty secrets to be forgotten. In the following excerpt, Albert hesitated to engage with the first memories of sexual encounters:

*I think a big part of this, um, was when I um, at the age of ten, I'd lived down like a country road . . . with children our kind of age and and um, well one of them yeah, OK. I I did actually have some vaguely gay experiences with one of them who was kind of actually a bit um, had learning difficulties and he was he was like a couple of years older than me but and he then sort of moved away and I always kind of brushed under that (.) under the carpet that I did actually did a few things with him but I don't know, yeah, I kind of forget about that what I did.* (Session No. 24, LL6578-6583)

It is with remarkable hesitation that memories could be recalled to mind and the sexual encounter could not be granted full dignity or emotional status but was described as a blurry or undefined occurrence. Furthermore, the partner description as disabled and, as a result, excluded from a healthy idealised status is representative of the perception of one's own sexual desire as flawed (see also excerpts and discussion on p. 175). Similar emotionally powerful descriptions required suppression of those memories from one's conscious mind in the guise of dirt to be hidden but not possibly removed for good. The intention seemed to forget

but, the harder one tried, the more he was reminded of the reality and the variety of those exchanges that did not easily go away from memory.

### **5.2.1.2. Lack of self worth.**

Shameful feelings were recurrently connected to negative attitudes towards the self in relation to others, ranging from childhood caregivers to potential partners. Bruno linked his early experiences at boarding school with chaotic drug use and porn acting in the present day:

*Oh yes I was bullied. I was abused the whole thing. . . But equally it makes me feel why I don't feel worth it, why I don't feel I'm good enough to be loved by someone else, because deep down I feel the same things I felt when I was six years old when my Mum take me to the [boarding] school and said to me "That's your bag. You're going to stay here for the week and you come back on the weekend if you're good boy". And I grew up with kind of feeling say if I'm a good boy eventually I would have [a] reward, but if I'm not I will not. And then when the weekend comes they didn't come and I stayed there. And even if I were good boy and I ended up feeling "Fuck this" as a baby "Fuck this. I'm going to be bad because the outcome is the same". . . that's what affects you mentally when you are older. So I'm thinking "Am I worth it? Maybe fuck this. Let's slam, let's fuck, let's do porn, let's do la la la, Because at the end of the day it's just not going to be worth it anyway"*

(Session No. 24, LL6740-6749)

Feeling worthless manifested itself through the deep conviction of not being lovable by others or not being good enough, as the most convincing reason for abandonment. Such charged description of an internal state was reportedly still present in the grown-up adult. Slamming (i.e. injecting drugs) and acting in porn movies, among many possible actions, were made sense of as both a form of rebellion towards neglectful parents and as corollary to the lack of personal worth. Money could be used as the most immediate measure of value and, on occasions such as birthdays, could be deemed to measure one's importance to others. Albert's recalling of his mother's attitude towards money, although concretely less neglectful

than Bruno's story, revealed similar connections with the present day's attitude towards drugs:

*I was brought up being [told] we were as poor as church mice, which clearly in a sort of five bedroom house in [ ] we weren't. . . I suppose they maybe had mortgage worries whatever and (.) But, that's what I was always told. You know, "Poor as church mice". . . Mum got a parking ticket when I was about six and said right "No birthday present for you this year." And it was like [laughs] "It's not my fault you got a parking ticket." And I think I did get a birthday present, I can't really remember but it just really upset me that that was thrown on to me and um (.) And then just throughout your life, yeah, maybe it's made me who I am but you know, I I don't bother to look forward to birthdays or Christmas because I'll get fuck all. . . And I'm just like: . . . "I put so much time and thought into presents for you", although they're normally "Oh what a waste of money; you shouldn't have done that. . . we don't just buy you tat for your birthday." And I I can actually relate to that now sometimes, because you think you know, but you know, give me give me a cheque or something. [laughs]. . . that's probably not a good idea now*

(Session No. 24, LL6610-6622)

Birthday gifts to Albert were described as wastes of money and, by extension, Albert's value to his parents was considered similar to waste or not worth spending money on. The relation to today's situation is both apparent, through the unwillingness to contribute to their son's current expenses, and implicit, in the indirect reference the other possible uses he could be making of that money today. In the context of exchanges taking place and linking subjects together in relations (see p. 35), money is a peculiar object. A widely accepted measure of value, money can be used to replace other objects for the purposes of establishing one's sense of worth (see also the excerpt and commentary on p. 177). As a commodity object, however, money annuls the specificity of the transaction and erases all differences in the name of general exchangeability. According to Marxist theory, humans relate themselves to commodities in exchanges rather to one another, whilst every commodity remains the product of a human social relation (Keenan, 1993). Through the operation of abstraction, commodity objects thus annul the gratuity and contingency of intersubjective vicissitudes whilst establishing symbolic relations:

“relation is an abstraction, and the expression or equation of one unit in the other, accomplished in the event of the abstraction, is unavoidably a matter of signification or figuration” (Keenan, 1993, p. 175).

Moreover, to turn oneself into a commodity object through identification, to the extreme, with money, or to use alcohol and drugs as objects to fulfil similar functions might signify “doing without” the limits of the singular intersubjective encounter in the name of unlimited further exchanges. Keenan (1993) explains: “being a commodity, an exchangeable thing, means being inscribed in this transformational system of crossings and reversals, illimitable in principle” (p. 179).

### **5.2.1.3. Trauma, sexual abuse, and neglect.**

Dramatic incidents were reported on in the group as traumatic and leaving strong emotional traces in members. Kevin remembered clearly a traumatic episode involving his ex-partner:

*I don't think I have cried in you know, not properly, for years. And I've been through some shit (.) I cried when I came home to the massacre in my living room that was my ex-husband's accident. And that was when I was telling other people about it because it was so traumatic. But that was two years ago and after those initial tears, you know, I didn't didn't cry any more. And I'm I'm not I'm not in a place where I want to cry (Session No. 19, LL5971-5974)*

An absence of tears, or of the capacity to cry may indicate the lack of emotional connection or willingness to express more spontaneously one's own pain. However, Kevin has a clear awareness of the moment he last cried in conjunction with a traumatic event. Even then, tears did not flow uninterrupted but stopped quickly after they started. A seemingly objective observation of how he did not cry after that event was quickly coupled with the firm resolution of not shedding any more tears.

Sexual abuse was presented by Bruno also as a blurry memory leaving an ambivalent or mixed emotional trace:

*Yeah, it feels like almost (.) When I was a kid I had this dream – and it's not really a dream anyway but – about my brother trying to fuck me. One of brother though, who d- the one who died, and um, and every time I to I think about that I get really excited, really really kind of like wet excitement. But then when I try to think about that more in deep what really happened there I don't want to go there because I'm pretty sure that that wasn't a dream*

*(Session No. 14, LL4982-4986)*

On the one hand, the informant disclosed to the group the extreme opposite situation of being sexually abused by his brother who, sometime later, died. In spite of the quasi-dream qualities of this memory, he seemed confident enough of its reality. On the other hand, the intense sense of arousal struck him as extreme in contrast with the painful and ambivalent content, as reflected by the group's reactions. Furthermore, a constant tension seemed to pull him in two opposite directions, to think of it more in depth and to withdraw altogether.

Thinking of the abandonment from his father connected Nathan with his anger towards him:

*there's a massive, massive amount of anger on my side; I don't know what there is on his [father's] side because we don't have that conversation. You know. . . when I was ten, and he disappeared, he walked out and didn't support us. And then when I was twenty-five, when he came back into my life and and I think I'm really angry with myself as well for just never being able to battle it out with him and say: "OK, we will have a relationship but I want some answers and I want this and that"*

*(Session No. 19, LL5436-5439)*

The certainty of Nathan's anger was met with the doubt or lack of knowledge around his father's feelings towards him. Such uncertainty had increased from the absence of conversations or mutual clarifications, which he still felt he was longing for. The effects of the father disappearing were augmented by the emotional impact on the rest of the family, which suffered from the resulting poverty. His coming back some fifteen years later was met with further puzzlement because of the absence of



logical explanations, or perhaps an even more needed confrontation to channel some of the anger in a sort of battle.

#### **5.2.1.4. Frustration, disappointment, and loss.**

A sense of loss or abandonment was also expressed in relation to more ordinary disappointments from people upon whom significant expectations were placed. Jason told the group of his disappointment by a drugsex partner leaving at the end of the night:

*Kevin* [is it] because the guy left at the end of the night?  
*Jason* What what was that?  
*Kevin* What brought it all on all this reminiscence?  
*Jason* Oh no nothing. It's it's all been um, there, it's just digging deeper at at the core of what is going on. You know, it's about  
*Kevin* What happened? The guy came over, stayed a while and then said "I'm going to hightail out of here"?  
*Jason* No. Nothing even like that. Nothing nothing bad at all, just it's like the abandonment thing, you know, who is and what is really there at the end of the day? That's what what it is, and it's noth- really

(Session No. 14, LL4828-4836)

The "deeper digging" resonated with similar analogies employed with reference to the group therapy (see p. 212), as if made use of to find the "root causes" behind the users' troubling behaviour. This is here deemed to have triggered a profound sense of distress. Kevin's response showed his puzzlement at the intense emotional reaction experienced by Jason in association to the naturally occurring departure of his companion at the end of the night. In turn, Jason acknowledged the objective smallness of the situation in comparison to his own inner fears of being abandoned and the need for support while on his own.

From the later revision of Freud's theory of pleasure, we draw the notorious concept of *repetition compulsion* as related to unconscious tensions, rather like a

series of concerted efforts on the part of the unaware subject, to restore an earlier “state of things” in spite of traumatic memories:

it is the difference in amount between the pleasure of satisfaction which is *demande*d and that which is actually *achieve*d that provides the driving factor which will permit of no halting at any position attained, but, in the poet's words, “*ungebändigt immer vorwärts dringt*” [“Presses ever forward unsubdued”], Mephistopheles in *Faust*, Part I [Scene 4] (Freud, 1920, p. 44)

As such an aimed-for state coincides, in Freud's view, with the disorganised condition before life started for the individual, both self-preservative acts and pleasure-seeking behaviours have death as its consequence, the unavoidable aim of life:

The hypothesis of self-preservative instincts, such as we attribute to all living beings, stands in marked opposition to the idea that instinctual life as a whole serves to bring about death. Seen in this light, the theoretical importance of the instincts of self-preservation, of self-assertion and of mastery greatly diminishes. They are component instincts whose function it is to assure that the organism shall follow its own path to death, and to ward off any possible ways of returning to inorganic existence other than those which are immanent in the organism itself. (Freud, 1920, p. 41)

The pursuit of pleasure, here taking the form of drugsex, equally and unavoidably faced service users with the realisation of loss. Variably interpreted in relation to earlier experiences of trauma and disappointment, they made efforts as if to defeat its occurrence through the pursuit of closer bonds and intimacy. These self-preservative pursuits, using Freud's language, quite like the search for pleasure in its own right did nothing but bringing subjects to face yet again the very same situation of disappointment and death as its ultimate, however extreme, resolution.

Kevin shared with the group his experience of loss after trusting someone enough to open up to him:

*Kevin*            *he'd come all the way out to South London and then he just left and went back. And uh, I felt really sad, felt really abandoned, felt really hurt. Um, I did say to him, you know, that I'd done nothing wrong, basically he was upset because I hadn't told him at the start. He was like you know, you have your first coffee together. . . "I really like you. By the way I've been to jail."*

*Bruno*            *He's just left?*

*Kevin*            *He he he he yeah, he was upset and he left. And he said he needed time and space, he needed space to think*

*(Session No. 14, LL5034-5039)*

An objective measure was found to attest the significance of this loss by remarking how far the partner had travelled, highlighting the distance he decided to incur again upon leaving. The trusting, intimacy-building decision to disclose Kevin's previous trouble with the law was met with a firm rejection and the lack of an understanding. An intense sense of unfairness ensued, partly and inaptly mitigated by acknowledging the other's shock and initial request for disclosure. Feeling abandoned and hurt, as if rejected in the entirety of his being, was, yet again, the familiar feeling Kevin was faced with, together with the distance from his partner.

### **5.2.2. Spiralling behaviour.**

In the group, members spontaneously offered descriptions of their drug-taking behaviour as spiralling "out of control" and harmful to themselves and others. Painful affects seemed to require "dilution" through forgetting or consuming substances. Similarly, perceptions were altered and delusions were pursued in support to this endeavour. Mixing of pleasure with pain through drug use occurred as if to desensitise the subject from earlier traumatic memories and their re-enactments in more ordinary disappointments. Pushing this behaviour to the extreme, rather than

consumption per se, was highlighted as problematic for its direct negative consequences and the representing of loss to the subject. Leaving others through rejection or stepping out of one's conscious self are similar actions that allowed members to re-enact what was most painful to them. Eventually, the wearing off the effects of consumption brought with itself harsh judgments upon the self in relation to the stigmatising outcomes that have been attained. This one-sided type of assessments was employed as further "real" validation for the lack of individual worth to the self. Table 10 summarizes elements from the informants' accounts supporting the five conceptual categories described as part of "Spiralling Behaviour".

Table 10: Descriptions of “Spiralling Behaviour” from the Informants’ Accounts

		Spiralling Behaviour		
Diluting & Deluding	Mixing pleasure and pain	Pushing to the extreme	Leaving & Stepping out	Realise
Drugs dilute your perceptions	Shaking with excitement	Pushing things to this extent	Going away	Embracing reality
Feeling connected vs. not connected	Feeling anxious that it could hurt	Self-harm and humiliation	A nice escape	Another chance
Pain vs. not pain	Enjoying this hurt	Increasing the amount of drugs	I'm treating myself	Focusing on how we do stuff
Feeling like numb	A “ooh” satisfaction feeling	Feeling a lot worse	(Not) running away from the group	Getting in contact with ourselves
Losing yourself	A kind of self-harm	A strong effect on your body	(Not) running away from life	The pain we've got inside
Drugs give freedom not to feel this	Like saying “fuck you!”	Facing what's behind more quickly	An impulsive decision	Going deep
Sharing with group vs deluding	I deserve pain	Addicted to the gym	Needing to get away from everything	What have I actually achieved?
A delusion of intimacy	It's going to be hell	Obsessed with the way one looks	Feeling like getting out of that thing	Self-sabotage
Humbling	Associating deep pain and excitement	Being messed up	Walking out	Being recognised by someone
Seeing something for what it is		Getting pissed every night	Surprised waking up	It's not really worth it
Relying on something that wasn't there		Being switched off	Not deserving to be in control	A reward and a cost
Not considering		A pressure valve	Stepping out	
Hiding from something		Something extreme to balance it out	Cancelling someone from own life	
You can't forget				
Completely changing one's name				
Brushed under the carpet				
When drunk I could feel gay				
Getting rid of inhibitions				
From one oblivious moment to another				

### 5.2.2.1. *Diluting and deluding.*

Diluting pain through using drugs, and diluting the perception of emotional connectedness and of its boundaries with one's own delusional thinking were remarkably mixed up Bruno's description:

- Bruno*            *The reality is not being available or being here and not available mentally, it's about to dilute (delude) yourself self in a way, because when you do (.) I think one of the big problem is the drugs. The drugs dilute your perception of what is connection what is not connection, what is pain what is not pain. . . In the same times in this whole things, the only connection I had was through drugs. . . I didn't see anything else. I I don't feel I couldn't feel anything, I was like numb. And even coming here that was like a beginning, like the first two months I was numbed. . . I came here and I knew my lover was home with all the drugs ready and I went home and get fucked – drugged up. It I think it's about dilu- I'm not saying you you dilute it but in a way you have this kind of look*
- Kevin*            *Are you saying deluded or diluted?*
- Bruno*            *Uh No, diluted. Like you dilute ((inaudible)) water, that you you you lose yourself in this in a way, that's you don't know where finish your clear thinking and where the drugs the things, you know, mix with your thinking.*

(Session No. 14, LL4862-4878)

At an objectively framed reality level, Bruno recognised not being present or mentally available in the group setting. Such a state was associated with the experience of diluting oneself, perhaps like dissolving oneself into water. Drug use, portrayed in this instance as problematic, helped loosen the emotional perception of connection with others and pain. Those two affective states were similar to those involved in the narratives of loss triggered by past traumas and recurring disappointments. In turn, recourse to drugs to numb themselves did not allow service users to find solace from those painful states in ordinary relationships. This state of dilution/delusion was exemplified by being in the group and not able to be present, while thinking of going home and carrying on using. Kevin's question tellingly revealed the group's misunderstanding between diluting pain and deluding reality's

perceptions, which can both be considered expressions of an underlying relation between emotional numbing and one's perception of an external reality. Bruno's subsequent clarification did not dissipate this ambiguity, still referring to the loosening of his personal experience and to the mixing of clear thinking with what was attributed to the drugs.

The search for an emotional connection with someone was also recounted by Tom in relation to the altered states of mind produced by using drugs:

*Um, and I've realised I've been doing that all all my adult life really and in particular with this this ((throat clearing)) the latest guy, you know who I take drugs with, and I take drugs with him because it makes me feel kind of more connected with him. And it fuels a sort of intimacy that isn't honestly there. And I suppose I've been gradually thinking about it over the weeks and feeling less and less comfortable with it and realising that I'm just deluding myself really in in what I'm doing with him* (Session No. 24, LL6208-6211)

The recognition of a pattern starts again with reference to the reality of it, its recurrence throughout the whole of one's lifetime. When it comes down to the specifics of a current disappointment, the circumstances described involve taking drugs together with one's partner in order to increase the connectedness with him. Intimacy, and its pursuit, was invoked as the aspirational state of closer bonding and connection with another in comparison to which past experiences recurrently fell short of. Taking drugs together was attributed the significance of making that connection available although this effect was destined to end, leaving users feel more puzzled as to the reality of the feelings and their relationship with the other. Dissatisfaction increased as a result, as they were led to conclude that such a state, similar to delusions, was not accessible without the drugs. They were prompted to deny the reality of those feelings in the relationships with their partners.

In the following excerpt, Kevin was reminded of the futility of hiding one's own past and history while the reality of his identity will inevitably reappear:

*But it did hurt to be abandoned. Even just for a day. . . it's something that he said to me that you can't just forget about things – you can't just rewrite your history, change your name, you're no longer that person – it's who you are, it makes makes you up. And it was I don't know, I mean I kind of did think "I'm back in the UK, I've got a new name, I've got a good job, I've been there four years, I can you know, just go forward and never look backwards." Why do why does it have to be brought up you know, why why tell tell anyone? But I did tell him because I want him in my inner circle. It would be good to have like a job where I could just create something*

*(Session No. 14, LL5085-5090)*

Forgetting attempted at removing the painful memories of one's own past troubles. It involved for Kevin changing his name and looking for a new job after returning to England. His partner, however, reminded him that, as much as he wished to forget, he could not erase the history that made him up as a person. As with using drugs, the temptation to dilute the emotional charge of those memories through actions was met with the impossibility of such a pursuit. Chasing a closer connection with his partner was precisely what triggered the revamping of those memories and led to him leaving.

### **5.2.2.2. *Mixing pleasure and pain.***

Members shared with the group how extremely sad feelings were at times accompanied by thoughts or actions seeking relief through excitement:

- Bruno*                    *I had this dream last night. . . I turned around I saw a bag of Crystal on the floor it's like "Oh, is that Crystal on the floor?" then get the bag, turn around and there were like fifty bags, and I was like (.) and then it was with my mum's neurologist – the same person that said to me that my Mum would die. And I I completely I I woke up, I was shaking because of the thought of drugs. Yes. ((sighs))*
- Nathan*                    *Shaking with excitement?*
- Bruno*                    *Yes. It's (.) I can't deny this. . . my Mum almost died. And just and she's got this condition that she she can die any moment basically. It's it's like having a bomb in her brain. Yeah, and so I I think I ((inaudible)) to this really deep moment when I I kind of lost my Mum. And that doing something so deep so disturbing, and that's the same with drugs, and it's me even more disturbing ((whispers))*



*Marco*                      *What's so disturbing?*

*Bruno*                      *Oh it's disturbing to associate deep pain or with deep excitement.*

*(Session No. 14, LL4955-4980)*

The disturbing recollection of Bruno's dream led to the realisation of mixing the anticipation of excitement from using drugs, possibly leading to sexual arousal and acts, with the prospect of his mother dying from cancer. The example of waking up from the dream was recounted as relevant in association with shaking excitement, and the impact of painful feelings seemed to be in direct proportion to the intensity of such excitement. Nathan's question both clarified this statement and revealed shock in its realisation, pre-empting Bruno's judgment.

