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# SUBJECT TO ROMANCE

## *Heterosexual Passivity as an Obstacle to Women Initiating Condom Use*

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Safer sex campaigns directed at heterosexuals have increasingly targeted women to encourage them to take responsibility for condom use. It appears, however, that many women are unable or unwilling to accept this role. In this article we report on one particular kind of obstacle that some women face in initiating condom use. We draw on data from interviews with 14 women, aged 22 to 43 years, about their experiences with, and views of, condoms. There was considerable variability, as well as commonalities, among the women interviewed in the way they regarded condoms. Using a feminist poststructuralist form of discourse analysis, we explored two women's accounts of being unable to initiate condom use despite their stated intentions not to have intercourse without a condom and having condoms in their possession. We suggest that this particular dynamic results from the passivity women can experience through being positioned in a discourse of heterosexual feminine sexuality in general and a discourse of heterosexual romance in particular. We discuss how this passivity can be experienced by women who are

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otherwise assertive and committed to sexual equality, making it confusing and disconcerting for them and others.

With the heterosexual transmission of HIV well established (e.g., Gavey & McPhillips, 1997), women have become a prime new target for condom promotions. Social scientists have advocated that women should be encouraged to take responsibility for condom use, because it is perceived that women are less resistant to using condoms than are men (e.g., Barling & Moore, 1990; Chapman & Hodgson, 1988). Indeed, condom manufacturers have wasted no time in targeting their products to this new market (Gamson, 1990; Hoffman, 1987). Despite this attention, however, it has been consistently found around the world that many women, as well as men, resist using condoms.

The difficulties that women may face in taking on the responsibility for condom use have been acknowledged by many writers. However, these difficulties have generally been formulated in terms of the practical issues involved in persuading male partners to use a condom. The most frequently proffered solution is that of teaching willing women how to assertively negotiate the use of a condom with a reluctant male partner. But what if the woman is unwilling or if her inability to initiate condom use arises from constraints other than an apparent lack of assertiveness skills? Some feminist researchers have indicated that a simple call to assertiveness has its limitations. For example:

Interventions such as, "If it's not on, it's not on," which target females to encourage them to take the initiative in condom use may be too cynical, and do not address young women's real concerns that such behavior leads to interference in the relationship with a partner. (Moore & Rosenthal, 1991, p. 223)

Nevertheless, even this recognition of some of the relational complexities involved leaves open the question of whether women themselves are willing, albeit not always successful, agents in the deployment of condoms. That is, are women's own relationships to condoms as unproblematic as is implied by the new targeting? We suggest there are at least four kinds of factors that can work against women wanting to or being able to initiate condom use with a male partner.

First, as has been recognized by many feminist writers, not all women have enough power and control in their heterosexual relationships to be able to determine whether or not their partner wears a condom (e.g., Gavey, McPhillips, & Doherty, 1999; see also Gavey, 1992). Second, there are various characteristics of condoms and the effects they have on sexual practice that women themselves do not like, leading them to reject condom use for reasons to do with their own pleasures and desires (Gavey et al., 1999). Third, condomless sexual intercourse can signify important meanings such as trust, commitment, and "true love" within relationships (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1991; Kippax, Crawford, Waldby, & Benton, 1990; Willig, 1994; Worth, 1989; see also Hollway, 1989), which some women may regard as more important than seemingly remote health risks. In our research on women's experiences with and views about condoms, we identified a fourth kind of dynamic that seemed to render some women unwilling and/or unable

to introduce a condom despite being in a situation in which they perceived health risks and were carrying condoms at the time. Although the constraints on these women were related to women's lack of control in heterosexual relationships, to women's own dislikes about condoms, and to the symbolic meanings of condoms, there was another level of resistance from these women which was not reducible to these factors alone. It took the form of an inexplicable inability to act—a sort of unchosen but inescapable passivity that paralyzed them at the necessary moment.

In this article we focus on this fourth sort of obstacle and explore some of the subtle discursive processes that can induce a passivity in some women leaving them unable or unwilling to act upon their own intentions or self-imposed rules to use a condom. First, we consider a typical model used to understand the rational decision making involved in people's health-risk and health-promotion behaviors. We then suggest that a limitation of this model and others like it lies in their assumption of a coherent rational self-contained individual. Instead, we adopt a poststructuralist concept of the discursively constituted subject. We argue that this concept allows us to better explain apparently contradictory behavior and to understand the ways in which it is socially produced. We will then present feminist poststructuralist discursive analyses that attempt to make sense of two women's narratives about not using a condom in situations in which they thought they should have.