Edward Khantzian's (1985, 1997) self-medication hypothesis explains recourse to drugs to alleviate painful affects often stemming from earlier traumatic experiences (see p. 24). In contrast to that view, an emerging group of scholars (Martin, 2011; Valentine & Fraser, 2008) has placed emphasis on the victimisation operated by framing the user as a "fractured self", hence a deficient subject, instead of acknowledging the agency involved in taking drugs to attain pleasure. These group data highlight not only the pursuit of pleasure and pain in contextual proximity to one another, but also their fusion and confusion to the point of subjects not being able to separate them apart. In *Instincts and their vicissitudes*, Freud (1915) described similar phenomena: "We have every reason to believe that sensations of pain, like other unpleasurable sensations, trench upon sexual excitation and produce a pleasurable condition, for the sake of which the subject will even willingly experience the unpleasure of pain" (p. 128). This original formulation, however, frames the co-existence of pleasure and pain in the context of a role reversal between an active, sadistic, position towards someone and a passive, masochistic,

position towards the same *object*. The data presented here by Bruno does not relate pain to the masochistic aim of receiving it inflicted by another. Rather, it is more similar to Freud's account of the reversal of *content* in the instance of transformation of love into hate:

The change of the *content* of an instinct into its opposite is observed in a single instance only—the transformation of *love into hate*. Since it is particularly common to find both these directed simultaneously towards the same object, their co-existence furnishes the most important example of ambivalence of feeling (Freud, 1915, p. 133)

In light of this discovery, i.e. the simultaneous co-existence of opposite affects of varying intensity towards someone, or an “object” in Freudian terms, it is possible to review the earlier description of dissociative features accounting for highly ambivalent states towards sex objects experienced under the effects of drugs (see excerpt and discussion on p. 183). Rather than split affective states, these new data indicate pleasure and pain as primitive ambivalent feelings that co-exist and interweave simultaneously within the agency of the subject. They are both sources of stimulation pursued through further using. This finding thus supports the critique to the self-medication hypothesis posed by Martin (2011) and Valentine and Fraser (2008) on the primacy of pleasure; pain, however, alongside pleasure, seemed to be its inseparable correlate in the pursuit of stimulation.

### **5.2.2.3. *Pushing to the extreme.***

A recurring reason for dissatisfaction with one's own way of using drugs was described through the tendency to push intakes and their effect to the extreme.

Bruno and Albert both acknowledged those features:

*Bruno*                      *I realise I pushed things.*

*Albert*                    *Yeah.*

*Bruno*                    *And every time I do drugs I push more and more and more.*  
*Albert*                    *As in the amount that you do of things. Yeah.*

*Bruno*                    *Yeah.*  
*Albert*                    *I don't know. I l'd l'd I started doing that as well because like sort of ((throat clearing)) the stupid thing that you see people cough when they you know . . . and I've never coughed so I was like pushing the amounts that that well probably not that crazy amounts but amounts that made me feel a hell of a lot worse than before,*

*(Session No. 24, LL6380-6387)*

A certain insight seemed to suggest that the pursuit of satisfaction through continued and increased drug taking caused extreme feelings, often experienced through using on one's own. Such realisation resonated with other users and it was exemplified (or measured) by the ever-increasing amounts of substances they took. The inter-subjective relevance of this behaviour emerged however through the identification with other users and their physical symptoms from excessive use as desirable. The coughing of another seemed to signify the lack of something perceived of value in the self, which immediately demanded its unquestioned pursuit. As the consequences made themselves felt in the form of physical distress, they were also testament to the sorting of those effects and to moving closer to the image that was idealised (see also discussion on p. 171).

Group members associated pushing consumption or behaviours to the extreme not only with drugs, but also with going to the gym and possibly other activities:

*Tom*                    *I went to Madrid Pride last weekend and shared (a room) with a friend of mine who doesn't do drugs. But he's got addicted to going to the gym and um, and he I think I had a better time than he did on drugs. But I wouldn't say that was great. But you know, he was popping down to his room the whole time to have a protein shake and was completely obsessed with the way he looked. Wouldn't pick anybody up unless they were more muscley than he was and um And I actually I*

*could see his obsessions and his neuroses more even closer to the surface than most people who were on the drugs really. And that's what (depression's) like, because he's been clean now for two years al- almost. And I'm thinking well you're still as messed up as you were when you were on drugs but it's just showing itself in a different way.*

*Bruno Well he just replaced one things to another*

*(Session No. 24, LL6425-6432)*

Tom had some expectations from his friend, which were quickly disappointed during the time spent together on a weekend holiday. The same behaviour judged as unhealthy with regard to drugs was here highlighted by the way his friend was obsessed with going to the gym. Addictive features are shared and, to the drug-using subject, abstaining while developing other forms of “addiction” seems even clearer evidence of an underlying disturbance. Group members also located symptomatic behaviour in the need for interrupting moments of enjoyment with friends while continuing to use something on their own (see also excerpts and discussion on p. 181) and rejecting a sexual partner through being extremely selective. Recent neuroscientific findings indicate that, as a disorder, addiction is more likely to resemble an underlying condition with multiple unique manifestations rather than a set collection of behavioural symptoms (Shaffer et al., 2004). “Hopping” between different addiction objects, or *object non-specificity*, has been adduced as supporting evidence for this model. Beyond the limits of a diagnostic perspective, this is consistent with Freud’s instinct theory which I referred to earlier:

[The object] is what is most variable about an instinct and is not originally connected with it, but becomes assigned to it only in consequence of being peculiarly fitted to make satisfaction possible. The object. . . may be changed any number of times in the course of the vicissitudes which the instinct undergoes during its existence; and highly important parts are played by this

displacement of instinct. It may happen that the same object serves for the satisfaction of several instincts simultaneously (Freud, 1915, pp. 122-123)

These data allowed the group to identify a problematic type of behaviour in the attitudes towards replaceable objects of consumption, rather than in individual substances. Similarly, drinking every night until intoxication was another example of taking consumption to the extreme, as well as one could be attaining through exercise or Yoga:

*Nathan*            *if I was in this situation I would have been coming home and I'd have been getting pissed every night, but would still got to work the next day but I but you know, I'd have been watching a Madonna concert. . . I would have been switched off from it. And I it would have been worse because it would have been harder to do the job the next day but it's not having. . . that to rely on as a as a sort of pressure valve.*

*Kevin*            *Mm.*

*Nathan*            *But I know that I haven't even thought I've had long periods when I've not had anything I haven't still haven't got that activity that is like a healthy pressure valve. You know like exercise or Yoga that you've got*

*(Session No. 19, LL5356-5362)*

The cumulative effects of drinking alcohol to relieve stress from work were recognised as damaging to work itself and caused a lock-up position whereby both were needed. Stress from work was associated to excessive drinking as a way to cope and the pleasures from intoxication were premised on the difficulties at work. Once able to stop consuming altogether or to levels judged as extreme, members were also confronted with the anxiety caused by not having a different object to replace the substance with, whether physical exercise or Yoga. The ambivalent use of the "pressure valve" metaphor is revealing of its natural balancing function as well as the pressure that builds up in ordinary life.

#### **5.2.2.4. Leaving and stepping out.**

Absences from the group had an emotional impact on the members and, through attending, both the ones leaving and those present were prompted to face those consequences:

- Tom* Uh, because I well be (.) I was worried about Bruno because uh, he he wasn't very happy within the group I don't think the past two or three sessions.
- Kevin* Mm.
- Tom* And, um, I hope he hasn't rejected it. Or equally I hope he hasn't done himself some harm or something.
- Kevin* Yeah.
- Tom* Um, and and with Jason I'm just not sure why why he's not here
- Kevin* Mm
- Tom* And I sup- so you're taking off four Mondays in a row?
- Kevin* Yeah. I'm taking twenty-five days I'll be out of the country.
- Tom* Did you think about that when (.) did you think about the group when you were booking that?

(Session No. 19, LL5467-5475)

Tom expressed his concern for Bruno, relating his absences to the disappointment he expressed with the group in the previous sessions. A link was also made between the act of rejecting the group and self-harming, as if the group was to carry most of the hopes for its members. Similarly, informants were prompted to wonder about the absences of other members and to question the decisions of those who announced they would be away for prolonged periods of time. Since the commitment to regular attendance was a requirement for joining (see Appendix Seven), members were prompted to question whether, in taking time off, those leaving had valued the group enough. Similarly, leaving was sometimes the only feasible action to cope with intolerable situations at one's own home:

*I ended up in this situation where I never ended up in my whole life I walk(ed) out of my own flat, leaving two people in because the situation (.) the threesome of us it wouldn't work out. Instead of kick somebody out I walk out (in) my flat and I went to the sauna, now this (.) how more humiliating you can*

*go. I mean I think if you scrap you can't go. . . When I came back home they left*  
*(Session No. 24, LL6283-6286)*

Bruno discussed with the group the ending of a party he organised at his own flat. The circumstances seemed exceptional because they exaggerate the humiliation through him giving up his own space in addition to a sexual disappointment. As a result, he found himself alone in the sauna while two people were imagined carrying on having sex in his flat. Rather than being able to either enjoy the situation or decide upon its ending for everyone involved, leaving offered the only way out. This outcome was representative of service users' inability to feel entitled to take part in mutual enjoyment with others, while re-enacting exclusion upon them. The humiliating fantasy recalls however the primal scene situation, whereby a couple is imagined to have intercourse from the perspective of the excluded subject (see discussion on pp. 130 and 144). In the light of the concept of repetition compulsion introduced on p. 194, Bruno's humiliation is part of the same pursuit for ever-increasing satisfaction. Following an accident involving him overdosing with Crystal while recovering from a lung infection, the discussion in the group explored expectations and reactions in relation to losing consciousness:

*Marco*                    *Were you surprised to wake up?*  
*Bruno*                    *To be honest I was disappointed.*  
*Marco*                    *Mm.*  
*Bruno*                    *With, yeah Because when I wake up I I didn't realise where I was and when I realised I was like (.)The reason (.) I don't want to lie, it was a part of me saying "Shit. I woke up" then I I embrace that, it's fine*

*(Session No. 24, LL6298-6302)*

The affect recalled from the moment when Bruno woke up was one of disappointment, revealing the wish for being dead. Its description involved the confusion of not being fully conscious of where he was. Despite the initial hesitation,

embracing his aim to walk out on himself provided an explanation for the feelings incurred when waking up.

As the group carried on for thirteen months, I felt increasingly involved through feelings that resembled the ones described by members. Anxiety was experienced at times overwhelmingly in relation to the informants' recounting of ongoing accidents outside the group. The closeness to death of some members generated intense ethical reflections. This was enhanced by taking part in the group in the double role of researcher, committed to confidentiality and reporting to the University's Ethics committee and supervisors, and of group facilitator, guided by independent clinical supervision. By means of exemplifying the level of such anxiety, the person asked to transcribe the recordings from the group sessions (see p. 81) reported having to stop at many points and having to slow down the turn-around of the transcripts due to the emotional intensity of their content.

### **5.2.2.5. Realising.**

The moment informants stopped taking drugs, or the effects wore off, they described finding themselves taking stock of the consequences of their own actions:

- Albert*                    *The thing is if you I I um I think I think that sometimes we ((inaudible)) ourselves a massive disappointment when we set ourselves too high expectations. . . I've done quite well for myself up up to moving to London um, and then now I'm here and look and think what about what have I actually achieved since coming here. Um*
- Bruno*                    *How long have you been here?*
- Albert*                    *Almost three years. And in that time I've got HIV, HEP C and developed a tina habit um*

*(Session No. 24, LL6476-6480)*

Moving to London, away from the family and in search for freedom of self-expression, was charged with unrealistic expectations by Albert. The setting up of an idealised world and relationships was inevitably met with a consistent stream of



disappointments which, through frustrations and losses, further fuelled the spiralling behaviour leading to pushing any forms of consumption to the extreme. As a result, members found themselves looking for tangible accomplishments, and the attaining of stigmatising medical conditions was selected as evidence for one's own failures and disappointments in oneself. Furthermore, attributing reality status to those outcomes was employed as tangible validation for the inner sense of worthlessness informants expressed at other times.

The ending of personal enjoyment brought with itself the questioning of what had been lost and judgments of value around the whole practices:

*Kevin*                      *Did you have fun when you left?*  
*Jason*                      *Yeah. But then the cost is that (.) there's a reward and the cost of the whole thing. And what's the co- the cost of it is it's not really worth I take these things and ((sighs)) come down and recovery*  
*Jason*                      *Yeah, that's so I'm just just sort of weighing up in what, you know, what perhaps that's a good thing*

*(Session No. 14, LL4837-4842)*

Rather than expanding on any possibly affirmative sides of those experiences, members were automatically drawn to consider what had been lost in the process. "Fun" was framed as a type of reward that implicated some costs, and such framing demanded one to assess the value of those practices. "Coming down" and recovering were deemed as expressions of a reality that takes away what had previously made available, and those description fed into the process which, at other times, fuelled more consumption (see p. 194).

### **5.2.3. Lack, depth, and emptiness.**

A sense of emptiness seemed to underlie many distressful experiences shared in the group and to trigger both the pursuit and fright for the associated emotional depths. Akin to a symbolic space, the gap created by the limits of

enjoyment from taking drugs provided a chance for reflection but also prompted shameful reactions: it highlighted how the subject's life fell short of idealised images of satisfaction. Lacking knowledge in new situations at work or in personal life was associated with intolerable levels of anxiety and anger. Feeling worthless and shameful personalised this otherwise general experience of lack through the validation of one's convictions of inner flaws. Table 11 presents a summary of the three themes explored in the group, supporting the analytic category of "Lack, Depth and Emptiness".

Table 11: Descriptions of “Lack, Depth, and Emptiness” as Expressed by

## Informants

	Lack, Depth, and Emptiness	
Depth and emptiness	Gap and space	Not knowing
Feeling out of someone's depth	Why is it so hard?	Not knowing what one is doing
Feeling empty	Feeling horrible	Psychology to sort things out
Uncomfortable changes	Knowing what one want and going away from it	Getting to know each other
Freaked out by changes	Searching for intimacy	Making judgments
Losing something	A gap to deal with it	Having a routine, instead of
Because of the drugs	Desperate for someone	Searching for validation
Going really deep	Not wanting to be on one's own	adrift
Depth vs. superficial fun	Feeling shameful	Not knowing what one wants
Digging deeper	The opposite of feeling in love	Not paying attention to something
Stopping and nothing else	Time out	Missing out a big part
Feeling fearful	A space to think	Not trusting oneself
Thrown into the deep end	Escaping	
A surface-level relationship	A space to feel positive	
All the money in the world not enough	Finding one's own space	
Profundity hitting me now	One session a week not enough	
Too much to get through		
Uncomfortable depth		
Something deep inside us		
A breakthrough		
Almost feel dead		
A disappointment going even deeper		
Nothing there, absolutely empty		

**5.2.3.1. Depth and emptiness.**

As members reflected over their disappointments, an emerging sense of emptiness was associated with the uncomfortable pursuit of deeper engagement both in the group and outside relationships:

*Well what's fun though? That's. . . ((throat clearing)) superficially I guess it felt. . . Yeah. I think that's the thing with . . . what are we doing here is is for me is is ((throat clearing)) too deep because I'm realising it's not that that fun, you know. That we do all this stuff, I mean for example a couple of nights ago I'd put a- and put on all the different bits and pieces and. . . then they sort of go. . . I'm the one creating it so it just it's ((inaudible)), you know. The why do you do these things? That's what I'm just wondering why. . . Oh I think obviously the work we're doing here is is digging deeper. But it it's you know to stop doing other things like they're habits when cr- cottages and things like that and then you know that that's not easy. Um, to well actually that's (.) The*

*opposite to that is it being a nightmare because when you stop doing something like that and then there's actually like nothing else to ((laughs))*  
(Session No. 14, LL4755-4769)

In this excerpt, Jason was expressing his disappointment at the end of a party he set up, with people leaving and him feeling alone, a theme that emerged a few times in the group data (see pp. 194 and 196) and also in the clubbing observations (see p. 159). Consistent with shameful attitudes, he was caught up judging himself harshly for the habits he found himself involved in. Furthermore, he expressed the wish of “digging deeper” and associated this endeavour with participation in the group (see excerpt and commentary on p. 194). The exploration of motives behind what seemed to be initially enjoyable, made him think over how much he himself contributed to the materialising of situations he ultimately felt disappointed by. Stopping those habits seemed nevertheless a worse alternative for him, in that they had the function of filling a symbolic space in his life, otherwise threatening by its emptiness. With the end of sexual enjoyment, the limits to the consumption of substances and the wearing off of their effects, service users seemed to face anxiety in the absence of available objects:

Anxiety [*Angst*] has an unmistakable relation to *expectation*: it is anxiety *about* something. It has a quality of *indefiniteness and lack of an object*. In precise speech we use the word “fear” [*Furcht*] rather than “anxiety” [*Angst*] if it has found an object (Freud, 1925/1926, pp. 164-165)

Conversely, what seems at times an accomplishment and a signifier of further enjoyment is other times viewed as a reminder of underlying emptiness:

*the point is that when I've done it I've done [it] almost to feel dead. . . [to] admire myself, [so I] can say “Oh, you know, wow, I've done this” but in reality the disappointment goes even more deeper because after I've done it I'm [realising there is] nothing there, it's absolutely empty, it's a little bit like do you like this whole drug session for days and days and days and you know, I shagged the best people ever and g- the best drugs but when that is finished,*

*and when you go back to yourself, in a true world – in the reality – you realise there is nothing there.*  
(Session No. 14, LL5307-5313)

Bruno reflected with the group on his attitudes before and after he engaged in actions he had previously imagined as exciting. The extension of those events over multiple days, the physical attractiveness of the partners involved, and the consumption of drugs were all expected to bring an ideal level of satisfaction. Furthermore, the self as involved in those practices anticipated to feel admired and validated (see also p. 112). Similar features have been discussed in relation to the valence of acceptance in the admission to the club venues (see p. 132) and to the pursuit of some relationship with forms of authority, as if to gain a mirror reflection providing the subject with mastery over one's own self (see p. 171).

However, experiencing the finiteness of those enjoyable moments and going back to ordinary life reminded members of the absence of an object able to provide full and lasting satisfaction. References to disappointment and depth seemed to go together and it was telling that informants gave prominence to such a partial element of their experience, granting it a status of exclusive reality and ultimate truth.

Moreover, "depth" was also mentioned in connection with situations from ordinary life involving work and the related stress:

*Nathan*            *I'm get- just really stressed about my job at the moment and I'm feeling quite fearful about it because I've been thrown into the deep end and I think I'm fearful because obviously you know, I I don't know what I'm doing and I'm putting expectations on myself and You know, it's just not having any method of*

*Kevin*            *Yeah.*

*Nathan*            *of what am I doing this week instead just working by email and [reaching out] the loudest.*

(Session No. 19, LL5349-5353)

In the excerpt above, Nathan shared with the group his emotional reactions to the difficulty of a new situation at work he was involved in. A state of anxiety was

expressed through “feeling thrown into the deep end”, which triggered images of overwhelming challenges and threatened survival. As previously highlighted, members recognised that their own expectations contributed to the anxiety and ultimately to the disappointment from themselves and from situations of sorts. Depth, however, was recurrently evoked as both an allurements and a danger.