### THE SELF-CONTAINED INDIVIDUAL OR THE DISCURSIVELY CONSTITUTED SUBJECT?

In the field of health psychology, several models have been developed to predict people's decisions and actions related to reducing their health risks. The health belief model (see Janz & Becker, 1984) is typical of these and has been used to predict health protective behaviors like using condoms. According to the health belief model, a woman is more likely to insist that her male partner use a condom if (a) she believes herself to be personally susceptible to HIV exposure, (b) she believes the consequences of such exposure are severe, (c) she believes condom use is effective in preventing HIV transmission, and (d) she perceives few barriers to using condoms (Hingson, Strunin, Berlin, & Heren, 1990). From the perspective of this and similar models, once a woman has these beliefs and perceptions, all that is required is assertive behavior on her part if her partner shows a reluctance to use a condom. Such models of health-risk behavior give the impression that change can occur at the level of rational cognitive processes (*in terms of beliefs and attitudes*) and skills (such as assertiveness).

Imagine a woman who believes there is a risk of contracting HIV through having sexual intercourse without a condom with a particular man, who believes this would have severe consequences, and who believes condoms afford some protection. In a situation where her male partner does not produce a condom, rational decision-making models could account for her not insisting on a condom through proposing that *she perceives barriers to condom use or that she is not sufficiently assertive to initiate condom use*. Perceived barriers may relate to reduction of her own sexual pleasure or to the expectation that her partner will respond negatively.

However, are these factors sufficient to explain the complex and contradictory behavior of nonuse for a woman who expresses strong views about the importance of using condoms? On the other hand, postulating a lack of assertiveness (assuming the male partner is not abusive or coercive) implies that the woman unambivalently wants to use a condom, but simply lacks the skills to make this happen. Talking to women about condoms has led us to question whether decision making is always so straightforward.

We suggest that the explanatory value of such rational decision-making models is limited by assumptions of a rational self-contained individual whose desires, motivations, and interests are unitary and coherent. Instead, we propose that a poststructuralist concept of a discursively constituted subject may be helpful for making sense of how a woman could act against her intentions in ways that sacrifice her own health interests. The poststructuralist move clarifies how the rationality of decisions about health protection might be contained in ways that allow its impact on behavior to be overshadowed by less well understood and possibly unarticulated discursive factors.

In a Foucauldian sense, the subject is determined by multiple discourses, creating subjectivity that is rich and complex, yet fragmentary and contradictory. Here, discourse refers to "a system of statements which cohere around common meanings and values" that "are a product of social factors, of powers and practices, rather than an individual's set of ideas" (Hollway, 1983, p. 231). Although the term can be used in a way that is similar to a "set of assumptions" (Hollway, 1983, p. 231), the concept of discourse has radical implications beyond what this would suggest: "Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects which they seek to govern" (Weedon, 1987, p. 108). While all discourses offer subject positions that suggest particular ways of being in and experiencing the world, they vary in their accessibility and power. Those discourses that are commensurate with widely shared commonsense understandings of the world are perhaps most powerful in constituting subjectivity, yet their influence can most easily remain hidden and difficult to identify and, therefore, to resist. At the same time, other discursive influences can generate different expectations, understandings, and so on, which may result in inconsistent, even contradictory, experiences.

We suggest that women and men are more likely to actively and self-consciously adopt positions in relation to oppositional discourses (such as feminism) and discourses that espouse new cultural ideals (such as the call to safer sex). For example, they may choose to adhere to or reject new norms or to express an explicit ambivalence about them. By comparison, the influence of more traditional cultural assumptions, patterns, and practices may be almost invisible. Such dominant discourses may position us in various ways without us even knowing it. For example, a woman's heterosexual identity could be largely comprised of ways of thinking about and experiencing herself in her sexual relationship that are consistent with dominant discourses on heterosexuality and women's sexuality, yet she may be unaware of how she has been socially produced in these ways because they exist at the level of taken-for-granted norms within a culture. Despite this, she may be very aware of those ways in which she attempts to carve an identity in opposition to those aspects of heterosexuality that she has identified and critiqued. For example, inspired by popularized feminist discourses about women's rights to sexual pleasure, she (and

her partner) may deliberately strive for equality under the guise of mutuality and reciprocal (physical) pleasure. Nevertheless, it may be more difficult to recognize and resist other forms of normal(izing) practice—for example, the male sexual drive discourse (Hollway, 1984, 1989) and the coital imperative which together function to ensure that penis–vagina penetration is a necessary part of “real” sex for heterosexuals. Arguably, part of the reason for this is that critiques of the regulatory function of the coital imperative, in particular, are not yet well established or widely available.

This way of thinking about identity and social action differs in important ways from both commonsense Western notions of the individual and conventional psychological concepts of the self. It disposes with the assumption of a unique essential core self and deconstructs the social–individual dualism implicit in psychology. Poststructuralism holds that people are always already social and that the “individual” cannot be understood apart from social and cultural contexts (see Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984). In these ways, it is different from humanist models which accept that an individual’s actions may be incongruent with her or his “true” desires, for example.

In this article we use a form of discourse analysis which draws on feminist analyses of heterosexuality and Foucauldian theory to identify discursive forces that could be partially constitutive of a woman’s ways of seeing and her choices for acting in the heterosexual moment. In doing so we are seeking to locate sociocultural determinants of apparently contradictory acts in relation to women’s condom use.

### THE ANALYTIC APPROACH

Discourse analysis refers to a wide range of analytic styles that are not always compatible. As Hollway (1989) noted, “the term has come to cover virtually any approach which analyzes text, from cognitive linguistics to deconstruction” (p. 53). Writers associated with the development of discourse analysis in social psychology have been careful to introduce it as a “method” quite different from the positivist methods of most psychological research (e.g., Hollway, 1989; Parker, 1992; Potter & Wetherell, 1987). It has been developed within psychology in conjunction with critiques of conventional research practice, with the exploration of new epistemological terrain, and with a critical political edge (although these features are not intrinsic to discourse analysis [Burman, 1991; Gill, 1995]). Consequently, there is often a wariness about presenting discourse analysis as a “value-free technology” (Parker & Burman, 1993, p. 162), which can be “absorbed by the discipline as just yet one more ‘method’ in its armoury” (Burman & Parker, 1993, p. 10). It is not surprising, therefore, that guidelines for how to do discourse analysis or how to identify discourses tend to be suggestive and open ended rather than prescriptive and formulaic (e.g., Parker, 1992; Potter & Wetherell, 1987).

As with all methods, the different approaches to discourse analysis are inextricably located within particular theoretical perspectives, such that the method of doing research cannot be explained in a way that is divorced from the theory. One important philosophical difference between the sort of methodology used here and conventional methodology in psychology is its epistemological starting point. Our

research arises out of a postmodern acceptance of the impossibility of foundational knowledge (e.g., Gergen, 1990; Hare-Mustin & Marecek, 1988; Lather, 1991). It does not attempt to generate reliable new facts, but rather to generate new ways of making sense of the “ordinary but troubling.” In this way, it is “a type of ‘passionately interested inquiry’” (Gill, 1995, p. 175), which is fueled by a pragmatic (see Squire, 1995) or neopragmatic (see Polkinghorne, 1992) desire to produce knowledge that can contribute to social change.

The style of discourse analysis we use here is influenced by feminist poststructuralist theory and draws on the Foucauldian concepts of discourse and subjectivity briefly introduced earlier. In identifying discursive influences in a woman’s narrative we aim to develop analyses that contextualize her experience and show how it may be constituted in relation to broader sociocultural patterns of meaning and practice (see Weedon, 1987). In doing so, we hope to disrupt taken-for-granted and normalizing assumptions about the way things are and thus highlight areas for potential resistance and change. This deconstructive impulse is another important feature of this style of analysis.

Our analyses pay attention both to the language of the women’s narratives as a route into theorizing the discursive context which may shape choices a woman has, as well as to what we were told about the material context in which she was acting. We would argue that the material details of a woman’s experience—such as the nature and history of a heterosexual relationship and the outcomes of previous sexual experiences—are also essential “data” for developing a feminist reading of these women’s accounts. In some discourse analytic approaches, these extratextual factors are considered irrelevant or impossible to take into consideration given that the analyst has only mediated access to such material. However, although we recognize the impossibility of obtaining a “true account” of what happened, we contend that some appreciation of relevant aspects in the broader context of a woman’s life is necessary for developing an analysis that takes gendered power seriously (see also Gill, 1995). Moreover, as Wetherell (1995) has suggested, to make “a strong ontological distinction between the discursive and the extradiscursive is a mistake, both methodologically and epistemologically” (p. 140). A feminist poststructuralist form of discourse analysis tends to accept that the text to be analyzed is broader and more diffuse than just the words of a transcript written on the page.