### **5.2.3.2. Gap and space.**

The intensity experienced through attraction to one’s partner could reveal the significant discomfort of allowing any space or distance from that person, as the identified object of desire:

*Jason*                    *the guy I met as well was very very nice and I don’t often get this very strong attachment to someone, like once maybe twice a year. And then I’ve got a- annoyed and upset about that, thinking “What the hell is” you know “Why is it so hard?” But then why do you have to go through these routes, it’s just it’s all this*

*Bruno*                    *((inaudible)) it was before the drugs?*

*Jason*                    *No it’s always always been quite difficult.*

*(Session No. 14, LL4843-4850)*

A distance was revealed in relation to the partner, and Jason was quick to describe the drugs as contributing to that struggle. When another member attempted to disentangle the emotional state from the effects of the drugs, Jason acknowledged that feeling attracted to someone had been a struggle for him since before he started consuming drugs. Lacan’s theorisation of desire (1977c) captures the struggle that Jason was describing. The frustration he was bringing to the group revealed his demands in relation to his partner:

Demand constitutes the Other as already possessing the “privilege” of satisfying needs, that is to say, the power of depriving them of that alone by

which they are satisfied. This privilege of the Other thus outlines the radical form of the gift of that which the Other does not have, namely, its love (p. 286)

Through this interplay, sexual relations contributed to the production of an enigmatic experience in the subject, by articulating the satisfaction of one's needs in the demand for love. Communicative expression was, however, articulated through language, which, foreign to the subject, alienated his needs by way of describing them:

One can see how the sexual relation occupies this closed field of desire, in which it will play out its fate. This is because it is the field made for the production of the enigma that this relation arouses in the subject by doubly "signifying" it to him: the return of the demand that it gives rise to, as a demand on the subject of need – an ambiguity made present on to the Other in question in the proof of love demanded. The gap in this enigma betrays what determines it, namely, to put it in the simplest possible way, that for both partners in the relation, both the subject and the Other, it is not enough to be subjects of need, or objects of love, but that they must stand for the cause of desires. (p. 287)

The presence of a gap or a space provided both a chance for reflection and something horrible and shameful when associated with loneliness:

*Nathan*            *It's really hard to do that. . . oh you know "I- I did this last night and it makes me feel shit but I was (.) that was just me searching for intimacy and got a bit twisted" or*

*Kevin*            *That would be great to know that. That would be amazing to actually know the next day "I was just searching for intimacy". I'm I've never had that insight.*

*Nathan*            *I've felt like that. . . not straight after but after a a gap where I can deal with it, it's what you know "Why did I do this? Why did I do that? Why did was I so desperate to get off with someone? Because I didn't want to be on my own". You know, because I wanted to feel like I am in a relationship or (.) Then that feels horrible and that feels a bit (.) for me it feels a bit oh that feels a bit shameful that's what I wanted but that's*

*what I got. . . it just ends up making me feel far far worse, because then I contrast that with how I felt in a relationship where it feels like like love, and that feels like something different*

*(Session No. 14, LL5326-5333)*

Nathan first described the process of stepping back and thinking over his behaviour after the events ended, so taking advantage from the space that resulted. Immediately, he was faced with the shameful realisation of a need for intimacy and connection with someone as triggering the behaviour, quickly judged as out of control. When challenged by another group member, he carried on explaining how the presence of a gap both allowed for reflection and was to be escaped through desperate attempts to be with someone and avoid being on his own. This realisation, rather than being acknowledged as similar to others' in the group, and potentially constitutive of the human condition, was instead associated with humiliation and shame. This, in turn, further increased the distance from memories of loving times with previous partners due to the conviction of one's inner lack of self worth.

Reasons to avoid this space, when available, were also discussed in relation to how it was perceived not as personal and private, but rather belonging to others and limiting freer personal expression:

*I could spend a week in in [ ] and just stay in my room but to me that's not a space where I'm feeling feeling positive – I'm not feeling great about in (.) you know, spending time in my room or in Fred's house, you know, it's not my house, it's not my space. And I know that Mexico's not going to be my space either but I'm not going to have any other space around me that's anyone else's, you know, it it's just going to be time where I can start thinking things through, maybe write some stuff out in my journal. Um, and just just really see what's it like to just stop for a while*

*(Session No. 19, LL5651-5655)*

Subsequently to disclosing to the group his relapse after months of not using Crystal, Kevin decided to book a four-week holiday away from his life in London.

Among the justifications he provided for that decision, the lack of a space where he



could feel positive seemed a valid reason to look for something else. Spending time alone in his bedroom was a reminder of how much he felt not in control, exemplified by the lodger status in a house owned by others. The reflective use of this symbolic space was evidenced in the data by the wish to employ it for some thinking while, at other times, it had been described as threatening and scary.

### ***5.2.3.3. Shame as the emotional personalisation of lack.***

It is difficult, perhaps impossible, to determine how and when feelings of shame first emerged in the life of the informants. Moreover, it is beyond the scope of this study to ascertain the determinants of those emotional states whether in relation to external events, personal vulnerabilities, and their interplay. It seems therefore necessary to limit the analysis to the discursive and emotional evidence that was produced in the group and the function shame took up in relation to the recurrent dissatisfactions service users reported.

Memories from early childhood and difficult events at school or with the family were shared in the group, and members often described feeling inadequate in relation to peers. This position was highlighted on the basis of a number of parameters and came fully to the fore in conjunction with the emerging awareness of one's same-sex desire. Furthermore, the encountering of emotional losses or distress was experienced by members as humiliating, prompting to blame this condition upon themselves. In doing so, any reminder of the general occurrences of disappointments to others was ignored. Similarly, not being in a loving relationship was portrayed as a humiliating personal condition which charged the wish for one with despair.

Drug use and other forms of consumption were sometimes pursued to dilute the emotional pain attached to the emergence of distance or space from others.

However, because of the stigmatising narratives around drug use and the consequences of extreme consumption, shameful realisations ensued. This selective focus gave reality status to the harmful consequences of one's pursuits dismissing the enjoyment of pleasure from the same practices. Similarly, instances of emotional connectedness with others were dismissed as deluded perceptions and ascribed exclusively to the physical effects of the drugs. Drugs and casual sex as objects of consumption supported self-diagnoses of addiction and compulsivity. This resonated with the pathologising narratives around one's own sexual orientation or lack of worth.

Stemming from shameful attitudes towards the members' own pursuit of enjoyment, nothingness and emptiness were exaggerated as triggered by the finiteness of those events. Rather than acknowledging this condition as socially shared, users were prompted to relate it to some assumed personal shortcomings.

#### **5.2.3.4. Not knowing.**

The devising of a routine, as a habit or regular behaviour, was acknowledged to help with the distressing emotions triggered by going back to one's space, highlighting the importance of knowing what to do as opposed to the unknown thoughts and feelings that could emerge:

- Tom*                    *it's quite good to have a routine when you get in um because I must admit I was (.) when I was a bit stressed I was going home and I didn't know what to drink um and I would have a um, I suppose upwards, when on bad days up to a bottle of wine [Nathan: Mmhm] Um, which would make me, you know, pass out really, um.*
- Kevin*                    *On one bottle?*
- Tom*                    *Well, you know, fall asleep on the sofa kind of thing. Um, and then go to bed and go to bed quite early. But um, and then wake up not feeling particularly bright. Um, and even one and then I sort of b- started buying those little bottles of wine where it was only glass kind of thing and thought well that's that's (.) you know, healthy to have one of those. But now I've*

*discovered if you go home and make yourself a herbal tea or something and sort of sit down and actually have a stage uh, of sort of arriving home, because I uh, whereby you sort of get over the sort of day a bit really. Um, and have a sort of routine that you slip into rather than not quite knowing what to do [Nathan: Mmhm. Yeah]*

(Session No. 19, LL5365-5376)

Kevin promptly challenged Tom's description of his drinking by placing emphasis on the quantities involved and, perhaps due the proportions with other types of behaviours discussed in the group, Tom was led to rephrase the symptoms from "passing out" to "going to bed early". This second formulation was more acceptable in the group setting as expression of distress in light of the enjoyable partying lifestyle other times seen as both desirable and leading to damaging consequences. Replacing one object of consumption with healthier alternatives however did not eliminate its function, when it was used to protect from the distress involved with the "lack of knowing" (see p. 205).

Absences of other members from the sessions were interpreted by the group therapist as bringing to surface the feelings of those present:

<i>Group</i>	<i>when people leave or people are absent, it leave with the feeling, you know, it takes me to the story. . . and that feeling you were left with. Kind of not knowing what to do with</i>
<i>Therapist</i>	<i>[Nathan: Yeah] in a sense</i>
<i>Nathan</i>	<i>Yeah, yeah. Because I think it's about not knowing, you know, because we want to (.) we want to know what happened, you know. Um. . . I think the anger thing is is very very difficult though. I I find it very difficult. And I think that's probably because I'm you know, I'm I'm angry about work [Marco: Mm], I'm angry about the way I've been. You know. But I'm also fearful about showing my anger because I can't cope and I feel like I should be able to cope. And I'm fearful that because I don't show my anger very much</i>

(Session No. 19, LL5479-5487)

Informants remarked upon the difficulty of not knowing what happened to other people and the emotional consequences of their potential loss. The group was

thus offered the chance to engage with those feelings and explore them further, which was responded to with anger. Being aware of one's angry response to not knowing generated a sense of terror and fear in Nathan, who was both unsure as to whether he could cope with his emotional response and afraid of the consequences of further curbing his feelings.

A number of measures, or plans of action, could be ventured as attempts to overcome the uncomfortable situation of not knowing:

*Yeah. And like I don't know. I mean I'm I'm really not sure. I'm so open at the moment to to everything. I've I've done my cv up, I'm sending it off, I'm thinking of changing roles, changing jobs, I've cashed in my shares, I don't want to be a part of that company any more. I am single, I'm thinking of becoming a disciple which I think is going to involve a period of um, celibacy. Um, although I'm not sure. Um, I am you know, uh, I'm adrift. And there's no- there's no island in sight that I'm drifting towards. I'm just sort of out there in the sun getting burnt. And I don't know what I want. If I knew what I wanted I could swim towards it.* (Session No. 19, LL5732-5735)

Kevin's dissatisfaction with being single and feeling lost seemed to be addressed with an ambivalent attempt to pursue a Yoga training requiring him to commit to being celibate, and therefore not open to meeting new potential partners. While coming to contact with one's needs was a distressing experience for service users, taken to the extreme this option indicated a certain wish for the renunciation of desire (Lacan, 1977c) as involving another. Activities and descriptions however, through speech, non-verbal communication, and thinking, inevitably implicate the Other by means of a language originating from outside which the subject finds himself embedded in.

The underlying discomfort with not knowing whether one will ever find satisfaction, and where that will come from, was compared to an aimless drifting state in the absence of a suitable destination. Not knowing what was worth pursuing

emotionally, personally, or professionally increased the frustration and conjured up a sense of desperation.

### **5.2.3.5. *Worthlessness and the discursive personalisation of lack.***

Informants described their quest for being valued through acceptance and support by the group, at work, or in loving relationships. However, they were repeatedly faced with disappointments which seemed to be taken to further demonstrate an inner lack of worth to the person. Directly affected by shameful feelings, they expressed their convictions of a fundamental fault or flaw as inherent to the self and not others (see p. 109 in the clubbing findings and pp. 175, and 189 in the group study). They could find confirmation to these convictions in external circumstances.

The recounting of early experiences of trauma, sexual abuse, neglect throughout upbringing and early parental abandonment or death seemed to support, to their mind, those assumptions and perhaps were adduced as evidence. Being a victim child seemed to account for the present sense of worthlessness, giving significance to money as a tangible measure of value. Receiving money, at times through being paid for sex, was thus described as an attempt to demonstrate or reclaim some self-worth (see excerpt and discussion on p. 191). Some other times, having sex with attractive partner(s) was considered a final conquest disproving negative attitudes towards oneself (see p. 213).

The forming of bonds and closer relationships with others inevitably involved being exposed to the possibility of them leaving. Recurring rejections were associated with intense hurt and emotional pain which, in turn, were interpreted as further evidence for the members' belief of no inner worth. Attaining medical

conditions (e.g. HIV and Hepatitis C), which traditionally attracted high levels of stigma, was also deemed as tangible manifestation of one's inner fundamental flaws.

Any memories of loving relationships with previous partners seemed very distant, as a result, and a widespread sense of hopelessness contributed to a psychological distance from the possibility of new ones developing. Consistently, feeling worthless was reflected in not being able to ascribe value to external objects and in struggling to be in touch with new projects, whether personal or professional, which they could wish to attempt. Finally, the presence of negative attitudes towards themselves could be viewed as the personalisation of more generally recurring narratives around lack in value or perfect satisfaction.

#### ***5.2.3.6. Shifting the focus on the individual.***

Feeling ashamed of oneself led members to readdress the reasons for ordinary life disappointments to their own personal history or individual psychological make-up. A powerful affective transition, which involved making sense of frustration as both cause and consequence of individual worth, this prevented informants from acknowledging similar dynamics in others.

The emergence of memories of trauma and early suffering was alternated with other more ordinary examples of loss and frustration, possibly experienced by everyone in life. However, the intensity of the feelings associated with different types of events was similar through hurt and feeling abandoned. It is then noteworthy to observe that those memories, as varied through each informant's individual history, seemed interchangeable in their relation to shame and worthlessness.

Causes of frustration discussed in the group were typically related to the loss of significant others, their absence, or their perceived distance. Absences and departures from the group generated similar affective reactions. More generally, the

recurring of a symbolic space or gap in life seemed to be an apt reminder of this distance and trigger intense anxiety. Because of shame and the convictions of worthlessness, members were inclined to personalise ordinary experiences of emptiness through despair and hopelessness in ever finding any satisfaction in life.

### **5.2.3.7. “Pushing to the extreme” to fill a symbolic empty space.**

Together with meeting disappointment and frustrations in life, service users exposed themselves to pleasure and pain from various forms of consumption. In conjunction with traumatic memories, drugsex was often pushed to extreme levels, at times leading to life-threatening or dangerous accidents, other times undermining work and other aspects of the service users’ lives. When reflecting on this behaviour in the group, the tendency of pushing those experiences to the extreme emerged as problematic, rather than the individual substances being used each time.

Furthermore, objects of consumption could be replaced with alternative ones, which might have appeared healthier. In turn, informants recognised in the extreme attachment to the substance a unifying symptom of distress. This seems to reflect Freud’s (1920) formulation of repetition compulsion and death-seeking motives as enacted interchangeably through unhealthy, healthy, pleasurable, and painful behaviours (see p. 194).

Rejecting others, work, and the group appealed nevertheless as a possible course of action to overcome emotional pain. As if to desensitise themselves from the hurt experienced through being abandoned, it could be argued that service users exposed themselves to more of the same situation as an attempt to become immune from such emotional pain. Stepping out of a dangerous situation might be considered at times a safe measure to preserve life and delay death. Consistent with the way

objects were replaced in the search for unlimited stimulation, leaving the therapy group seemed the right decision for Kevin, who wrote in his feedback a month after the ending:

*I found the silences from you guys frustrating. . . I also can tell you now as the group has finished that one of the reasons I didn't come back was because one of the participants wanted me to go home with him for sex and I was trying very hard to contain my sexual energies. I am back having sex again now with one guy and enjoying the trust and pleasure available in this situation. I'm not sure if I had gone back to drug sex if I would be happy now. Take care guys, Kevin x* (Kevin, LL19-24)

Due to the personalised history of pain which members provided, informing the feelings of shame and worthlessness, the presence of a symbolic space or void in life was deemed as directly related to the self rather than a more general human condition. As a result, pushing consumption to the extreme attempted to fill such a gap, provided that its persisting presence would further highlight the participant's lesser status compared to other human beings perceived as less troubled. However, the more active the search for filling such symbolic gap, the more this gap would reoccur through the experience of endings and losses. Shame for oneself could thus be argued to prevent service users from acknowledging finiteness as an underlying feature of human condition rather than corollary of their own presumed personal flaws.

### **5.3. Conclusion**

The findings from this group study have highlighted shame as playing a central role in affecting both the affective and cognitive lives of informants. Rather like pleasure from the highs of the drugs, emotional connections with others were pursued in conjunction with the experience of a partner's absence. Substances thus emerged as objects through which service users experienced the joint occurrence of



pleasure and pain. In the group, they distanced from one another while concurrently seeking acceptance and belonging. The recollection of inner states experienced under the effects of substances could not be described in the group in their enjoyable aspects, but only as damaging and destructive memories.

Narratives of trauma, childhood sexual abuse, and neglect were related to feelings of worthlessness resonating with explanations of presumed inner faults or flaws. However, ordinary frustrations or life disappointments would also trigger those familiar feelings of abandonment, hurt, and despair. The operation of shame, independently from the specificity of individual events, affected how service users consistently made sense of experiencing lack or empty space. Through the personalisation of pain, those more ordinary encounters were associated with humiliation and were directly related to one's own individual history and psychological make-up. As a result, pushing drug and sex consumption to the extreme was pursued in an attempt to fill such a symbolic gap as if pertaining exclusively to the individual.

Although this behaviour has been consistently presented as problematic by subjects, different objects have been vested by members with a similar function. This included supposedly healthy pursuits such as exercising, practicing Yoga, and work. Somewhat consistently with the recent literature on addiction (Shaffer et al., 2004), yet beyond the domain of a diagnostic approach, these group findings show that both protective and risky behaviour can lead to negative consequences for the subject. The following chapter will outline the grounded theory emerging from the two studies presented so far and discuss the function of substances as exceptionally constructed to protect subjects from anxiety when stemming from social intercourse and associated with gay sexual desire.

## Chapter Six:

### The Exceptional Construction of Substances as Gay Fetish

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This project set out to address the significance of substance use to sexual behaviour between men. Following the health literature pointing to the use of drugs and alcohol in conjunction with risk behaviour and cultural studies raising the significance of substance use in partying and celebratory events (see p. 1), this project included two studies attending respectively to (1) the social settings in which drugs and alcohol are predominantly used and to (2) health milieux to which gay and bisexual subjects resort when facing problems following their use. The initial puzzlement with the way in which some research has addressed these behaviours from a health perspective was informed by scepticism for the double selection of same-sex sexual behaviour and substances as parameters of vulnerability (see p. 1). I wondered whether that carried the legacy of pathologising or medicalising views from the past and, indeed, my first question was around the theoretical necessity of studying substance use and same-sex sexual behaviour together (see p. 38).

Consistent with those premises and given my questioning attitude towards the existing literature on the subject of risk from MSM substance use, split between health and cultural studies, the research I have carried out followed the guidelines of Grounded Theory as applied to Psychology (see p. 3). This involved approaching data collection while holding back from ascribing truth status to pre-existing theoretical claims, engaging concurrently with as wide as possible a selection of empirical and literature sources that became salient through such a process. Data

from both informants and scholarly references I have engaged with have been employed to develop an understanding to address my initial questions, help refine them, and point to further categories as relevant in the inquiry.

Through the four years of this project I have been faced ever increasingly and unavoidably with the realisation that my informants, in both their social gatherings and their engagement with health services, would (1) consistently refer to substances as means of socialisation, and (2) draw on pathological narratives to explain use excesses in function of presumed flaws inherent to the self. This evidence emerged to disconfirm certain doubts around the necessity of associating substance use in exclusive relation to same-sex sexual risk behaviour in some health studies (see p. 18) by, at best, leaving out other configurations of risk shared with the general population (p. 35), or, at worst, supporting the very same negative self-perceptions that might make people more inclined to take on those risks (see p. 38). A number of elements emerged through the course of this project that highlighted the social reality that my many informants were facing. First, the still high prevalence represented by MSM modes of transmissions for HIV diagnoses. In relatively wealthy, western countries same-sex sexual behaviour between men still counts for the majority of new HIV diagnoses (CDC, 2012; HPA, 2012). In spite of the overall declining number of new HIV diagnoses in the UK, those due to male-to-male sexual intercourse reached an all-time high in 2011 (see p. 27). Furthermore, MSM living in metropolitan contexts like London face a HIV prevalence higher than in other parts of the country.

Urban contexts, however, are those where gay venues have proliferated, away from the tighter social constraints of smaller communities. Attracting men from all over the world, the London gay scene has developed truly cross-cultural features whereby it is not possible to pinpoint to its practices in relation to one single cultural

frame of reference. Social venues for gay and bisexual men have developed out of situations where historically same-sex sexual behaviour was illegal. In the presence of criminalisation for these practices, the term “subculture” was accurate in describing the congregating of people who would be out of mainstream legal norms (see p. 124). This can be deemed consistent with the conceptual relatedness of the term with the sociological study of deviance (see p. 4), in that to engage in same-sex sexual behaviour where it constitutes a criminal offence is an act punishable by law. Where the condition of illegality is suspended, however, participants risk to be described as similar to rebellious teenagers who refuse “growing up” and entering the adults’ world, at best, or as anti-normative subjects who, at worst, express through their behaviour the consequences of deep-seated mental maladjustment.

On the one hand, the de-criminalisation of homosexuality in 1967 in the UK, the ongoing progress in granting legitimacy to gay couples through civil partnership and marriage, and in dealing with homophobic discrimination and violence pose a challenge to the view that mainstream society, the “parent culture”, is still hostile to gay subjects. On the other hand, due to its cosmopolitan nature, London’s residents feature highly varied socio-cultural, ethnic, and religious backgrounds, sometimes coming from countries where homosexuality is still illegal and stigmatised. When questioning shifts in the social construction of gay sex as shameful (see p. 38), psychosocial researchers are aware that recent legal and medical attitude changes will take time to affect people’s mindsets and behaviour considering that punishment for same-sex sexual behaviour has been in place for some 600 years from the fourteenth to the nineteenth century in Europe (Greenberg, 1988). Finally, contemporary society does not act as a unitary corpus, immediately absorbing and implementing changes brought forward by its more progressive sections.

Together with those legal changes, the outlook of living with HIV has also improved dramatically in the last twenty years: with the introduction of HAART in 1995 (Vosburgh et al., 2012), mortality rates have dropped for those who take medication, making it resemble a chronic condition. Moreover, the expiring of the patents on those drugs in the next few years will permanently reduce their cost, making them more widely accessible to the public globally. The ethnographic work by anthropologists (see p. 4) has been crucial in adding to the limited knowledge availed by self-reports and questionnaires, whose validity can be questioned when addressing stigmatised behaviours (see p. 28). Barebacking (see p. 30) can thus be understood as a form of initiation in addition to a psychological expression of the need for belonging. These functions might in turn be accommodated by the increasing perceived normality of a life on drugs, as medication, which might make taking recreational drugs in general a practice of identification.

In the process, an element seems increasingly ignored: are gay subjects still having fun? Is gay sex still enjoyable for men? Following a queer theory line of argument (see p. 5), I started from Kane Race's formulation of drugsex as the need to take drugs before even considering having sex, i.e. before even experiencing sexual arousal (see p. 38). Both my study of dance clubbing and that of a group of problem users revealed disappointment and dissatisfaction as inevitably recurring and significant themes. Emptiness and the absence of full satisfaction were themes that most prominently emerged among others in the analysis. This was related to the expectations and anticipations of those preparing for going out clubbing as much as those who, in the group study, expressed longing for an intimate relationship with a life partner.

In the social and leisure landscape of dance partying, the use of drugs was contextually proximal to the coming to life of attraction and desire in exchanges with

fellow club-goers. Rather than sex being the observable focus of these practices, however, sexual interactions moved more and more to the plane of fantasies and substances, rather than the emotional exchanges through which their use emerged, often became overvalued objects of interest. Through the time out clubbing, informants let themselves be affected and enjoy the full swing of emotions as inseparable from the experience of the music, the shared enjoyment with friends, and the intoxication from consumption. As with any pleasurable experience, however, clubbing confronted informants with its own limits; the disappointment of having to leave and go back to ordinary life came strongly to the fore. A number of ways could be attempted to overcome this feeling, through moving on to a different party or to a chill-out at someone's house. More drugs could be consumed to either induce rest or sleep, or, as stimulants, to counter the come-down and force oneself to be productive at work in the following days.

In the group, the pursuit of intimacy followed a similar pattern. Members were placing high expectations on meeting someone and falling in love. After having had sex with someone, however, or upon disclosure of one's intimate secrets to them, service users faced again disappointment from them leaving or being absent, either emotionally or physically. One element seemingly shared between the social experience of clubbing and the therapeutic pursuit of closer intimacy could be found in the pursuit of satisfaction to the full in spite of the disappointments brought about by the limits of enjoyment in social encounters. Consistent with Freud's theory of pleasure (see p. 202), not only pleasure and pain can be pursued concurrently in the search for further satisfaction, but so do protective and risky behaviours. The instinct for self-preservation, in particular, which could be identified in the group with the need to find a stable life partner, exercising, or practicing Yoga, when taken to the

extreme of annulling any forms of discomfort brought informants back to disappointments similar to those faced when taking drugs.

Different activities as objects of interest could replace the consumption of drugs and alcohol. Similar to commodities, the use of those intangible objects emerged in the context of specific relations, however, through abstraction. They turned satisfaction into a general pursuit under the subject's control rather than it depending on the singular configuration of its occurrence. Such contradiction is even more strongly highlighted by the social nature of enjoyment described in the clubbing findings, where object-consumption on one's own would take up special significance (see p. 111). Anxious feelings emerged in the absence of indeed an object providing full satisfaction, either at the end of a night out or when group members came to the end of a drugsex session with a partner.

## **6.1. An Adaptation of Sigmund Freud's Theory of Fetishism**

Faced with the limits of satisfaction, the overvaluing of objects of consumption could protect informants from the anxiety that ensued. According to this function, drugs and alcohol can thus be viewed as working in similar ways to "fetish objects" in Freud's theory. Three elements can be differentiated in Freud's discussion of fetish: (1) its nosological description, (2) its treatment as a psychosexual pathology, and (3) the determination of its aetiology. According to the psycho-analytic method, treatment of a symptom by and large coincides with the uncovering of the unconscious reasons for its existence and it is believed that when those symbolic connections are brought to the subject's awareness by the analyst symptoms must

disappear (Freud, 1917a). Aetiology and treatment thus go hand in hand in psycho-analytic theory whereas their discussion falls beyond the scope of this study.

Leaving its therapeutic or explanatory value aside, however, Freud's theory of fetishism is still to be considered a central reference for the detailed nosological aspects of his work, informed by outstanding originality and based on a wealth of idiographic research painstakingly conducted throughout his life. In that way, Freud's concepts can be referred to as detailed descriptions of the sexual life of humans rather than as iatrogenic tools of a pathologising endeavour:

There are some cases which are quite specially remarkable – those in which the normal sexual object is replaced by another which bears some relation to it, but is entirely unsuited to serve the normal sexual aim. . . . But we have postponed their mention till we could become acquainted with the factor of sexual overvaluation, on which these phenomena, being connected with an abandonment of the sexual aim, are dependent. (Freud, 1905, p. 65)

The fetish was thus described as the non-genital body part or the object which substitutes in the fetishist's mind that which would provide sexual gratification, traditionally described as "normal" when occurring through genital intercourse. In its varying configurations, engaging in acts and fantasies with such fetish can become the sole way of gaining gratification, whereas in other cases sexual acts and fantasies still occur secondarily to its presence, imagined or real. Traditionally identified with bodily parts that are in some ways or another associated with sexual organs, fetishistic attitudes commonly extend to the overvaluation of hair, feet, nails as well as leather clothing and various pieces of equipment. According to Freud's definition, the fetish object constitutes a necessity in order to experience sexual arousal not deemed otherwise accessible to the subject. According to this view, then, the use of leather gear, for example, to embellish the sexual act rather than it being



the only condition making the act possible falls out of a strictly defined fetishistic phenomenology.

In relation to gay sex between men, sexual satisfaction occurs through interactions with the body of another man, ranging way beyond the act of penetration and including masturbation, kissing, oral sex, looking, and touching. In short, all sexual enactments and configurations where a person of the same sex is involved. This definition attempts to overcome the limitations Boellstorff pointed to (see p. 15), from a queer theory perspective, in relation the way sex is addressed in some literature exclusively as anal-penile intercourse where gender categories are taken for granted. Considering all sexual expressions between men, whether enacted or fantasised, reflects both the findings from my observations in after-hours where, despite the plethora of sexual expressions and arising interactions, I found little evidence of penetrative intercourse let alone whether in the presence of condoms (see p. 111). Such broad range of sexual interactions in club venues (Andersson, 2011; Dean, 2009; Downing, 2011), and also in public sex environments (Frankis & Flowers, 2007), has been documented in passing by some scholars but it has not yet reached full visibility in the health literature that mainly addresses gay party events as loci of HIV risk. Despite the seventeenth century sanction of sodomy as chiefly exemplified by penetrative intercourse with ejaculation of semen (Greenberg, 1988), Freud argued for same-sex behaviour to be expressed through a wide range of acts including masturbation and not limited to anal intercourse which, he thought, was originally a heterosexual practice (Freud, 1905). Hence, it seems limited to find in anal intercourse the only expression of same-sex desire which, when occurring without condom use, would constitute sexual risk behaviour.

Both subjects of sexual deviance from the “norm” of reproductive intercourse, the fetishist and the homosexual do not actually overlap in Freud’s work. While the

former, typically a man, finds in a body-part or an object pertaining to the heterosexual partner the substitute for sexual gratification, the latter draws sexual gratification from “proper” sexual acts predominantly or exclusively with someone from the same sex. Furthermore, the use of concrete objects commonly identified as fetish in popular culture does not necessarily constitute a fetish for the subject. In order for that to occur, he or she would have to turn to such object as the necessary condition for sexual gratification to occur by substitution. Other objects, however unusually identified as fetish, could in principle be vested with this function when such condition is fulfilled.

“Gay fetish” objects are here to be defined as those objects that either substitute a same-sex partner in sexual behaviour or necessarily accompany sex with him. This description is somehow an adaptation of Freud’s original concept because it considers as gay sexual behaviour acts, such as seeing and oral sex as long as they are aimed to someone from the same sex, that at his time constituted other forms of perversion (Freud, 1901/1905, 1905). However, such an adaptation can be argued (1) to be consistent with the a-pathologising stance on gay sex outlined above, (2) is relevant to the shifted attitudes towards what is considered perversion in contemporary society (e.g. kissing or oral sex), and (3) is contingent to retaining male-male sex as the focus of this study. By all means, these three elements might be removed with the result of generating alternative adaptations of Freud’s fetish concept, also productive of valuable analytic insight. However, due to the limits of this project, I have to content myself with this theoretical configuration as a temporary and limited way of making sense of the results from the two studies I carried out and in light of the literature discussed in Chapter One.

In his later paper on Fetishism, Freud (1927) associated the substitute object with imagining the other as identical to the self. In their always incomplete

understanding of the female body, men are faced with the radicality of sexual differences. Instinctively, they are deemed prompted to imagine the other's body as identical to their own, however, the emerging of incontrovertible evidence of physical difference prompts curiosity and further exploration. When faced with the discovery of the other sex, men were deemed to elaborate fantasies that at first would explain it via recourse to identification. The fetish object, Freud's argued, allows men to preserve those fantasies through the substitution of sameness with another object. The threat embedded in difference would thus be avoided.

If we are to understand sexual differences in intercourse as active versus passive structures, passive pleasure can engender challenges in a social context where men are traditionally represented as active. In other words, when men enact a passive role their masculinity is abdicated together with the power features they might enjoy in a patriarchal society (see p. 169). Similar fears were notoriously described by Freud in the Wolf Man case study (1914) and resonate with contemporary research describing how drugs help masculine gay men turn into "total bottoms" (Halkitis et al., 2001; Race, 2009a). In sexual terms, both my informants (see p. 115) and the literature (Palamar, Kiang, Storholm, & Halkitis, 2012) indicated the difficulty of holding an erection while "under the influence" of drugs and alcohol, which, following Freud's description, can thus be interpreted as embodiment of castration anxiety. Depending on social circumstances, physical punishment is indeed well documented to ensue from the sanctions that are variably enforced at certain times and places in history. For example in XIII century Spain and XV century Bologna sodomy was punished with castration. In XVI century England the secular crime of "buggery" was punished by hanging, with some 78,000 alleged executions during the reign of Henry VIII (Greenberg, 1988).

## 6.2. Jacques Lacan's Discursive Revision

According to Lacan's revision of Freudian theory, desire faces subjects with the inaccessibility of full satisfaction while requiring them to engage in symbolic relations as determined by social circumstances and articulated through language. Following from that, it is the subject itself that is expected to perform the function of the fetish in standing as the cause for Other's desire, rather than the object of love (see p. 216). Rather like the image of the phallus and the lifting of a covering veil described by Lacan from a painting in Pompeii, standing as subjects can lead to the emergence of the shame of being ever unable to provide full satisfaction to the demands of another. This is related to the function of the gaze that, in addressing the self from the Other's viewpoint, raises awareness of the smallness of oneself in relation to the Other's desire (Lacan, 1981). Shame operates thus to inhibit such process and leads subjects to find substitute objects expected to fulfil that role more adequately. In Lacan's view, however, this would be an illusion based on the disavowal of the limits that reoccur in the pursuit of satisfaction through the use of any object. The fetish, thus, can be conceived as substitute to the emergence of a subject that is socially accountable in its limits. Furthermore, it preserves a fantasy that (1) full satisfaction can still be accomplished through further pleasure or pain, and (2) intersubjective difference can be reduced to sameness by explanation.

Accepting the lack of full satisfaction, for Lacan, permits the subject to enter the realm of linguistic communication and to form part of a web of social relations structured like a language, where each subject acts as a signifier for another. Such discursive construction of the self is corollary to acknowledging language as the "discourse of the Other" and the contextual relinquishing of pre-verbal gratification exemplified by the mother-child dyad. Forming part of the web of social relations of

the time and place we inhabit in history also means being subject to the Law in force, attaching consequences to one's actions. "Symbolic relating" also involves for subjects the impossibility of full belonging or identification with a group and the ordinary facing of exclusion, as the experience of "being cut off" on some level from others through misunderstandings and misapprehensions. In-amendable differences constantly at play in everyday life are indeed deemed to face everyone standing as cause of the Other's desires.

### **6.3. Substances as Gay Fetish**

Following from the aim of this project, my second question addressed the relevance of necessarily associating substance use and same-sex sexual expressions in the life of a small but significant group of people (see p. 39). Whilst leading to expressions of sexual desire, drugs took precedence in the interactions of my informants when they planned a night out. As desire came more fully to the fore during the time out clubbing, they were drawn towards more consumption rather than to leaving the party and going home with someone. The sexual experience, moreover, could be impaired by the effects of substances interfering with the capacity to hold an erection or making sex unpleasant. In the group discussions substances took primacy as the element most directly associated with the anticipation of enjoyment in the service users' mind in spite of all recurring disappointments. Some seemed more comfortable and willing to engage in discussions around drugs than to address other aspects in their lives. They often became frustrated with us co-facilitators when we expressed little interest in drug use per se or withheld judgment for the practices that were being described. It was as if the discussion on drugs was filling the group too as a space that would have otherwise been left empty.

According to the strand of research that I have presented on p. 35, tangible and intangible objects (e.g. services) can be consumed in the pursuit of pleasure or fulfilment of a need. It is noteworthy then that object-consumption seemed to be socially determined in both settings of my study. Club-goers exchanged substances and experienced their effects as imbued with sexual expressions, whether they were directed to an individual partner or enacted through fantasy. Group members described their difficulty in refraining from using while this would bring them to feel close to another.

Along with the reversibility of sexual positions in spite of gender differences traditionally perceived as fixed, it is important to highlight that objects can thus be charged with a fetish function in relation to sexual desire per se, not exclusively homoerotic. The presence of the object as product of a personal relation does not discriminate between the biological sex of the subjects involved, so the function of the fetish does not change depending on whether it is used to overcome the finiteness of the experience of enjoyment with a partner of either same or different sex. Rather than drawing again on a pathologising model for homosexual behaviour, it is important to acknowledge that such fetish function could apply to heterosexual desire as well as many other expressions in ordinary social exchanges. However, the consumption of objects with such function in a state of exception (see p. 251) from homonormativity would indeed qualify them as “gay fetish” (as described on p. 238) as opposed to the different sexual functions they could fulfil.

#### **6.4. The Discursive Production**

Similarly to informants in the group, researchers in the field have drawn attention to drug use among MSM as the main risk factor in spite of the complexity and variety of facets affecting people’s lives (see p. 14). Following from the AIDS

epidemic, some health researchers have looked for connections between the use of substances and sexual risk behaviour among men, namely the occurrence of unprotected anal intercourse in turn leading to HIV infection (see p. 21). This body of literature has provided inspiration for my first research questions, as introduced on p. 1. While justified by the seriousness of the epidemic and by the fatal nature of the condition at the time, the changing nature of HIV in presence of more effective medication leaves today perhaps more space for addressing other aspects that were not originally deemed as high priority. First, anal sex has been regarded as the main and only form of sexual behaviour between men as typically occurring in gay scene venues (see p. 27). Second, it was also assumed that sex on drugs could be just so enjoyable as it is imagined to be according to anticipations and messages before using (see pp. 135, and 199). Justified by the high incidence of HIV diagnoses from MSM modes of transmission, this line of research has focused exclusively on the link between drugs and unsafe sex in relation to homosexual behaviour, whilst similar risks may be encountered in the general population (see p. 16) especially in relation to alcohol, which is far more widespread and socially tolerated. Third, a vulnerable group of people has been identified as associating compulsive drug use and unsafe sex without further exploring variables such as trauma, deprivation, social exclusion, marginalisation, neglect, and childhood abuse (see p. 192).

It can thus be argued that the above mentioned literature reflects the creation of substances of consumption as fetish for gay subjects by means of discursive production. Quite like the messages in scene venues, drugs and alcohol have been given exceptional significance, which in relation to gay sex becomes rather peculiar. Substances allow to “do away” with discussing homoerotic desire towards another and attract stigma that had once been associated with the homosexual act. They make visible as discrete objects what is most evanescent about human interactions:

the experience of desire. Substances might thus protect gay subjects from facing questions around the behaviour they engaged in and delegate causality, hence responsibility, while avoiding the social consequences of engaging in gay sex as most variedly configured in men's interactions (see p. 234).

## 6.5. From the Fear of Punishment to Anxiety

Oppressive attitudes towards same-sex sexual expressions can be stemming from the social context, the psychological make-up of an individual, or, most likely, a combination of both. The influence of internal and external homonegativity on personal distress and risky behaviour is well documented in the literature (see p. 26). Yet the occurrence of physical forms of punishment seems outdated in contexts where homosexual behaviour no longer constitutes a criminal offence. Looking back in history however, a plethora of physical forms of punishment have been inflicted for some 600 years to homosexual men, often with specific sanction of penetrative acts with ejaculation of semen (Greenberg, 1988).

Since 1967 and the decriminalisation of homosexuality in the UK, this eventuality has lost its reality status. The medicalisation of homosexual behaviour, however, has still required subjects to undergo some form of treatment to "cure" their desire. This can reveal a disconnect in personal attitudes as separate from external reality (Freud, 1915; see also p. 110), which has only recently changed. Hence the legacy of corporal punishment still carries the significance of involving the body in the social, legal, and political domains. *Corpus* represents for Agamben the subject of contemporary political life and democracy (see p. 149), as engendered in the body of Homo Sacer in the state of exception. The "rawness" pursued through embodiment at the party event, for example, can be seen as the result of the "inclusive exclusion" of norms which regulate the sexual behaviour of subjects.



While the real occurrence of corporal punishment for men who have gay sex is today an unrealistic concern in the UK some people still find themselves striving for participation and inclusion in civil life, conscious of sexual differences and the prejudice they attract. Sexually, some men may fear that on some level relinquishing their masculinity might be the necessary condition in order to be passive in sexual intercourse. According to this view, it would not be possible to be considered “men” while being the recipient partner in anal intercourse. Drugs and alcohol might help with that, in making it more difficult to hold an erection and thus be the active partner. Furthermore, reference to the drugs can be made after the events by way of explaining the sexual act one has engaged in, thus allowing men to “rescue” their own masculinity. After all, one can say: “drugs made me do it”...

Elements of denial of one’s sexuality, internal conflicts, anxiety (see p. 213) and self-hatred (see p. 222) are shared experiences and leave subjects with the wish of finding relief through using substances as ways of coping. Bux’s (1996) argument around problem drinking in relation to social discrimination (see p. 25) can be taken further by acknowledging that exclusion, being “cut off from society” (p. 10), is not solely enforced upon people engaging in same-sex sexual behaviour, once threatened by physical sanctions (see p. 236), but faces each person who wishes to live their life authentically. In that, recourse to object consumption to relieve anxiety from social intercourse cannot be viewed as an anomaly of gay men.

The lack of full satisfaction is central, for Lacan, to the acceptance of desire as at the same time unlimited on the symbolic plane and bounded by lack on the physical level. The occurrence of unprotected intercourse together with drug use among MSM (see p. 30) constitutes both a risk and the product of three overlapping layers of complexity: (1) the health discourse of sexual disease and mental distress, (2) the legal discourse around the status of substances being used, the way they are

used, and issues around HIV disclosure, and (3) the moral discourse around what is appropriate sexual behaviour. All these three levels involve consequences, so real as socially relevant, for those who engage in these practices. For example, experiencing side effects from HIV medication or distress from drug overdose subsequently to having had gay sex both constitute real facts and objects of the prevailing health, legal, and moral discourses at this place and time in history. A distinction, however, needs to be made between what is desire for the subject and his behaviour. Conceptually, to be present to one's own sexual desires (see p. 183) does not necessarily involve to act on them, although to my knowledge empirical research on this is lacking. Furthermore, it has been argued that behaviour can be the result of desire that has not been thought about or expressed through language. For the purposes of risk taking, it is perhaps obvious to point out that sexual behaviour can be risky and not desire in itself, leaving the subject symbolically free once the limits to the pursuit of full physical satisfaction can be tolerated. Drugs, like any other objects used to gain gratification, are involved in forms of behaviour that enact desire and thus make it evident to their users. However, as with many types of behaviour, the risk element is a reminder of the limits that reality faces us with. So it seems, as a protective factor, that emphasis should be placed on the agency of the subject as able to withstand the sense of absence ensuing from any form of object-consumption in its singularity.