### METHOD FOR THE STUDY

In-depth interviews were conducted by the first author with 14 predominantly Pakeha<sup>1</sup> women (two women had mixed ethnic backgrounds, but primarily identified as Pakeha). The women’s ages ranged from 22 to 43 years; 12 of the women were between 27 and 37 years old. They all had experience of heterosexual relationships and at least some experience with condoms. The women were recruited through word of mouth and included five women known to the interviewer through work contacts, three women who were friends or family members of colleagues, and six women who were recruited by word of mouth by a friend we employed to find women interested in talking about this personal subject. All participants either chose or were given pseudonyms to protect their anonymity.

Interviews were semistructured to the extent that all women were questioned about the same broad range of topics, including: their past and current experiences with condoms, their heterosexual relationships and practices more generally (where relevant), their personal views of condoms, and how they thought others regarded condoms. An interview schedule was used as a guide, although the style of the interviews was more conversational than a question–answer format. The aim was to facilitate open, detailed, and reflexive discussion rather than circumscribed answers to predetermined questions. Discussion was allowed to flow on and develop according to interviewee responses, but was directed by the interviewer so that all areas of interest previously determined by the researchers were covered. Another feature of the interview style was that the interviewer sometimes shared her own observations and rudimentary analytic reflections with the participant during the interview process and sought the participant's response to these reflections. In general, we have found that giving participants the opportunity to respond to analytic ideas as they evolve during the research is useful in at least two ways. It can work as an interview technique to promote additional reflection by the interview participant and to generate productive discussion in areas that we might not otherwise have reached. It also helps to enrich and refine the process of our analysis and to strengthen our confidence in some thematic directions while dispensing with others. However, although we acknowledge that accounts are to some extent always constructed through the interview process, detailed exploration of participants' accounts of their experiences and views always takes precedence. Furthermore, we believe that the success of this interactive style of interviewing is dependent on creating an interview environment in which the participant is able to openly disagree with the interviewer.

Most interviews lasted between 1 and 1½ hours long. All interviews were fully transcribed.

We now present feminist discursive analyses of two case examples in an attempt to generate more nuanced understandings of the complexities that may exist for some women considering condom use.

## ANALYSES

Despite our small and relatively homogenous sample (i.e., most participants were articulate, middle class, Pakeha, with tertiary education), there was considerable variability in the women's experiences and accounts. Clearly, this study will not provide findings that give a picture of how women in general regard condoms. Although some women appeared to have relatively unproblematic relationships to condoms, we were particularly interested in understanding more about some of the problems that some women do experience with them.

### Woman's Passivity in a Discourse of Romance

In this section we will present a detailed exploration of one woman's experiences of being rendered unable to act out her explicit intentions to use a condom. We suggest that this example shows the power of a discourse of heterosexual romance



to strongly influence the behavior of a woman who in many ways consciously rejected any appeal to romance.

*Christine*

Christine is a professional Pakeha woman who was in her mid to late thirties at the time of the interview. She had been in an 8-year long heterosexual relationship until 3 years prior to the interview, when this relationship had ended. She was therefore one of a number of women who had come out of a long-term relationship “post-AIDS,” as she described it, which “changes everything” in terms of “safe sex stuff.” (Although condoms have a dual role as barriers against disease and unwanted conception, Christine was typical of New Zealand women of her generation, for whom condoms have not been a popular method of contraception.) After her 8-year relationship Christine was single for 5 months and then started another heterosexual relationship which lasted 2 years and ended approximately 6 months prior to our interview.

Christine said she didn’t like condoms and hadn’t used them in the 2-year relationship with Rick or in a one-night stand she had had with another man, Craig, in recent months. During our interview, she frequently berated herself for being “bad” and “stupid” and it being “ridiculous,” “dumb,” “terrible,” and “embarrassing” not to have used condoms in these circumstances. She said that her friend Donna “is vehement, you know, that this is really stupid. And, um, that I have to get my act together.” Researchers using some strands of discourse analysis might be skeptical about the meaning of such statements, perhaps suggesting that they reflect nothing more than the implicit self-presentation demands of an interview about condoms (e.g., Widdicombe, 1995). We agree that a focus on the function of such statements in the specific interactional context of the interview is a necessary consideration. However, a person’s ways of speaking in an interview are resources that are likely to be drawn on in other social situations, and are illustrative of how she or he is discursively positioned. We would argue that, even if the interview situation enhanced the strength of Christine’s expressed opinion about condom use being sensible and necessary in these times, it was nevertheless a perspective that was a part of her identity (as was further supported by her reported action of obtaining condoms for the occasion under discussion). The fact that she could strongly endorse this position and yet have equally strong but unarticulated contradictory responses is not surprising given a poststructuralist understanding of subjectivity (e.g., Weedon, 1987).

Given the strength of Christine’s feeling about the rightness of using condoms, what was preventing her from using them? She said that she had never liked them, but she hadn’t actually used them since she was a teenager—approximately 20 years prior. As Christine said: “So I’ve got these antiquated attitudes from the seventies, and I’ve carried them through to the nineties.” However, this hadn’t stopped her from taking the issue of “safe sex” seriously at some rational level, discussing it with her friends, and obtaining a condom from one friend on the night that her 2-year relationship first started. What follows is the part of the interview in which Christine tells the story of that first night she had sexual intercourse with Rick:

*Christine:* Well it was funny because (laughing), I went to his place for dinner- you know, we’d sort of met a few times and stuff like that, and he invited me

over for dinner. And I thought you know, I might end up staying the night. So I, I (laughing) got a condom from Donna, 'cause she's the expert on the things. And then I did stay the night and I didn't use it. And I didn't even raise the issue.

*Nicola:* So what happened?

*Christine:* So isn't that disgusting.

*Nicola:* So- . . . this was a guy that you knew, but you hadn't had any sort of sexual relationship with. But it was kind of obvious to you that there was some sort of mutual attraction or something?

*Christine:* Yeah, so I mean it was kind of like- it was almost like planned that we would spend the night together. It wasn't really planned, but it was obviously a possibility. It was a conscious possibility in my head. I mean I prepared for it. I went and got- you know, I got- . . . I had a condom. Which I just got from my (laughing) friend. And um-

*Nicola:* Why- What had actually led you to get the condoms? What- I mean what-

*Christine:* I guess that kind of whole AIDS thing and being aware of the fact that it wasn't- you know, it's not the same as it was in the old days.

*Nicola:* So you had this idea in your head that if you- since AIDS you should- when you-

*Christine:* That they think that was more important, yeah. That it sort of changes things in terms of safe sex stuff.- But you know I mean I basically think my attitude to condoms is sort of ah- because I'm a product of- a product of the sort of generation I come from.- I mean that's just sort of partly a kind of um- well not an attitude to condoms so much as that sort of inability to actually do it (laughing) when it came to it. It's tied up with kind of um not finding it easy to talk about sex anyway generally, you know. And not finding it easy to kind of just bring up the subject and be overt about it.

Although Christine's memory of the night was only somewhat clear, she did recall:

I do remember being um- (pause) being kind of shocked that Rick didn't think about it either. Or didn't bring it up either. And in fact we talked about it later and he had done more or less the same as I'd done. Like he'd thought about it and he did have condoms but neither of us had actually articulated it.

The next day they talked about the fact that they hadn't used condoms, and "I think we both agreed" that "that's pretty sort of stupid" and that "in this day and age . . . you know you shouldn't do that kind of thing." They never did use condoms in the relationship, however, which continued for 2 years. Christine later said:

Well it's ridiculous to take those kind of risks and be- but it is- it seems to me, it's just tied up with um (pause) kind of generational thing and kind of uptightness or you know, lack of openness about sex and- yeah.