## **6.6. Standing Gay Shame**

As discussed in depth through Chapter Five, shame was for informants in the group study the main mode available for self-relating, supported by a psycho-social context that was not tolerant of the possibility of men who, in full awareness, could desire other men. Worthlessness, as its discursive correlate, was predicated on the

conviction of a fundamental flaw in the self, in turn validated by the attainment of either a health condition or harmful outcomes. Drugs and alcohol could thus function as commodity objects, rather like money, to affirm through their abstract value the universality of the subject's desire.

The exchanges, however, that occurred between a person and another, and the emotional consequences resulting from them, are by definition contingent and specific. Consuming drugs and alcohol while having sex with someone, as a social experience, faces subjects with the limits of satisfaction. It is then difficult to understand the dynamics of substance use without placing drugs and alcohol in the context of the social relations in which they are consumed. Given the primarily sexual nature of the encounter, substances can be deemed to act as both products and vehicles of desire. Through offering and accepting objects of consumptions, subjects find themselves in relation to another and exploring new needs. Through consumption, new pleasurable experiences occur and feelings towards another are enhanced. The anticipation and excitement for higher levels of satisfaction brought with itself the necessity of further using in after-hours, and concurrently created a situation whereby satisfaction would come from sexual interaction with another under the effects of substances. In a variation of Lacan's formulation of desire, we can see how the Other is here constituted with the substance as the pair with the privilege of satisfying one's needs (see p. 35). What once was contingent to the encounter of two people becomes like an imaginary object to be pursued over and over again. Through doing that, the effect would be to defeat the finiteness of pleasure and the loss of one's own idealised expectations when faced with the return to reality.

This theme was presented in the group as most problematic: the chase of further and further levels of enjoyment and the feelings of emptiness that resulted from it. Substances, as fetish objects, filled with presence the lack that constitutes

desire. However, the more group service users had recourse to them, the more they were faced with the sad feelings stemming from the absence that resulted.

## **6.7. Addressing Destructiveness in Health-Seeking**

### **Behaviour**

From the perspective of the informants' dissatisfaction, a pattern along Freud's repetition compulsion (see p. 194) could be described which involved a sort of accelerated way of behaving that threatened, at its extreme, the survival of the individual. With regard to the behaviours actually enacted, however, service users did not only complain about the effects of drug use. Although they were accessing a psychotherapeutic group hosted by a drug agency, hence the bias towards reporting on the negative consequences of using, some members complained about a number of other behaviours producing similar levels of distress. This could involve activities perceived as "healthy", such as exercising, searching for intimacy, and Yoga training. One of the major findings from this project thus indicates the difficulty to separate out healthy and risk behaviours in fixed terms. Rather, both were interchangeably pursued and, to the extreme, both brought some level of destructiveness.

In their review study, Drumright et al. (2006) associated the use of club drugs with sexual risk factors in a causal relationship. Their model could support either a construct of risk as inherent to specific substances or to individual personality types (see p. 21). Highlighting the dangers of drug use and unprotected behaviour in relation to MSM as at-risk individuals, however, further supports the pathologisation of sexual desire (see p. 29). Findings from the psychotherapeutic group presented in Chapter Five show how apparently health-seeking endeavours can lead to further distress and risk taking. It is thus the case to argue that risk, as variedly configured

depending on the individual circumstances, is embedded in many forms of object-consumption and in various personality types. The question then needs to shift to the function that objects fulfil in relation to the subject's desires, rather than focusing on types of subjects or objects as intrinsically risky.

Pursuing pleasure and pain at the expenses of the limits through which their very experience makes itself enjoyable might lead to subjects leaving others or, to the extreme, stepping out on themselves. This could be related to the perception of abandonment as if to make themselves immune from the emotional pain associated with it (see p. 207). The reader and I, however, must be careful to associate destructiveness only with those enactments, in that leaving others might be at times the safer strategy available for the survival of the individual. Rather than crudely associating destructiveness, or a certain death wish however defined, with those instances we ought to realise that the pursuit of full satisfaction from any individual object of consumption is in itself destructive. Hence leaving others might be a necessary safety measure that the subjects need to put in place if they do not want to go along with the pursuit of pain and pleasure to the extreme. From the group study, it emerged that the pursuit of fullness of satisfaction through objects was destructive in its consequences, even when that took the form of a wish for closer intimacy with another.

## **6.8. Varying Experiences of Trauma and Interchangeable Fetish Objects**

A second major finding from this project addresses the way that substance use has been framed in the literature in relation to distressful affects. Edward Khantzian (1985, 1997) argued that drugs are not casually chosen but, thanks to

their individual properties, they medicate distressful emotional states that often arise from early trauma. Others (Martin, 2011; Valentine & Fraser, 2008) have pointed to the pursuit of pleasure as conjoined with the pain resulting from drug use and the social isolation that sometimes results from it. Informants in the group study described varying levels of violence and trauma through their lives. However, the affective resonance of those memories presented itself many times with similar intensity. Ordinary experiences of disappointment were also mentioned interchangeably with memories of abuse and neglect as triggers for further “chaotic” use of drugs. As a result, it seems impossible to ascertain the objective contribution of trauma, and the focus ought rather to shift to the stimulation that drugs provide to their users. In this regard, informants were clear that pain and pleasure interwove and it was impossible to separate them out.

It is fair to say that some group members, within their agency, pursued pleasurable and painful states as exciting and stimulating (see p. 201). This is supportive of the more general theory of ambivalence of feelings towards an object, originally formulated in Freud’s (1915) work. What is different from Freud’s instincts theory, however, is that he framed the object as the most changeable aspect of one’s instinctual life. According to his theory, objects could be replaced with one another or at once provide satisfaction to many instincts at the same time. Drugs, on the other hand, in conjunction with sex, were often the main objects providing gratification in spite of any experience of absence or disappointment. Their effects could make disappear the emotional loss of another (the partner, the friend, the caregiver) through an operation of abstraction and the provision of enjoyment under the control of the subject. In that, drugs operated as fetish, rather than simply an object of satisfaction.

What seems ignored or discounted then is the specificity of enjoyment to each moment in its singularity and the loss caused by its ending. Experiences of connectedness, whether or not accompanied by drug use, were located in the past among memories defined by their finiteness. What seemed most problematic for informants in the group study was not so much the individual object of their consumption, but rather the fact that through recourse to these objects they tried to recreate past feelings and situations that were forever gone. Contrasting with that, the experience of desire as situated in the present moment could only be made sense of once it is gone. Sometimes this occurred through the verbal re-enactment of events in recollection with others. Hence the significance of language in bringing to life renewed anticipations and expectations.

While preparing before a night out and during the time out clubbing, my informants and I were drawn into an intensity of feelings attached to the anticipation of the experiences that would follow (see p. 135). Conversely, language in the group allowed members to address the frustration they had experienced and to familiarise with silences and gaps as reminders of earlier losses and disappointments. It is thus possible to describe language as a social tool that symbolically faces subjects over and over with the pain of their existence. Through its evocative function, language elicits imagination and expectation (see p. 102). In the vacuity of verbal connections, however, it also reminds subjects of the inaptitude of object-consumption in granting access to fullness.

## 6.9. Embracing Homoerotic Desire in the State of Exception

### 6.9.1. The emergence of desire through object-consumption.

Starting with an exploration of London's gay scene venues, my observations have concentrated on after-hours due to the high prevalence of drug use and its relevance to the literature introduced in Chapter One. In response to questions on the emotional significance to club-goers (see p. 39), substance use and consumption took up consistent functions. Following from the cultural studies' analysis of objects and their significance in party events (see p. 4), tangible and intangible objects were described to interchangeably represent valuable forms of symbolic "stock" allocated unevenly among club-goers according to multiple yet compatible signifying hierarchies. Drugs put them in touch with their needs of another through a preliminary experience of privation: their symbolic value was determined by the relational potential in exchanges. By anticipating enjoyment from consuming those valuables in emotional and bodily transactions of various kinds, subjects felt enabled to express and embrace their constitutive sexual desire. The venues offered a uniquely safe space: same-sex attraction could be celebrated thanks to its public endorsement. Not exclusively a male-dominated place, women could also actively pursue men without feeling harassed or intimidated; admission policies and the vigilance of staff guaranteed the absence of fights, and polysexual fantasies could be engaged in thanks to the exotic imagery of the shows.

These findings around the non-specificity of after-hours to same-sex sexual behaviour might seem inconsistent at first with the overt branding of those events as gay or gay-friendly. While it is true that selection at the door was operated in order to



test the familiarity of attendants with the gay scene, and particularly heterosexual men were sometimes directed elsewhere (see notes and commentary on p. 131), in my observations I met both heterosexual men and women. In light of Freud's primacy of positions in the sexual act rather than that of gender, these findings are consistent with the earlier discussion (see p. 15) of Boellstorff's critique to using the MSM concept in the literature while taking for granted "men" and "sex" categories without questioning the broader overlap across practices and the reversibility of sexual positions. Symbolically, this requires the revision of power configurations as traditionally associated to men in light of a more flexible understanding how positions of responsibility and accountability are shared between men and women in society, regardless of what is considered their individual biological sex.

However, taking drugs through clubbing ultimately aroused dissatisfaction in the occurrence of distance from unavailable others or the finiteness of the enjoyment's fullness and peak. Despite the sensual messages, the fantasies conjured up, sexual arousal, and expectations, sexual intercourse was not visibly consummated due to both the unfavourable layout of the venues and the side effects of some substances. Defeating such finiteness and experiencing outside reality as an intrusion tempted club-goers to carry on partying beyond the naturally occurring boundaries.

Pursuing satisfaction in the clubs through object-consumption, whether tangible or intangible, fits well with Oliver's (2010) formulation. What this means for club-goers is the identification of others and themselves as providers of objects to share through consumption, from the drugs to each other's bodies. The value of such objects, consistent with Woodruff and Gardial's (1996) definition, moves beyond a particular instance of consumption and depends on the subject's desire. Hence, the experience of satisfaction is limited and finite, on the one hand, and faces

users with disappointment but, on the other hand, also joins club-goers together in expressions of desire. As per Lacan's (1977c) description, the pursuit of satisfaction faces the subject with a returning of one's needs alienated in interactions with another. Meanwhile, those exchanges are filled with erotic significance and lead to a form of relating whereby both parties are to stand as causes for their desire.

Consuming objects in the clubs manifested itself through transactions of different kinds resembling the features of a market economy. Club-goers as consumers enacted and enjoyed various clubbing styles and the substances or services made available. On the one hand, enjoyment through consumption rested on experiencing the need for another which, embraced through desire, joined subjects together. On the other hand, the "spending", or the depletion of value in the object of consumption inevitably turned the other's presence into an absence, calling for more consuming.

While carrying Lacan's significance as expression of desire, those exchanges are also important in expressing communitarian, caring, and belonging feelings. This resonates with Kozinets' (2002) findings, even in such an anti-market celebration like the Burning Man. Hyde (1999) further linked exchanges and gifts with the emotional and erotic life of the those taking part.

### **6.9.2. Substances as fetish products of the state of exception.**

In contrast with the risks involved with club drug use among MSM, a pervasive sense of safety in the clubs that I have visited begs questions around the uniqueness of such a setting in comparison to others. Furthermore, the lack of suitable spaces for sexual intercourse revealed embracing desire as a tension beyond the satisfaction of needs. Such evidence was testament to the experience of that tension as a significant feature of after-hours clubbing.

Continuing the report of my participant observation from the party setting, Chapter Four has focused on the function of the club in providing a space at the border between practices that could have been framed as illegal or legal, moral and immoral, sometimes more risky than protective. At the periphery of the tourist, commercial, and historical landscape of London, in areas that have been defined as “gritty” and post-industrial, after-hours reflect both forms of resistance to the desexualisation and the sanitisation of contemporary gay culture (Andersson, 2011) and an enactment of practices of exclusion at the gates of morally appropriate behaviour (Foucault, 1967). The separation between the space enclosed by these venues and the outer world can be related to a number of parameters: informants seemed clear that a different way of partying was embraced there through the use of drugs, as opposed to other venues even on the gay scene. From the analysis of my fieldnotes, a somewhat related yet different theme has emerged around bio-political norms of reproductive governance. It was as if, during the time out partying, those norms were still present albeit suspended. Agamben’s state of exception has been employed as an analytical concept to explain this ambiguous depiction. It has been helpful to conceive of after-hours as liminal spaces where pure and impure interwove and life converged towards *bare life*, i.e. life that can be killed without committing murder or sacrifice. This condition was emblematically represented by the figure of Homo Sacer, inherited from ancient roman law and describing the condition of someone who, on account of a crime, could be killed by anybody but could not be sacrificed in the name of ideal principles represented by the gods.

While being the objects of ambivalent feelings and producing contrasting effects, drugs can be thus described as fetish objects of consumption produced in the state of exception where norms around appropriate sexual behaviour can be inclusively excluded. As exceptionally constructed fetish, they were able to provide

club-goers with access to sexual desire that would otherwise be hidden or disavowed. Masculine men could accept their “loss of masculinity” as a physiological side effect while expressing attraction for other men.

This suspension of norms in the state of exception needs to be considered in conjunction with the long history of criminalisation of homosexual behaviour: far from it being enforced through corporal punishment and other sanctions, exclusion was operating symbolically through the suspension of moral restraints and health concerns. For Agamben, such a state does not affect only marginalised individuals but it is a general condition of subjectivity in contemporary society.

The separateness of the club space from mainstream values has been often described through the concept of subculture (see p. 4). Stemming from the sociological study of deviance in the 1960s, this concept was helpful in highlighting the ambivalent forms of signification and communication around *double entendres* and the objects’ double meaning. Furthermore, it highlighted the function of moral panic in feeding the popularity of subcultural forms of styles and consumption. Because of its strict opposition towards a “parent culture” and the rebellious features inherently implied, the concept of subculture was deemed here secondary to that of *threshold* formulated by Agamben (1998, 2005). It is not possible to affirm that gay dance parties and their participants are essentially anti-normative, however we can see how that was the situation in past cultures where homosexual behaviour constituted a criminal offence or a medical condition. Furthermore, relations with figures of authority in the club I visited were positive and friendly and staff benefited from this feature while overseeing club-goers and being accountable to external legal and health authorities.

Through the presence of trust between club-goers and staff, informants entering the club were able to leave symbolically behind their possessions, carrying

value towards the outer world, to strip off some of their clothes and “lie bare”. The venue was in charge of regulating the administration of enjoyment through the timed opening of different rooms, the choice of music, and attendance to toilet cubicles where club-goers could find some privacy. Through thorough searches and examination at the door, informants could gain admission as a form of symbolic validation for the self, while body parts and places to hide drugs concurrently multiplied.

References to “raw sex” together with the altered effects of consumption were present as ambiguous objects of communication; however, the actual occurrence of penetrative acts was not witnessed in my observations. This is consistent with a body of literature pointing to the difficulty in having intercourse whilst on drugs (see p. 236). The ambivalent content of communicative exchanges left space for contrasting feelings to emerge, from peaks of enjoyment in the presence of the concerted correspondence of burst of lights, music climaxes, attractive looking men in the surroundings, to moments when shame was subversively re-enacted through sarcastic remarks. “Fullness” was both reported as a real experience for those taking part and as an illusion regulated by the planned sequencing of leisure attractions and the club space opening. Similarly to the effects produced as a result of the self-administering of pleasure through drug consumption, club managers affected and regulated the levels of enjoyment in the attendants.

In the absence of those experiences, frustration was sometimes present in the form of anxiety. Also witnessed in my own personal notes and in relation to my own embodied presence in the club, it came with a certain wish to hide and the emergence of the gaze as a structure representing exposure to others in one’s own mind. This operated both the turning around of shame upon itself, by facing the prospect of falling beneath the demands of the Other, and the internalisation of the

Other with the realisation that the individual's presence did not make a material difference in the club. Frustration with the end of partying and the need to return to ordinary life also prompted a wish for more, which could be pursued through moving to a different venue or to someone's house for a chill-out.

Extensive research on gay clubbing, from both epidemiological and cultural standpoints, has conceived it as an expression of (sub)cultural homogeneity. Yet to find in the pursuit of same-sex sexual desire in club settings the grounding for a homogeneous culture raises some questions. Club-goers from different parts of the world bring to urban venues their ethnic, linguistic, cultural, and gender differences. They also differently identify with same-sex desire as their prevalent sexual orientation. Coupled with the multiplicity of clubbing styles performed during the same night, my observations support Perrone's (2009) criticism towards a subcultural understanding of dance club practices.

The concern over risky sexual behaviour, in conjunction with club drug use among MSM, also motivated my inquiry into London's gay-friendly after-hours. Both my fieldwork and others' in similar venues (Measham, Wood, Dargan, & Moore, 2011; Wood et al., 2012) have confirmed the high level of substance use. However, on the one hand, the population's heterogeneity suggests looking for contributing risk factors beyond the parameter of sexual orientation. On the other hand, the perception of safety in these venues invites us to question why, still for many MSM, expressions of same-sex sexual attraction might be limited to this setting. Finally, a distinction is required between various groups of club-goers in relation to the frequency of their attendance and the importance it carries in an individual's life: it can be argued that the risks undertaken change accordingly.

## 6.10. Escaping Anxiety and Giving in to Shame

In response to the initial question around what makes substance use problematic and how that undermines further life enjoyment for some MSM (see p. 40), the data presented in Chapter Five describe some of the personal difficulties faced by MSM who access drug services seeking help with problem use of drugs and alcohol. It highlights the importance of affirmative services for clients expressing a wish for belonging to a supportive community and for more satisfying relationships. However, it also describes the significance of gay shame and the associated convictions of worthlessness in re-enacting dissatisfying patterns of behaviour towards the self and others. Adding to the literature on MSM drug use, personal distress was related to acts carrying negligible HIV risk despite the service users' long history and familiarity with same-sex sexual behaviour. Resulting from judgments of one's own sexuality as dysfunctional, the occurrence of harmful events (e.g. psychotic episodes, overdoses, hospitalisation, arrest, and violent incidents) were made sense of as validations of perceived fundamental flaws inherent to the self.

Witnessing the enactment of those dynamics in the group resonated with Race's (2009a) description of "intensely bifurcated and isolated sexual subjectivities, in which guilt becomes the only available mode of self-relating" (p. 240). While Bersani (2011), also a queer theorist, inferred the very constitution of gay subjectivity through shame, it is important to emphasise the operation of shame on a spectrum. At higher levels, this study shows its association with more extreme forms of distress for the subset of MSM who present themselves as struggling with drugsex. Despite the social changes implemented in recent years (see p. 38), some group members expressed negative attitudes towards other gay subjects (for example on p. 175) and

gay sex (see for example pp. 176, 183) similar to those ascribed to internalised homophobia (Guss, 2000; Lewis & Ross, 1995; Malyon, 1981; Ostrow & Shelby, 2000; Reback, 1997; Shidlo et al., 2005). As a theoretical construct, this concept may be confusing as it tacitly assumes the sameness of other men as objects of either hatred or love. Sameness and difference were negotiated as problematic in the group in relation to a number of parameters, from individual substances of choice to modes of using, age, HIV/HCV status, and ethnicity. The importance of addressing shame can thus be deemed to involve acknowledging the co-existence of sameness and difference between inner features and states of mind, as well as in relation to others. Similar themes are well known in the broader drug literature as stemming from experiences of trauma, childhood sexual abuse, and neglect (e.g. Khantzian, 1985, 1997; Martin, 2011; Valentine & Fraser, 2008). The addition that the present findings bring to the existing literature is also related to the way data was gathered through non-directive methods. Although surely carrying out the study through a drug service and its psychotherapeutic endeavour shaped the type of narratives that emerged, these might nonetheless resonate with people who seek help with similar problems. Also, participant observation in dance clubs was sensitive to how drugs and alcohol were experienced in a leisure setting outside the drug service, thus providing some triangulation to the findings (see p. 57).

It thus seems important to explore self-harm among MSM, as with the general population, in function of factors other than sexual orientation per se. The search for sameness, here named homophilia (see p. 172), was found to be important in motivating clients to access the group to start with. This longing for a community to be part of was strongly predicated with an identification with each other, their struggles and needs. Assuming sameness in the group featured strongly affirmative



feelings allowing, especially at the beginning, to disclose hidden aspects of the self and to fully discuss shame in relation to those.