Christine later said that she thought it would be easier to use condoms in a "one-night stand," because "maybe it is just much more overtly about sex or

something.” We then began to explore Christine’s views on the possible differences between using a condom during a one-night stand and with a man she envisioned potentially having a relationship with:

- Christine:* You know . . . it seems to me, a lot of younger [people] can- are a lot more pragmatic about sex. There’s less confusion. You know. Less of that kind of um- they’ve been- they’ve grown up with less of that kind of expect- or that kind of combination of love/romance/sex kind of thing. And it- suppose a condoms are very unromantic, aren’t they. So that’s probably the way I’d see it. Yeah. . . .
- Nicola:* So that for you . . . would mean, say in some imaginary scenario, with this kind of fantasy (laughing) man, for you to bring up the condom would be somehow um marring the kind of romantic um- kind of whole narrative of it- the sort of-
- Christine:* Yeah
- Nicola:* sense of- your vi- your kind of idea of . . . how things like that work-
- Christine:* Yeah
- Nicola:* -in a kind of ideal sense?
- Christine:* Yeah. I think that’s what it is. (pause) How do I fight that one? (laughing) Just have to um- I mean I know (unclear) it’s not like that.

She was then asked:

- Nicola:* . . . is there a kind of particular way that these things- that in your experience that sex happens? You know. When there’s two people together for the first time.
- Christine:* It’s really quite hard for me to answer that. . . . I guess that kind of experience where it wasn’t really articulated but it’s probably just kind of let it happen type of thing. That’s probably my common feelings about it. Well, from what I can remember.
- Nicola:* Is that what happened with Rick?
- Christine:* Yeah, I guess so, yeah.
- Nicola:* So he would’ve sort of made some kind of-
- Christine:* Yeah
- Nicola:* -move?
- Christine:* ‘Cause me being the passive female he would’ve made some kind of move, and I- that’s what- yeah that would’ve been, and how it started. (ironic tone)
- Nicola:* And you would’ve kind of responded to that, in the (laughing) “appropriate” way? (laughter)
- Christine:* Yeah, that pretty well probably sums it up.
- Nicola:* So-
- Christine:* Terrible eh.

During this part of the interview an analysis of the power of a narrative or discourse of romance was co-constructed:

- Nicola:* So . . . if in your experience, it often is kind of- like a man being quite-taking initiative and all that,
- Christine:* Yeah

- Nicola:* and you're kind of following that in some way, um- I mean if you think of a narrative that's structured like that,
- Christine:* Yeah
- Nicola:* it's hard then for you to-
- Christine:* To actually initiate-
- Nicola:* Yeah, anything.
- Christine:* Yeah, yeah.
- Nicola:* Particularly something as kind of um- that has to be quite direct.
- Christine:* Yeah
- Nicola:* -relatively, compared to just sort of a subtle sort of thing,
- Christine:* Yeah, right.
- Nicola:* I suppose.
- Christine:* Yeah, 'cause that sort of ties in with the way I looked at it. Like my thing that he didn't do it, either, you know what I mean?
- Nicola:* Yeah.

We went on to discuss Rick's attitudes toward contraception and her ongoing anger with his not taking any responsibility because he believed it was women's responsibility. Christine then said:

- Christine:* . . . Oh dear. So yeah, so I think I probably- was probably- and if I felt pissed off with him, um then that kind of ties into that idea of this narrative where a man's in charge,
- Nicola:* Yeah.
- Christine:* too, doesn't it?
- Nicola:* Yeah.
- Christine:* And he failed to take charge,
- Nicola:* Yeah.
- Christine:* In a way that was um very proper.

Our analysis of the processes operating to constrain Christine from using a condom started to be developed during the interview, with the help of Christine's own reflections. The preceding passage illustrates our approach to interviewing where there is not always a strict boundary between "data collection" and analysis. Through seeking clarification and sharing tentative analytic ideas with Christine, we started to formulate and develop a particular line of analysis during the interview itself. In this case it was co-constructed to the extent that ideas about the possible relevance of romantic discourse arose for the interviewer in the process of exploring and clarifying Christine's own account with her, and they were further developed with her input during discussion of these ideas in the interview.

We read Christine's account to suggest that she was positioned within a fairly conventional discourse of romance, which constituted her feminine sexuality as passive and responsive to her male partner's leads. Within this traditional discourse of romance, the man's role is to be in control of the situation in a chivalrous manner so that the woman can entrust herself to his protection. Moreover, a woman should rely on her lover's knowledge and skill and not be too explicit in expressing her desires (see Waldby, Kippax, & Crawford, 1993) and, presumably, her preference for safer sex.