Unlike other studies on MSM drug use, the sexual acts my informants had most trouble with were not involving UAI and carried negligible sexual risk. This highlighted the need to consider harm and sexual behaviour as conceptually separate in research. Shame made it extremely difficult for clients to be present to their own sexual fantasies and desire: they could mainly be enacted with the aid of drugs which accomplished pleasurable and painful states and could thus be deemed responsible for the practices they engaged in. Harm nevertheless was reported on in relation to a number of parameters, from life-threatening accidents resulting from drug use to psychotic episodes, suicidal attempts and ideations, incidents with authorities to do with the possession and use of illegal substances.

Whereas researchers have been vocal in highlighting the association with HIV risk for this population, the clients' perspectives of distress in relation to substance use have sometimes been left behind. The group study demonstrates a connection between some members' shame around their sexuality, its impact on the quality of their relations with partners, and the repetition of dissatisfying patterns of behaviour. In turn, harmful consequences from those behaviours, pushed to the extreme, were made sense of as validation of the clients' worthlessness and those convictions fuelled further distress according to the process represented in Figure 3.

Emerging from group reflections around the distress attached to extreme levels of object-consumption, either through drugs or healthier pursuits, a sense of emptiness was associated to various types of disappointments. Rather than reflecting a unique source of emotional pain that would require medication through drugs, informants reported experiences that were highly pleasurable and painful at the same time. Contrary to the self-medication hypothesis (see p. 24), the stimulation

pursued through object-consumption resembled Freud's (1915) description of pleasure and pain as interwoven. Furthermore, the pushing to the extreme of those practices resembled the pattern of repetition compulsion (see p. 194), whereby service users were pursuing stimulation ever more strongly in spite of the consequences that were occurring to them. When rejecting the awareness of lack as intrinsic to desire, they could also be deemed to refuse to accept some differences embedded in the symbolic realm of social relations. Drugs therefore acted as fetish objects in that they supported the disavowal of such realisation and allowed service users to engage in what they described at times as states of dilution/delusion (see p. 199).

## 6.11. Conclusion

This chapter has outlined a theory grounded in the triangulated findings from the two studies forming part of this project (see p. 3). Going back to the original question, the significance of drugs and alcohol to MSM was addressed with reference to the data from participant observation in after-hours and in the group. With the elements of sexual expressions and desire being central in both, substances fulfilled a specific function in relation to them. This was most aptly described by Freud's definition of fetish as substitute of sexual objects in the attainment of sexual gratification and arousal. While originally distinct from homosexual behaviour, an adaptation has been made to this figure to describe drugs and alcohol as "gay fetish" when used in strict relation to same-sex desire.

Premised on an "agnostic" recourse to such definition, it was observed how the overvaluation of these objects of consumptions could support users in "doing without" the acceptance of lack as intrinsic to desire. Lacan's theorisation of desire, on the one hand, was central to linking the absence of full satisfaction to the entering

the realm of social relations. Substances as fetish objects, on the other hand, were used to avoid assuming a position of responsibility and accountability for one's own sexual desire in face of moral and social acceptability. These findings complement a discussion on the relationship between drugs and same-sex sexual behaviour in the health literature as both the product and the vehicle through which such disavowal re-occurs.

Dependent upon addressing the importance of standing gay shame, otherwise fuelled by such disavowal, the main findings from this project centred on the destructiveness of certain health-seeking behaviour when used with similar aims to drugs and alcohol. Furthermore, they placed emphasis on the experience of distress as most consistent throughout the informants' accounts rather than that of trauma as variably encountered in their lives. The next chapter will take these elements further by discussing the implications and the limitations attached to the presented findings.

## Conclusion:

### On The Limits of Satisfaction

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Following from the findings of the two studies in this project, drugs, alcohol, and other objects of consumption have been witnessed to take up a specific function in relation to same-sex sexual desire between men. Through the overvaluation of their effects and the preservation of hopes for full satisfaction, substances as fetish objects can protect their users from anxiety attached to sexual behaviour and, at the same time, prevent them from becoming accountable subjects in social environments variably perceived as hostile.

In response to the research questions outlined in Chapter One, substances as objects of consumption are involved in exchanges that engender expressions of desire between subjects. Through offering, receiving, and consuming them as “gifts” informants were drawn into webs of social relations through which they also found validation, recognition, and feelings of belonging. Group members, however, described the distress caused by excessive levels of drug use when the object of consumption took primacy over the acceptance of lack for full satisfaction in everyday life.

The ensuing implications will be discussed here for those affiliated with these practices, educators, researchers, those working on prevention, treatment practitioners, and policy-makers. Attention will also be drawn to the position of these findings in relation to the outstanding literature outlined in Chapter One and their

limitations depending on the qualitative approach adopted, leaving space for further research to expand their reach.

## Implications

Due to the different elements of health, legal, and moral constraints (see p. 242) involved with same-sex sexual behaviour and substance use, proportional levels of responsibility must be acknowledged by researchers, policy makers, and practitioners. On the one hand, the stigmatisation of drugsex behaviours on these three grounds fuels the sense of shame in those who find validation of their own lack of worth through the attainment of harmful consequences. Ignoring the risk element present in these practices, on the other hand, ignores also the reality of users' at times extreme distress. In line with others' recent findings (see p. 23), further consideration is thus required for the specific, contingent effects of individual substances, and the different types of risk they raise for each single user.

### **Self-development.**

Frequency of party attendance, levels of involvement with drugs and alcohol, the ability to accept and find expression for one's own desire independently from the consumption of substances are all parameters that make risk complexly and differently configured for each man at different moments in his life. One of the major findings from this project has highlighted a difference between considering the self as subject of needs as opposed to standing as cause for the Other's desires (see p. 216). As gay subjects, men might find themselves identified, directly or indirectly, with objects of consumption. Every time that such objects fail to provide full and lasting satisfaction to one's needs, however, the gay subject is faced with those limits as a personal shortfall. Based on Lacan's concept of the gaze as a structure

representing exposure to others in one's own mind (see p. 113), when the gay subject falls short of another's demands he is faced with shame, in turn prompting to renewed object identification, consumption, and further distress (see p. 218).

Through recourse to their agency, however men can acknowledge that they are separate from any objects of consumption in that they are not determined by their needs. Depending on the singularity of particular circumstances and personal relations, and in light of past experiences, men and women can choose for themselves which objects are suitable for consumption, with whom to use them, how to take them, and how much to have. They can determine for themselves whether they wish to join, or not, in consumption with others, acknowledge desire as stemming from the position of the self in such relations, and remind themselves of lack as inevitably occurring through any experience of stimulation. Through agency, they can decide whether not to take part in situations that are harmful, distressful, or destructive for the self or others. These determinations are to be informed by full knowledge of the direct consequences of previous instances of consumption for the same substances.

Leaving certain relationships, situations, and groups, whatever their generous or outwardly loving intents, can sometime be associated with "walking out on oneself" (see p. 207), however it can other times be also the only way to avoid danger (see p. 224). Given the social dimension of relational dynamics and power, however, people might not be able to find validation for their choice through "mirroring" from others in those circumstances. Again, recourse to personal agency will mean for users to judge for themselves, through paying close attention to their inner perceptions as related yet different from outer reality, whether leaving will take one or another significance (e.g. p. 158). To that extent, each personal decision of

consumption cannot be taken to have always constant significance: it will instead have to be situated in the singularity of the circumstances in which it arises.

### **Education.**

Informants in the group study described not only negative attitudes towards their sexuality, often ascribed to the contexts of their upbringing (e.g. pp. 188 and 189), but also many personal stories of deprivation, trauma, sexual abuse, parental loss, and violence (e.g. p. 190, 192, 193, and 201). While the literature has been prolific in highlighting the connection between homonegativity in society and internalised homophobia as a factor of distress in gay subjects (see p. 26), this project puts such knowledge into question by calling upon the necessity of a conceptual differentiation between the internal perceptions of men who have gay sex and attitudes from society (p. 79). While memories of past traumatic events might be associated with personal vulnerabilities in current distressful states, it is beyond the scope of this project to objectively disentangle the respective contribution of each (see p. 218). What has emerged, however, is the function that shame and personalised discourses of worthlessness play in the perpetuation of distress in the life of gay subjects. Through those lenses, harmful outcomes (e.g. arrest, overdoses, psychotic episodes) and the attainment of medical, legal, and moral sanctions can be made sense as validations of those inner beliefs by a form of authority. In that, the pursuit of acceptance is accomplished in its negative form. It is thus important for educators to be able to withhold their personal opinions on sexual acts and substance use in order not to fuel those very behaviours that are deemed as accelerating of destructiveness in the individual (see p. 194). While this might encounter, on the one hand, the frustration of those who would like to place objects, whether tangible or intangible, at the centre of discussion, to hold a neutral stance

towards any substance might help individuals (1) accept that harm can be associated with any form of fetishistic consumption regardless of their legal, moral or health status, and (2) question their own need of belonging through object-identification. On the other hand, to familiarise oneself with the experience of frustration might lead to acknowledge desire as intimately constituted by lack.

In turn, to accept that gay subjects can party without having to incur necessarily in self-destructive behaviour to the extreme will counter the discourse of worthlessness (see p. 222), which would otherwise find validation in the attainment of harmful outcomes. Accepting that even protective and apparently health-seeking behaviour (see p. 245) can lead to distress will highlight a more nuanced picture of harm and how, or whether, it can be effectively addressed.

With regard to the consequences of prolonged partying and drug-taking, it is thus important to acknowledge the heterogeneity of individual configurations of risk. Harmful consequences might not be the same for all club-goers and, while some can face the limits of their enjoyment in occasional visits to the clubs and use of drugs, others might paradoxically find that refraining while engaging in health-seeking behaviour to the extreme produces more distressful consequences.

## **Research.**

Current HIV research highlights unprotected sex as the key problem for MSM. However, the variety of expressions engendered by same-sex sexual desire need acknowledgment in future studies while the association of psychological distress with acts carrying negligible HIV risk can be further explored. Sometimes these expressions might not even be considered as “sex” by those involved or their social context. In order to shift the focus from the interest of public stakeholders to that of individuals seeking help, the group study highlighted shame as a perpetuating factor



making subjects engage in the very same practices which they later feel guilty about (see pp. 183, 188, and 218). This occurred regardless of whether these practices are risky from the point of view of HIV transmission. Furthermore, recognising that social expressions of same-sex desire in party events do not necessarily entail full sexual intercourse will help de-stigmatise those social practices, otherwise associated with shame and, as a perpetuating factor, with risk.

Research on drug use and sexual behaviour significantly relies on self-reports through large-scale questionnaires and structured interviews. However, much has already been said about the validity of such measures with regard to behaviour that can be stigmatised, illegal, and shameful as a result (Bourgois, 1998; McBride & Fortenberry, 2010). Whilst reliability measures in newly devised survey questionnaires can attain statistical significance thanks to correlation in responses that are determined by the personal or societal unacceptability of certain behaviours, equally as predictably they fail to describe what actually happens (see p. 28). Hence ethnographic research and other unstructured forms of data collection carry great value by demanding from researchers a waiting attitude which allows for the informants' fears and authentic reports to emerge more freely. It also fosters trust and the development of rapport, directly benefiting those who are being studied. Important ethical issues, however, inevitably emerge as a result of such deeper engagement with human subjects and they have to be carefully considered at design stage according to the elements of reciprocity in participant observation (see p. 69) and the protection of informants' identity (see p. 61). When explicit consent has not been validly given, recording should be avoided in research on sensitive subjects for ethical reasons (see p. 65) and the re-production of interactions through the researcher's own and individual notes will add another layer of protection through the mediation of the latter's subjective involvement. A differentiation between

“informants” and “participants” is also required as the former are not subject to experimental manipulation or the intentional alteration of the object of study (see p. 66).

The consumption of objects as fetish has been described in association with distress when taken to the extreme of dismissing the emotional and experiential limits posed by the finiteness of enjoyment. This argument, which has been put forward in Chapter Six, was grounded in the social and psychotherapeutic evidence from the group study and is intended as neutral regarding gender and sexual orientation. It is hoped that being able to address situations where the consumption of objects, however healthy or unhealthy, normative or anti-normative, becomes the exclusive way of engaging with another can lead to identify other expressions of dissatisfaction beyond the boundaries of same-sex sexual behaviour.

On a theoretical level, these findings point to the function taken up by objects of consumption in relation to sexual desire, as leading to both enjoyment and distress. In addressing the initial concerns around the pathologisation of same-sex sexual behaviour (see p. 23) this framework is intended to provide more neutral alternatives to making same-sex sexual orientation the key parameter for studying risk and distress.

### **Prevention.**

In terms of prevention, the group study showed that harm related to problem substance use and sex might not be reduced by public messages making it more visible. Quite the opposite, subjects experiencing significant levels of shame might make sense of harmful outcomes resulting from extreme behaviours as validations for their own lack of self-worth and for beliefs of the self as uniquely and inherently flawed.

What is more important, then, is to work with the social prominence of drugsex as an established practice among gay subjects. Rather than giving visibility to harm, which is something users might know well about before even taking part in consumption, what is missing from public efforts geared towards prevention is the visibility of smallness and disappointment as intrinsic to those behaviours. Whilst being evident both from others' (e.g. Palamar et al., 2012) and my research (see pp. 115, 208, and 213) the accounts of those users who are experienced with sex on drugs have not yet been given public display. It will be effective, thus, to show how alcohol and drug use can impair the ability to achieve and maintain an erection, how it will increase those physiological effects greatly, how choices for sexual partners might be significantly impaired as a result, how long-term use might lead to impotence or decreased sexual interest and to the need to take other drugs (e.g. Viagra) to avoid being passive in sex, which is intimately connected to disinhibition (see pp. 37 and 242). Whilst selective towards some disavowed aspects of substance use, these efforts can be put in place to compensate the glamour that supports consumption of tangible and intangible objects either directly through anticipations of excitement (see pp. 101, 135, and 170) or indirectly through its prohibition (see pp. 130, 156).

Following from the discussion of desire as conceptually different from sexual behaviour (see p. 243) and in response to the problems raised around the practice of drug use and barebacking, prevention efforts might benefit from placing emphasis on the capacity to tolerate dissatisfaction. This is premised on the acceptance of lack as connate with the human experience of desire, so limited in its physical satisfaction as unbounded in fantasy (Lacan, 1999). In turn, it involves accepting that many forms of behaviour will face at some point consequences that might be harmful; however,

engaging with the dimension of “fantasy”, and being able to express desire symbolically, do not necessarily lead to their full enactment.

### **Treatment.**

Group psychotherapy is the most widely used treatment modality for substance misuse (Echeverry & Nettles, 2009) and gay and bisexual subjects often access those while presenting as “problem users”. From the group study (see Chapter Five) and literature by others (e.g. McDowell, 2002) on the topic, it is clear that users will be attracted to LGBT-orientated services that they can identify with to start off, building on the construct of homophilia described on p. 172. With regard to the setting up of psychotherapeutic groups addressing the needs of these clients, however, the presence of diversity might facilitate the familiarisation with differences as an essential part of treatment. It is therefore suggested that heterogeneous services will give equal visibility and representation in their membership to a number of different subjective features (e.g. sexual, ethnic, religious) presented by their clients. The open discussion of HIV and HCV status differences between clients is particularly salient to this population as an opportunity to confront differences that re-emerge even in same-sex treatment settings.

Implications for health practice revolve around the importance of tolerating anxiety and frustration in relation to the emotional exchanges occurring through social intercourse. This can be particularly related to practitioners holding a neutral stance towards treatment outcomes in relation to the individual substances in use. On the one hand, this is respectful of their clients’ different and changing attitudes towards the objects they consume and, on the other hand, it might leave space for those other aspects of distress to emerge through the course of the sessions. The significance of standing gay shame, as by-product of embodied danger-situation

anxiety (see p. 241), becomes then relevant not only for the minimisation of particular risks but also for the treatment of many types of emotional distress. Reliance on complete abstinence as a goal or prerequisite for recovery ignores the specific configurations of distress attached to individual substances and modes of using (see p. 167). Furthermore, taking part in such abstinence programmes often demands from clients to leave behind friends and meaningful relationships with the consequence of exposing them to further isolation and chances of relapse (see p. 177).

Users might relate to a treatment service in ways that reflect their attitudes towards other objects, in that the service itself might become an intangible object of fetishistic consumption with harmful consequences. To that extent, it is then paramount for practitioners to reflect on the significance of clients leaving as different from the occurrence of relapses or destructive patterns. Leaving a treatment service might in some occasions bring users to the realisation of their own agency with regard to any form of object-consumption and enable them to judge for themselves upon the consequences of such behaviour in their relationships outside the therapeutic setting.

### **Policy.**

Much of the ongoing debate regarding drug use has been around the legal status of substances. What emerged from this study, however, is that legality and legitimisation interweave in the consumption of a wide range of objects. Some drugs can be legitimately procured according to medical prescriptions and yet consumed for other purposes, including the control or enhancement of physical stimulation (see p. 123). Through binge drinking, alcohol, despite its legal status, has been shown to be, with methamphetamine, the only substance significantly associated with HIV risk

(Vosburgh et al., 2012). Furthermore, health-preservative objects (e.g. exercising) can be used to trigger pleasure and pain in subjects akin to the effects of illegal drugs (see p. 245).

It would be short-sighted, however, to claim that, since legal control can be ineffective, substances that are currently illegal should be made publicly available for purchase and consumption. While subjective attitudes towards using behaviour might be similar across objects, from the emergence of desire in social exchanges (see p. 97) to their “sticky” use as a form of protection from social anxiety (see p. 238), a measurable element of difference is attached to the direct pharmacological properties of each substance. While subjective attitudes can differently relate to interchangeable objects of consumption, it is a responsibility of the policy maker to discriminate between objects that, when consumed as fetish, have consequences that are measurably more harmful than others at comparable consumption levels. This needs to take into account that certain subjects might be overvaluing those objects beyond the particular properties stemming from their use, through which a wider range of social exchanges with people in society are replaced.

## **Positioning This Project in Relation to Previous Research**

Findings from this project provide a different perspective on claims raised around the causality of drug use in determining HIV risk behaviour among MSM (see p. 18). An observational approach aimed to study “from the ground up” (Casper, 1998, p. 18) the practices and the social worlds of groups also referred to as vulnerable (as recommended by Bourgois, 1999), or “at risk” (for example Halkitis et al., 2001). What has emerged is a somewhat nuanced account of risk and its complex relation to desire (Lacan, 1991) as a human experience of vulnerability in addition to the stigmatisation of casual condom-less sex (Dean, 2009). In that, these

findings call for a shift in the literature, so far addressing harm as a product of psychological or social deficits affecting MSM users (as pointed by Adams, 2010), to a framework that views the use of substances as part of a general pursuit for stimulation through conjoined pleasure and pain. The devising of correlational studies in previous health research (see Table 1, p. 30, and Table 2) has focused on parameters that were already available before engaging in data collection, namely drugs (for example Drumright et al., 2006) and mental conditions (for example Chartier et al., 2009) as factors of risk. This project has questioned such hypotheses-driven approaches by placing emphasis on the dimension of desire as intertwined with the emergence of lack from the search for personal enjoyment, an argument that has not yet been raised in the research field represented in Figure 1. Such an original framework has not only engaged with the health domain, but has also linked the function of consumption in marketing research to the profoundly human experience of desire and the engagement with another.

Through the fetish function (Freud, 1905, 1927; Keenan, 1993; Lacan, 1994), on the one hand, it has been possible to account for expressions of desire that take place through social exchanges in leisure settings involving the consumption of a number of tangible and intangible objects (Oliver, 2010). This is similar to many ordinary experiences not involving drugs but generating in users a similar sense of connectedness, familiarity, and belonging. On the other hand, such function has also accounted for the destructive consequences of consuming health-preservative objects as exclusive forms of relational commodities.

The state of exception (Agamben, 1998, 2005), which has been used to describe the club setting, is an indication of how, through consumption, biopolitical norms (Foucault, 2002) are suspended and bare forms of sexual desire become available. Rather than focusing exclusively on discrimination and stigma as health

stressors, these findings highlight the similarities between such after-hours milieux and contemporary political subjectivity whereby, according to Agamben, ordinary subjects are increasingly exposed to the justification of violence through the (dis)application of norms in the service of “expert knowledge” (Agamben, 1998). To some extent, these conclusions explain our own concerns through descriptions of the individuals we are concerned for, by pointing to how “ordinary” life also invites us to engage continuously with the possibility of death engendered by the exceptional forms of object-consumption that we are offered in our work, leisure, private, and family life. Through using objects as relational commodities, we might experience states similar to those described here as defensive from anxiety, preservative of ideals of full gratification and, ultimately, denying loss as embedded in social encounters.

Moving from such perspective, these conclusions call for shifting the focus of concern from vulnerable populations to the human condition as a site of vulnerability, from the consumption of drugs and alcohol as forms of medication (Khantzian, 1985, 1997) to consuming objects in the pursuit of ever-increasing stimulation through pleasure and pain, from the risk of HIV and other STIs to the acknowledgment of risk as unavoidable component of social encounters in everyday life. From an ethical standpoint, these findings question the promotion of many “ordinary” objects and forms of consumption as potentially destructive for users. Rather than placing emphasis and selecting specific substances as “addictive” and intrinsically associated with health risks, similarities between the substances that are used for illicit pleasures and those prescribed for medical purposes indicate that the boundaries between those are ever increasingly thin and arbitrary. What seems to be at stake in practices of consumption framed as “problematic” is a certain resistance to the pre-determination of acceptable pleasures by outside stakeholders



versus the subject's entitlement to access forms of satisfaction as contingently available through social intercourse.

While others have mentioned in passing the fetishisation of drugs and barebacking practices (for instance Ostrow & Shelby, 2000; Race, 2009b) by MSM, no researchers in the field have placed Freud's (1905, 1927) theorisation of fetish at the centre of their discussion. In conjunction with Lacan's discursive revision of psycho-analysis and his elaboration of a theory of human desire (1977c), this has provided a valuable lens to help understand why users are drawn to push their consumption further and further in spite of the harmful consequences incurred. From a qualitative perspective, the discussion outlined in Chapter Six can provide some answers to survey-based forms of research puzzling over how, in the hands and bodies of gay men, substances transform from medicaments to recreational drugs affording illegitimate pleasures (see p. 9).

## **Limitations and Scope for Further Research**

Despite providing data-source triangulation (see p. 57) in addressing MSM drug-use from the seemingly opposite standpoints of the party setting and drug services, the two studies presented here also feature some limitations due to their design.

My participant observation of drug consumption in London's after-hours can be viewed as limited by the focus on venues branding themselves as "gay-friendly". Future research in other types of clubbing will offer opportunities to replicate and expand on these findings. Furthermore, the missing visibility of sexual intercourse in this study might be due to my peripheral membership role. Intercourse might have been more evident in neighbouring sex-on-premises venues, as subsequently attended by some, but not all club-goers. Such a pursuit of non-stop partying,

supported by these findings (see p. 158), spans however beyond the after-hours clubbing milieu and the relation between the two might be object of further investigation.

Due to the ethical limitations discussed above (see p. 61), interviews were not carried out in the clubbing study. Consistent with a more anthropological endeavour, further ethnographic research could engage with MSM substance users and their life from a holistic approach, including interviews before and after they take drugs. This will provide insight on expectations before taking part, and on *ex-post* descriptions of the experience.

“Grounded Theory aims to explain the everyday experience of those involved, yet be sufficiently abstract and comprehensive to apply in other circumstances where the phenomena are experienced” (Barclay, Everitt, Rogan, Schmied, & Wyllie, 1997, p. 727). Due to their general meaning, the short-named themes used here for the analysis as conceptual categories could potentially apply to other apparently unrelated practices. It will be of interest, for example, to explore other group celebrations (e.g. weddings, religious ceremonies, stag, or hen parties) in function of consumption and desire.

Limitations to the group study might also arise from the psychotherapeutic setting as directing disproportionate attention to the need for belonging. The therapeutic endeavour might, on the one hand, give excessive prominence to feelings of guilt and shame among service users. On the other hand, the emergence of those affects as central in this study’s group is to be considered an authentic representation of how informants related to themselves. Addressing this study’s shortcomings might be possible by replication in different types of services, including one-to-one. Moreover, working with service users from different sexual orientations and genders will offer the opportunity to identify parallel themes across groups.

Some features might be shared with other “problem” drug-using populations, including the occurrence of psychotic episodes and the use of medicalising narratives to gain access to treatment (see p. 167), the necessity of leaving behind meaningful relationships through the recovery process (see p. 177), the reliance on substances and stigmatised practices as exclusive means for socialisation (see p. 228), the chase of further enjoyment in spite of the resulting negative consequences (see p. 244), and perhaps to some extent the mixing of drug-taking and sexual behaviour reported as problematic (see p. 167). Together with the shared prevalence of trauma in this population, future research could well explore these points which emerged as evidence for similar factors of distress in spite of presumed vulnerabilities ascribed to the sexual orientation parameter.

Resulting from the initial review of the literature and research questions, drugs and alcohol were studied in this project according to their significance to sexual expression. This meant considering them as a group of objects that could become overvalued in their fetish function, however interchangeably replaced with one another. It also meant that nuances around the different pharmacological effects of individual substances in relation to the varying doses of intake have not been addressed. The benefit of future research focusing on the physiological states associated with drug use in individuals will add valuable insight in these practices.

As an example of qualitative research, this project is limited in its direct applicability and generalisability to wider populations. Thanks to the inductive endeavour which inspires Grounded Theory, however, it is hoped that the present findings might be useful, in conjunction with the existing literature, to formulate hypotheses for future quantitative studies. This will be of particular relevance to the devising of measures of shame or anxiety in relation to distress and consuming behaviour that is deemed problematic by the individual.

Drugs and alcohol as objects of consumption were sometimes described here to take up a fetish function in relation to sexual desire originating from exchanges between users. They helped relieve the anxiety involved in such communication and triggered satisfaction through their effects. It can be argued that other objects of consumptions in contemporary society might be employed in similar ways as relational commodities, allowing users to ignore the painful lack that constitutes their desire. Future research will bring useful additions to this framework by studying phenomena that are different from the effects of intoxication and objects of consumption that are not sanctioned as illegal, unhealthy, or immoral. Discovering the relevance of such fetish function to other objects of consumption, in both their pleasurable and harmful consequences, might help overcome a certain selectivity of judgment still concerning same-sex sexual desire and posing the conditions for drug use through its disavowal (see p. 38). This will mitigate the chances of perpetuating the oppression of marginalised and stigmatised groups through the development of new knowledge from this very project (see p. 46). Studying substance misuse and sexual behaviour across sexual orientation, however, might also shed light on the similarities in the factors of distress among problem users that are different in spite of their gender, cultural, sexual, and ethnic affiliations.

## **Concluding comment**

Moved by concerns around MSM club drug use, my first study highlighted the safety through which subjects could embrace and express their sexual desire through the consumption of substances in London's gay-friendly after-hours. Club-goers became in touch with their own desires through a preliminary experience of privation, and pursued them through object-consumption in relations with others. Drugs and alcohol, information, mutual favours, services offered through the venue's

layout, and other clubbers' bodies are examples of tangible and intangible forms of consumption bringing to light the desire for another. Sexual desire, however, revealed itself rooted in the ultimate disappointment from a physical and metaphorical intercourse never fully consummated. While the heterogeneity of club-goers and styles enacted challenged the assumed subcultural significance of MSM club drug use, the venues provided homogeneity to these practices through their location at the junction of opposed moral, legal, and health value systems. As such, norms of appropriate sexual behaviour could be inclusively excluded, and drugs took up the significance of "exceptional" relational commodities.

Extensive health research has highlighted the risks connected with drug use among gay and bisexual subjects. Questioning the normative assumptions behind the focus on substance use per se required however to disentangle public concerns from the perspectives of those users who seek help. The second study highlighted the impact of shame and its extreme expressions in undermining satisfaction and fulfilment in relation to partners and the self. In turn, the occurrence of harm, because of its consequent stigmatising features, confirmed the clients' knowledge of the self as uniquely and inherently flawed. Together with seemingly health-preservative objects of consumption, drugs were used by some members to make pleasure and pain endure in spite of the limits of the satisfaction they enjoyed.

In response to my initial concerns around the connection between drug use and risky sexual behaviour, substances as objects of consumption were witnessed to take up a specific function in relation to sexual desire. When used as fetish objects, they substituted sexual gratification and protected users from the anxiety stemming from the engagement with another and society as accountable agents. Given the past legal, medical, and moral sequelae attached to same-sex sexual behaviour, drugs and alcohol were constructed as exceptional in their function of suspending

those perceived threats for men who have gay sex. It has yet to be explored whether standing as accountable subjects of homoerotic desire in ordinary contexts is indeed possible in spite of prejudice and exclusion that, however, subjects have to face when expressing themselves authentically.

# Appendix One:

## Ethics Approval (Clubbing Study)

MARCO BORRIA  
Pg 2009/10

1

### DEPARTMENT OF PSYCHOLOGY RESEARCH ETHICS CHECKLIST (Effective November 2009)

If the ethics submission relates to staff research for which an application to an external funding agency will be/has been made, then please complete and submit the full University ethics submission form.

#### Section I: Project Details

1. Project title: Dance clubs, drugs and the related practices of enjoyment: risks and pleasures.

#### Section II: Applicant Details

2. Name of researcher (applicant): MARCO BORRIA  
 3. Status (please circle): Undergrad Student/Postgrad Student/Staff  
 4. Discipline (please circle): Eco & Fin/His & Phil/Psy/SAnth/Soc & Com  
 5. Email address: MARCOBORRIA@GMAIL.COM  
 6. Telephone number 07881835916

#### Section III: For Students Only

7. Student number: 0930963  
 8. Module name and number: PSYCHOLOGY PHD  
 9. Brunel supervisor's or module leader's name: prof. DANY NOBUS, dr. MARTINA REYNOLDS  
 10. Brunel supervisor's email address: Dany.Nobus@brunel.ac.uk , martina.reynolds@brunel.ac.uk

**To be completed for all research by the principal investigator, member of staff leading the research, or student supervisor.**

If applicable, the student states that he or she has read the Brunel University Code of Research Ethics.

The topic merits further research.

If applicable, the student will possess the skills to carry out the research by the time that he or she starts any work which could affect the well-being of other people. He or she will be deemed to have acquired such skills on passing the relevant research skills module.

The participant information sheet or leaflet is appropriate.

The procedures for recruitment and obtaining informed consent are appropriate.

Please confirm the professional research ethics code that will guide the research (please circle)  
 ASA/BPS/BSA/Other (please state) BPS

Yes  No Is a CRB check necessary for researchers/students working on this project?  
 If yes, please confirm by ticking this box that appropriate CRB procedures will be followed

Yes  No Is a new Risk Assessment required for this research?  
 If yes, please consult the information on the Psychology Ethics webpage, and attach the Risk Assessment to this submission.

[Signature]  
 PI/Staff/Supervisor signature

29 Jun 10  
 Date

**Section IV: Research Checklist**

Please answer each question by ticking the appropriate box:

	YES	NO
1. Does the study involve participants who may be particularly vulnerable and/or unable to give informed consent, thus requiring the consent of parents or guardians? (e.g. children under the age of 16; people with certain learning disabilities)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Will all participants be age 18 and over?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a. Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b. If the answer to Question 2a is Yes, then will the study involve people who could be deemed in any way to be vulnerable by virtue of their status within particular institutional settings? (e.g. students at school; disabled people; members of a self-help group; residents of a nursing home, prison, or any other institution where individuals cannot come and go freely)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the research involve observational/ethnographic methods?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the study involve discussion by or with respondents or behaviour or drug use, where they have not given prior consent to such discussion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are drugs, placebos or other substances (e.g. food substances, vitamins) to be administered to the study participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Will blood or tissue samples be obtained from participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is pain or more than mild discomfort likely to result from the study?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Will the study involve prolonged or repetitive testing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Will the study involve recruitment of patients or staff through the NHS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13a. Have you undertaken this study as part of your work placement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13b. If your answer to Question 12a is Yes, then have the employers at your work placement conducted their own research ethics review?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the research involve MRI, MEG, or EEG methods?	<input type="checkbox"/>	<input checked="" type="checkbox"/>




**Give a brief description of participants and procedure (methods, tests used etc) in up to 150 words**

The study aims at exploring pleasures and risks attached to practices and subjects within dance club settings in conjunction with drug use. Consent-capable participants will be enjoying themselves in clubs as well as discussing problematic substance use.

Observations of regular leisure venue attendants who use drugs will be conducted and followed, on different days, by semi-structured interviews expanding on emerging themes. Contact will be made through internet websites (e.g. Facebook), two drug agencies, snowballing from club contacts and acquaintances. Subject to consent, the researcher will join the participants during a night out. Field notes and interview transcripts will be maintained in anonymous form.

Such design will afford novel notions of risk boundaries independently from a-priori clinical hypotheses, arguably biased by social anxieties. In turn, this will lead to question public concerns about club drugs and better understand those subjects who find themselves at risk in related practices.

Name of Principal Investigator at Brunel University (please print): MARCO BORRIA

Signature of Principal Investigator at Brunel University: 

E-Mail Address: MARCOBORRIA@GMAIL.COM

Date: 25/8/2010

This request for expedited review has been:  **Approved** (no additional ethics form is necessary)

**Declined** (full University ethics form is necessary)

Signature of PsyREC Officer: 

Date: 1st September 2010

**INFORMED CONSENT SHEET:  
DANCE CLUBS, DRUGS AND THE RELATED PRACTICES OF ENJOYMENT**

The Department of Psychology at Brunel University requires that all persons who participate in psychology studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

I freely and voluntarily consent to be a participant in the research project entitled "Dance clubs, drugs and the related practices of enjoyment" to be conducted, with Marco Borria as principal investigator from Brunel University. The broad goal of this research program is to explore practices within dance club settings in conjunction with drug use. Specifically, I have been told that I will be asked to take part to the study as an ethnographic informant, involving attending dance clubs and leisure venues accompanied by Marco Borria and subsequently taking part to an in-depth interview discussing emerging themes. The time spent at venues will normally coincide with a night out and the interview will last approximately one hour. Depending on my own availability and in order to provide detailed and rich research data, either or both visit and interview could be repeated.

Marco Borria will maintain notes regarding the time spent together at venues and the interviews will be digitally recorded and transcribed. I have been told that my responses will be kept strictly confidential; all references to my name or other identifying information will be made anonymous through the use of pseudonyms. I also understand that if at any time during the session I feel unable or unwilling to continue, I am free to leave without negative consequences. That is, my participation in this study is completely voluntary, and I may withdraw from this study at any time. My withdrawal would not result in any penalty, academic or otherwise. My name will not be linked with the research materials, as the researchers are interested in clubbing and drug practices in general -- not any particular individual's clubbing or drug using behaviour in particular. I have been given the opportunity to ask questions regarding the procedure, and my questions have been answered to my satisfaction. I have been informed that if I have any general questions about this project, or ethical issues relating to the project, I should feel free to contact Marco Borria at Marco.Borria@Brunel.ac.uk. If I have any concerns or complaints regarding the way in which the research is or has been conducted I may contact Professor Taeko Wydell, Chair of the Psychology Research Ethics Committee, at taeko.wydell@brunel.ac.uk.

I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Date

-----

I have explained and defined in detail the research procedure in which the above-named has consented to participate. Furthermore, I will retain one copy of the informed consent form for my records.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Date

**DEBRIEFING FORM:  
DANCE CLUBS, DRUGS AND THE RELATED PRACTICES OF ENJOYMENT: RISKS AND  
PLEASURES**

The study aims at exploring pleasures and risks attached to practices and subjects within dance club settings in conjunction with drug use. Consent-capable participants will be enjoying themselves in clubs as well as discussing problematic substance use.

Observations of regular leisure venue attendants who use drugs will be conducted and followed, on different days, by semi-structured interviews expanding on emerging themes. Such design will afford novel notions of risk boundaries independently from a-priori clinical hypotheses, arguably biased by social anxieties. In turn, this will lead to question public concerns about club drugs and better understand those subjects who find themselves at risk in related practices.

The following studies might be of interest to you:

- Perrone, D. (2010). *The High Life: Club Kids, Harm and Drug Policy*. Boulder, CO, USA: Lynne Rienner Publishers.
- Race, K. (2009). *Pleasure Consuming Medicine: The Queer Politics of Drugs*. Durham, NC, USA: Duke University Press.
- Hunt, G., Moloney, M., Evans, K. (2010). *Youth, drugs, and the nightlife*. New York, NY, USA: Routledge.

Once again, thank you for taking part in this study.

## Appendix Two:

### Ethics Approval (Group Study)

---

#### Amreen Malik (Staff)

**From:** Marco Borria [marcoborria@gmail.com]  
**Sent:** 20 October 2010 22:13  
**To:** Amreen Malik (Staff)  
**Subject:** FW: ethics approval  
**Attachments:** 2010-10-14-001 Consent & Debriefing form.doc; Therapy group Poster.doc

**Importance:** High

Dear Amreen,  
 As per prof. Wydell's instructions below, please find attached my revised consent & debriefing form and the poster.  
 Best wishes,  
 Marco Borria

-----Original Message-----

**From:** Taeko Wydell [mailto:Taeko.Wydell@brunel.ac.uk]  
**Sent:** 18 October 2010 23:51  
**To:** Marco Borria; Amreen Malik (Staff)  
**Cc:** Dany Nobus; Martina Reynolds  
**Subject:** RE: ethics approval  
**Importance:** High

Dear Marco,

I have approved your request - "to extend the scope of your fieldwork".  
 Please forward your revised "Consent Form" (please state "REVISED" with the appropriate date) and "Poster" to Amreen, so that Amreen could print them out, and file them with your original approved application. You no need to submit another application form.

Amreen, when you receive the documents, please also print these email exchanges and file them with the others.  
 Thank you!

with best wishes,  
 Taeko

---

**From:** Marco Borria [marcoborria@gmail.com]  
**Sent:** 14 October 2010 18:25  
**To:** Taeko Wydell  
**Cc:** Dany Nobus; Martina Reynolds  
**Subject:** RE: ethics approval

Dear prof. Wydell,

Many thanks for the quick turnaround of my ethics application form.

As the per the original application, I am intending to approach potential participants via the drug agency I am working for as volunteer. An opportunity arose recently with Antidote (one of the two agencies), in that they have asked me to co-facilitate a therapeutic group of 12 to 18 months with their clients who would be discussing issues very relevant to my research project.

After discussion with both my supervisors, I need to ask you if it would be OK to extend the scope of my fieldwork (originally focusing on observing those same clients in club settings and interviewing them separately) to the observation of the group dynamics and the recording of group sessions.  
 As you can see, the target population has not changed since my original application, nor the organisation acting as gatekeeper.

I attach the original application form as approved by you, a revised consent & debriefing form and the group poster for your benefit. Participant will be asked to sign the consent form at the time of the initial assessment.

I look forward to hearing from you.  
Best wishes,  
Marco Borria

-----Original Message-----

From: Taeko Wydell [<mailto:hsstnw@brunel.ac.uk>]  
Sent: 01 September 2010 17:12  
To: Marco Borria  
Cc: Dany Nobus  
Subject: RE: ethics approval

Dear Marco,

The documents look fine to me. Your application has now been approved. You can now go ahead with your project.

I have just print the documents out and attached to your application form. I will forward your application documents to our Research Administrators who will record your approved application and in turn return a copy of the approved document in Dany's pigeon hole. He will then pass that on to you.

with best wishes,

taeko

---

From: Marco Borria [[marcoborria@gmail.com](mailto:marcoborria@gmail.com)]  
Sent: 01 September 2010 17:08  
To: Taeko Wydell  
Cc: Dany Nobus  
Subject: RE: ethics approval

Dear Taeko,

Please find attached both consent and debriefing forms. Apologies for the omission and many thanks for your care.

Best wishes,  
Marco Borria

-----Original Message-----

From: Taeko Wydell [<mailto:Taeko.Wydell@brunel.ac.uk>]  
Sent: 31 August 2010 17:00  
To: [MARCOBORRIA@GMAIL.COM](mailto:MARCOBORRIA@GMAIL.COM)  
Cc: Dany Nobus  
Subject: ethics approval  
Importance: High

Dear Marco,

Our research office has forwarded your ethics application to me today. However, your application is not complete - you need to attach your Consent/Debriefing forms. In order to expertise the matter, please email me these forms by 2nd September before 5:00pm, so that I should be able to approve your application.

with best wishes,

TaekoWydell

Professor Taeko N. Wydell, BA(Hons), Ph.D., C.Psychol, AFBPsS, FRSM Co-Director of the Centre for Cognition and Neuroimaging (CCNI) School of Social Sciences Brunel University Uxbridge, Middlesex UB8 3PH, U.K.

Tel. +44 1895 274 000

Direct Line +44 1895 265473

Fax. +44 1895 269724 / +44 1895 237573

E-mail: [Taeko.Wydell@brunel.ac.uk](mailto:Taeko.Wydell@brunel.ac.uk)

<http://www.brunel.ac.uk/about/acad/sssl/ssslstaff/psychstaff/taekowydell>

Also,

Honorary Research Fellow

Institute of Cognitive Neuroscience

University College London

17 Queen Square

London WC1N 3AR

U.K.

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Version: 9.0.851 / Virus Database: 271.1.1/3099 - Release Date: 08/31/10 07:34:00= No virus found in this incoming message.

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Version: 9.0.851 / Virus Database: 271.1.1/3099 - Release Date: 09/01/10 07:34:00= No virus found in this incoming message.

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**INFORMED CONSENT SHEET:  
DANCE CLUBS, DRUGS AND THE RELATED PRACTICES OF ENJOYMENT**

The Department of Psychology at Brunel University requires that all persons who participate in psychology studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

I freely and voluntarily consent to be a participant in the research project entitled "Dance clubs, drugs and the related practices of enjoyment" to be conducted, with Marco Borria as principal investigator from Brunel University. The broad goal of this research program is to explore practices within dance club settings in conjunction with drug use. Specifically, I have been told that I will be asked to take part to the study as an ethnographic informant, involving attending dance clubs and leisure venues accompanied by Marco Borria and subsequently taking part to an in-depth interview discussing emerging themes. The time spent at venues will normally coincide with a night out and the interview will last approximately one hour. Depending on my own availability and in order to provide detailed and rich research data, either or both visit and interview could be repeated the therapeutic group hosted by Antidote and London Friend and co-facilitated by Marco Borria.

Marco Borria will maintain notes regarding the time spent together at venues from his attendance to the group and its developments and; the interview some of the sessions will be digitally recorded and transcribed. I have been told that my responses contributions to the group will be kept strictly confidential; all references to my name or other identifying information will be made anonymous through the use of pseudonyms. I also understand that if at any time during the session I feel unable or unwilling to continue, I am free to leave without negative consequences. That is, my participation in this study is completely voluntary, and I may withdraw from this study at any time. My withdrawal would not result in any penalty, academic or otherwise. My name will not be linked with the research materials, as the researchers are interested in clubbing and drug practices in general -- not any particular individual's clubbing or drug using behaviour in particular. I have been given the opportunity to ask questions regarding the procedure, and my questions have been answered to my satisfaction. I have been informed that if I have any general questions about this project, or ethical issues relating to the project, I should feel free to contact Marco Borria at Marco.Borria@Brunel.ac.uk. If I have any concerns or complaints regarding the way in which the research is or has been conducted I may contact Professor Taeko Wydell, Chair of the Psychology Research Ethics Committee, at taeko.wydell@brunel.ac.uk.

I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Date

-----  
I have explained and defined in detail the research procedure in which the above-named has consented to participate. Furthermore, I will retain one copy of the informed consent form for my records.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Date

**DEBRIEFING FORM:  
DANCE CLUBS, DRUGS AND THE RELATED PRACTICES OF ENJOYMENT: RISKS AND  
PLEASURES**

The study aims at exploring pleasures and risks attached to practices and subjects within dance club settings in conjunction with drug use. ~~Consent-capable participants will be enjoying themselves in clubs as well as discussing problematic substance use attending a therapeutic group and exploring issues related to drug use.~~

~~Observations of regular leisure venue attendants attendants to the group who use drugs will be conducted and followed, on different days, by semi-structured interviews expanding on emerging themes as well as discursive analyses of the material and themes the participant will bring to the group.~~ Such design will afford novel notions of risk boundaries independently from a-priori clinical hypotheses, arguably biased by social anxieties. In turn, this will lead to question public concerns about club drugs and better understand those subjects who find themselves at risk in related practices.

The following studies might be of interest to you:

- Perrone, D. (2010). *The High Life: Club Kids, Harm and Drug Policy*. Boulder, CO, USA: Lynne Rienner Publishers.
- Race, K. (2009). *Pleasure Consuming Medicine: The Queer Politics of Drugs*. Durham, NC, USA: Duke University Press.
- Hunt, G., Moloney, M., Evans, K. (2010). *Youth, drugs, and the nightlife*. New York, NY, USA: Routledge.

Once again, thank you for taking part in this study.



BORRIA, MARCO

**Amreen Malik (Staff)**

---

**From:** Taeko Wydell  
**Sent:** 18 October 2010 23:51  
**To:** Marco Borria; Amreen Malik (Staff)  
**Cc:** Dany Nobus; Martina Reynolds  
**Subject:** RE: ethics approval

**Importance:** High

Dear Marco,

I have approved your request - "to extend the scope of your fieldwork". Please forward your revised "Consent Form" (please state "REVISED" with the appropriate date) and "Poster" to Amreen, so that Amreen could print them out, and file them with your original approved application. You no need to submit another application form.

Amreen, when you receive the documents, please also print these email exchanges and file them with the others.  
 Thank you!

with best wishes,  
 Taeko

---

**From:** Marco Borria [marcoborria@gmail.com]  
**Sent:** 14 October 2010 18:25  
**To:** Taeko Wydell  
**Cc:** Dany Nobus; Martina Reynolds  
**Subject:** RE: ethics approval

Dear prof. Wydell,

Many thanks for the quick turnaround of my ethics application form.

As the per the original application, I am intending to approach potential participants via the drug agency I am working for as volunteer. An opportunity arose recently with Antidote (one of the two agencies), in that they have asked me to co-facilitate a therapeutic group of 12 to 18 months with their clients who would be discussing issues very relevant to my research project.

After discussion with both my supervisors, I need to ask you if it would be OK to extend the scope of my fieldwork (originally focusing on observing those same clients in club settings and interviewing them separately) to the observation of the group dynamics and the recording of group sessions. As you can see, the target population has not changed since my original application, nor the organisation acting as gatekeeper.

I attach the original application form as approved by you, a revised consent & debriefing form and the group poster for your benefit. Participant will be asked to sign the consent form at the time of the initial assessment.

I look forward to hearing from you.  
 Best wishes,  
 Marco Borria

-----Original Message-----

**From:** Taeko Wydell [mailto:hsstnw@brunel.ac.uk]  
**Sent:** 01 September 2010 17:12  
**To:** Marco Borria  
**Cc:** Dany Nobus

Subject: RE: ethics approval

Dear Marco,

The documents look fine to me. Your application has now been approved. You can now go ahead with your project.

I have just print the documents out and attached to your application form. I will forward your application documents to our Research Administrators who will record your approved application and in turn return a copy of the approved document in Dany's pigeon hole. He will then pass that on to you.

with best wishes,

taeko

---

From: Marco Borria [marcoborria@gmail.com]  
Sent: 01 September 2010 17:08  
To: Taeko Wydell  
Cc: Dany Nobus  
Subject: RE: ethics approval

Dear Taeko,

Please find attached both consent and debriefing forms. Apologies for the omission and many thanks for your care.

Best wishes,  
Marco Borria

-----Original Message-----

From: Taeko Wydell [mailto:Taeko.Wydell@brunel.ac.uk]  
Sent: 31 August 2010 17:00  
To: MARCOBORRIA@GMAIL.COM  
Cc: Dany Nobus  
Subject: ethics approval  
Importance: High

Dear Marco,

Our research office has forwarded your ethics application to me today.

However, your application is not complete - you need to attach your Consent/Debriefing forms.

In order to expertise the matter, please email me these forms by 2nd September before 5:00pm, so that I should be able to approve your application.

with best wishes,

TaekoWydell

Professor Taeko N. Wydell, BA(Hons), Ph.D., C.Psychol, AFBPsS, FRSM Co-Director of the Centre for Cognition and Neuroimaging (CCNI) School of Social Sciences Brunel University Uxbridge, Middlesex UB8 3PH, U.K.

Tel. +44 1895 274 000

Direct Line +44 1895 265473

Fax. +44 1895 269724 / +44 1895 237573

E-mail: [Taeko.Wydell@brunel.ac.uk](mailto:Taeko.Wydell@brunel.ac.uk)

<http://www.brunel.ac.uk/about/acad/sssl/ssslstaff/psychstaff/taekowydell>

Also,

Honorary Research Fellow  
Institute of Cognitive Neuroscience  
University College London  
17 Queen Square  
London WC1N 3AR  
U.K.

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Version: 9.0.851 / Virus Database: 271.1.1/3099 - Release Date: 09/01/10 07:34:00

## Appendix Three:

### Informed Consent Form for Group Informants

---

#### DANCE CLUBS, DRUGS AND THE RELATED PRACTICES OF ENJOYMENT

The Department of Psychology at Brunel University requires that all persons who participate in psychology studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

I freely and voluntarily consent to be a participant in the research project entitled "Dance clubs, drugs and the related practices of enjoyment" to be conducted, with Marco Borria as principal investigator from Brunel University. The broad goal of this research program is to explore practices within dance club settings in conjunction with drug use. Specifically, I have been told that I will be asked to take part to the study as an ethnographic informant, involving attending the therapeutic group hosted by the GProject and SupportHub and co-facilitated by Marco Borria.

Marco Borria will maintain notes from his attendance to the group and its developments; some of the sessions will be digitally recorded and transcribed. I have been told that my contributions to the group will be kept strictly confidential; all references to my name or other identifying information will be made anonymous through the use of pseudonyms. I also understand that if at any time during the session I feel unable or unwilling to continue, I am free to leave without negative consequences. That is, my participation in this study is completely voluntary, and I

may withdraw from this study at any time. My withdrawal would not result in any penalty, academic or otherwise. My name will not be linked with the research materials, as the researchers are interested in clubbing and drug practices in general -- not any particular individual's clubbing or drug using behaviour in particular. I have been given the opportunity to ask questions regarding the procedure, and my questions have been answered to my satisfaction. I have been informed that if I have any general questions about this project, or ethical issues relating to the project, I should feel free to contact Marco Borria at Marco.Borria@Brunel.ac.uk. If I have any concerns or complaints regarding the way in which the research is or has been conducted I may contact Professor Taeko Wydell, Chair of the Psychology Research Ethics Committee, at taeko.wydell@brunel.ac.uk.

I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Date

-----

I have explained and defined in detail the research procedure in which the above-named has consented to participate. Furthermore, I will retain one copy of the informed consent form for my records.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Date

## Appendix Four:

### Debriefing Form for Group Informants

---

#### DANCE CLUBS, DRUGS AND THE RELATED PRACTICES OF ENJOYMENT: RISKS AND PLEASURES

The study aims at exploring pleasures and risks attached to practices and subjects within dance club settings in conjunction with drug use. Consent-capable participants will be attending a therapeutic group and exploring issues related to drug use.

Observations of attendants to the group who use drugs will be conducted and as well as discursive analyses of the material and themes the participant will bring to the group. Such design will afford novel notions of risk boundaries independently from a-priori clinical hypotheses, arguably biased by social anxieties. In turn, this will lead to question public concerns about club drugs and better understand those subjects who find themselves at risk in related practices.

The following studies might be of interest to you:

Perrone, D. (2010). *The High Life: Club Kids, Harm and Drug Policy*. Boulder, CO, USA: Lynne Rienner Publishers.

Race, K. (2009). *Pleasure Consuming Medicine: The Queer Politics of Drugs*. Durham, NC, USA: Duke University Press.

Hunt, G., Moloney, M., Evans, K. (2010). *Youth, drugs, and the nightlife*. New York, NY, USA: Routledge.

I would like to express my gratitude for your generous contribution to this study.

Marco Borria



## Appendix Five:

# Conversation With the University Ethics Committee and Decision Regarding Informed Consent Waiver in After- Hours Research

---

Subject: participant observation

---

**From:** Marco Borria <marcoborria@gmail.com>

Mon, Dec 27, 2010 at

3:05 PM

To: Taeko.Wydell@brunel.ac.uk

Cc: Amreen.Malik@brunel.ac.uk, Dany Nobus <Dany.Nobus@brunel.ac.uk>,

Martina Reynolds <Martina.Reynolds@brunel.ac.uk>

Dear Prof. Wydell,

I am writing with regards to my PhD research 'Dance clubs, drugs and the related practices of enjoyment', as approved by the Department of Psychology Ethics Committee. You might recall that the project has an ethnographic focus and is covering two settings: participant observation in dance clubs following drug-taking informants, and facilitation of a therapeutic group with eight men struggling with addictions and compulsive behaviours.

As far as the first leg is concerned, I have been piloting the observation over seven outings, for a total of approximately 49 hours.

The British Psychological Society's Code of Ethics and Conduct (Aug-09 issue) states:

- [1.3.vii] When the specific nature of research precludes obtaining informed consent from clients or their duly authorised representatives, obtain specific approval from appropriate institutional ethics authorities before proceeding. Where no institutional ethics authority exists, peers and colleagues should be consulted.
- [1.3.xi] Withhold information from clients only in exceptional circumstances when necessary to preserve the integrity of research or the efficacy of professional services, or in the public interest and specifically consider any additional safeguards required for the preservation of client welfare.
- [1.3.xii] Avoid intentional deception of clients unless:
  - a) deception is necessary in exceptional circumstances to preserve the integrity of research or the efficacy of professional services;
  - b) any additional safeguards required for the preservation of client welfare are specifically considered; and
  - c) the nature of the deception is disclosed to clients at the earliest feasible opportunity.

After repeated consultations with my supervisors, experienced drug workers (namely the manager of the drug centre which I have been working at over the

last six months) and established scholars in Ethnography, the following issues have arisen:

- the activities my informants engage in, through purchase, possession and use of substances, are illegal, subject to police clampdowns and the scrutiny of venues' security guards. On top of that, even practices engaged in while they are under the effect of substances might be illegal, risky or harmful to themselves or others
- yet, systems are in place that allow people to carry on engaging in substance use, sometimes with complacent surveillance of the clubs.
- my observation involves being in those venues and open to meet participant in a loud environment which is not per se conducive to disclosure. Some contacts might be fleeting and short lived, some others might develop in one or more follow up outings
- sometimes newly made contacts invite me to go along with them to after parties and 'chill outs' at their homes. Participating in such settings is vital in order to understand the practices that I am studying
- Even assuming I could seek consent from one key informant, it would be impractical and unrealistic to do the same with all the people that this person will introduce me to, at different stages and different settings through the night
- Participants are all under the effect of substances and might be prone to experience heightened anxieties and paranoid thinking
- Sharing my research aims with them could affect their experience and trigger experiences which would be difficult to manage

- At the same time, disclosing that beforehand would affect the validity/integrity of the findings
- Seeking informed consent would put my position at risk, in that some informants would be suspicious and willing to undermine my work or attack me personally
- I am conducting the observations on my own, not accompanied by friends or acquaintances

As a result, I am intending to carry on my club observations by not disclosing my specific research aims to the people that I will meet. This will rest on the firm commitment to the strictest confidentiality as per the original Ethics form.

Furthermore, all identifying information in my notes will be disguised and names will be changed to pseudonyms. In addition, I will carry on enforcing specific personal boundaries involving not taking part in drug or alcohol use, or in sexual behaviour when prompted by the participants despite the divided literature precedents on the topic. I consider those measures necessary in order to preserve my informants' welfare in light of the limited information on their side.

Practically, I will be telling them that I work as a research assistant on my professor's various projects and the reasons why I won't take drugs has to do with the fact that I will be driving or due to take part in a work meeting later on.

Such position has been strongly encouraged by the experienced drug workers I have been working with to preserve my safety as well as that of my participants.

In light of these points I am seeking approval from you as per point 1.3.vii from the BPS code of Ethics.

I look forward to hearing from you.

Best wishes,

Marco Borria

Subject: participant observation

---

**From: Taeko Wydell** <Taeko.Wydell@brunel.ac.uk>

Mon, Jan 10, 2011 at

4:51 PM

To: Tara Marshall <Tara.Marshall@brunel.ac.uk>, Marco Borria  
<marcoborria@gmail.com>

Cc: Dany Nobus <Dany.Nobus@brunel.ac.uk>, Martina Reynolds  
<Martina.Reynolds@brunel.ac.uk>

Dear Marco,

I checked with your original application of which I had approved in October, I find the details of the methods described in your original/revised proposal different from what you have described below:

I have therefore included Dr. Tara Marshall in this for her views on this, as she has worked as an ethics officer elsewhere, and has experience in somewhat sensitive areas of research like yours. I am still concerned about your own safety.

For Tara's reference, I will forward your original/revised application of October 2010 shortly.

Looking forward to hearing from you, Tara.

with best wishes,

Taeko

Subject: participant observation

---

**From: Tara Marshall** <Tara.Marshall@brunel.ac.uk>

Tue, Jan 11, 2011 at  
10:06 AM

To: "marcoborria@gmail.com" <marcoborria@gmail.com>

Cc: Taeko Wydell <Taeko.Wydell@brunel.ac.uk>

Hi Marco,

I've read over your ethics application, and I would recommend continuing your ethnographic research as you have described. Although far from ideal, I agree that seeking informed consent and revealing your research intentions might put you at personal risk. It is essential that you disguise all identifying information of your sources when you write up your data (as you indicated you will), and that you take extra precautions for your safety - namely, you should carry a mobile phone on you at all times, and you should let at least one other person know where you will be going to conduct your research. And, as you have indicated, it is crucial that you refrain from any drug or alcohol consumption.

Please let me know if you have any other questions or concerns.

Best wishes,

Tara

## Appendix Six:

### Confidentiality Agreement With the Transcriber

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I, \_\_\_\_\_, transcriber, agree to maintain full confidentiality in regards to any and all audio recordings and documentation received from Marco Borria related to his doctoral study on 'DANCE CLUBS, DRUGS AND THE RELATED PRACTICES OF ENJOYMENT' in order for me to transcribe the content of audio recordings and deliver to him their transcription (the 'Service') in the form of a computerised text file (the 'Transcription File'). Furthermore, I agree:

To hold in strictest confidence the identification of any individual, physical setting or other piece of information which could lead to the identification thereof, which may be revealed in the audio recordings to be by me transcribed, or in any associated documents;

To not in any mediums reproduce, transmit, distribute or make copies of any audio recordings or computerised files of the transcribed texts, unless specifically requested to do so by Marco Borria;

To store all study-related audio recordings and materials in a safe and secure location;

To store all computerised files relating to the audio recordings or the transcription texts on an appropriate location on my computer hard drive or backup devices which will not be accessible to any third party;



To permanently destroy any audio recordings in digital, physical or any other format or computerised files of the transcribed texts or any associated documents immediately after the submission of the Transcription File to Marco Borria;

To not divulge any other information derived from listening to the audio recordings to any third party;

To not make direct or indirect use of any other information derived from listening to the audio recordings other than for the purposes of the Service

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audio recordings and/or files to which I will have access or produce.

Transcriber's name (printed)

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Transcriber's signature

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Transcriber's Passport number

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Transcriber's address

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Date

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## Appendix Seven:

### Guidelines for Group Members

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The group will meet for an hour and a half every Monday at 7pm. The location is at the GProject. The room will be available at 6.50pm.

The group is planned to run until 13 February 2012 and will contain up to eight members plus two therapists.

There will be breaks, of which we will notify you in advance. However, the impending breaks are as follow:

08 August 2011 – 02 September 2011

The group will not take place at Bank Holidays.

Participation in the group is a long-term commitment, and you are asked to commit yourself to a minimum of six months for the benefit of everyone's treatment. For the same reason, it is important for group members to avoid missing sessions and to arrive on time. It is helpful to discuss anticipated absence or lateness in advance in the group. Where this is unavoidable, messages can be left at the GProject's office. The number is: [ ]

Discussion in the group is confidential. As the development and maintenance of trust is important, please do not discuss other members' issues outside of the group.

Group members are demanded not to foster relationships outside of the group to protect everyone's treatment. If you do have contact with other members outside of the group, please discuss this in the group.

A contribution of £10 per session is requested from group members to ensure the delivery of service at a professional level. Payments are due at the end of each month and missed sessions will be charged for as long as you one remains member of the group. Payments for the missed sessions reflect continuity of group membership.

Any decisions about leaving the treatment should be discussed in the group at least four weeks in advance.

The emphasis in the group is on putting feelings into words, including anger and conflict. It is against group boundaries to resort to any physical violence, which would be taken very seriously.

Marco Borria and Group Therapist

## Appendix Eight:

### Transcription Notation

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Example	Conventional meaning
(what are we saying)	Indicates transcription doubt
((coughing))	Transcriber's description of an aspect of the interaction with difficult phonetic representation
(.)	Short pause
Wor-	Cut-off speech or sound
[Word	Overlapping speech
[Word]	Addition made for the sake of explanation
<u>Word</u>	Emphasis
. . .	Text omission

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