When a woman and a man are not situated within the same discursive space, their conscious and unconscious desires and expectations about responsibility for themselves and their partner may not be compatible. Thus when Rick “failed to take charge in an appropriate manner,” Christine was “unable” to act in a way that took charge of the situation, because in the discursive context in which their relationship was embedded for her only the male partner was authorized to take on this role. Ironically, Jackson (1993) has suggested that men are generally not aware of the complex aspects of conventions of romance. It could be assumed that Rick was positioned instead within a liberal permissive discourse (Hollway, 1984, 1989) which promotes equal sexual rights and responsibilities for women and men, but which from a feminist perspective may ignore differences between women and men that make its justness more illusory than real (Ryan & Gavey, 1998). Christine also subscribed to values of equality, which probably led her to share responsibility for a condom not being used. Indeed, this sort of process is likely to be particularly problematic for women like Christine who in most areas of their lives are strong and assertive, with feminist beliefs and expectations of equality within relationships.

We suggest that romantic discourse can shape the subjectivity of women so that their taken-for-granted expectations for how to be within a heterosexual relationship are powerfully determined in ways that may be contradictory with other areas of their life—possibly due to the private and therefore comparatively unexamined nature of sexual relationships. As Christine had noted, she found it difficult to talk about sex. Her experience within the intimate heterosexual situation was of acting in ways she did not understand. At some level she handed over responsibility to Rick, but she was unaware of doing so because it was not a deliberate choice but a discursively constituted and unconscious act that was required, taken for granted, but not usually explicit within contemporary incarnations of romantic discourse. Thus, when Rick did not assume the responsibility that was properly his within a romantic narrative she was unable at that moment to see what was happening clearly enough to work out what else she could do.

We contend that the political value of this sort of analysis lies in its function as cultural critique in making the invisible visible. Understanding how particular discourses constrain and enable certain ways of being and choices for acting is, hopefully, one of the first steps to resisting their constitutive power. Although this may be easier said than done for individual women and men constituted through these powerful discourses, broader social change can be promoted through the exposure of such discursive effects and the mobilization of alternative discursive possibilities.

### Passive Passion

This next example is related to the preceding discussion on the discourse of romance in its focus on the possibility of a paralyzing passivity for women in heterosexual encounters. It explores the ease with which a woman could repeat a potentially dangerous pattern of having condomless sexual intercourse on a one-night stand, despite both her assessment of it being high risk and her having had traumatic consequences to a previous experience of unprotected sexual intercourse.

*Michelle*

Michelle is a professional Pakeha woman who was in her early to mid thirties at the time of the interview. She described an experience a few years earlier in which she had accidentally become pregnant on the first night she had sexual intercourse with a man with whom she went on to have a relationship. They had not used a condom or any other form of contraception. She said it was a:

... terrible tragic mistake that could've been otherwise prohib- stopped. And yes I did regret that instance because that further on resulted in a terrible emotional abortion and all the related trauma that goes with it, and it's not something I particularly wish to experience again. But, interesting to- enough, I'm not any more cautious than I was.

The consequences of that occasion of sexual intercourse were clearly extremely painful for her. She said the pregnancy, with which she would have continued if her partner had been supportive, "destroyed" their relationship, and of having the abortion she said, "I probably would've thrown myself off the harbour bridge really, than having to confront myself on a moral issue again."

Against a backdrop of this experience and her knowledge about health risks associated with not using condoms, Michelle stated right at the beginning of the interview that:

I would prefer to remain celibate than to have to use condoms. . . . It's you either play by the new rules or you don't play at all. And definitely I feel that it- the condom thing has become a rule and if you don't wish to use them then you can't play.

However, she went on to talk about an experience approximately 8 weeks prior to the interview in which she had broken this self-imposed rule and had sexual intercourse with a man in a casual situation without using a condom. She explained that after a night on the town drinking with friend, she and a male friend had ended up "crashing" on the floor of somebody else's house. As she said, "it was the result of a very drunken leering night, where we'd ended up in the bed together and more I felt to sleep." Later she elaborated:

*Michelle:* . . . we awoke in unison and proceeded to become intimate with one another. And it resulted in the, (clicks her fingers) "damn maybe you should've worn a condom," statement at the end of it and that was probably all the thought I gave to the matter. But certainly the awareness that that's what I should've been doing was there. It was more that, no I wasn't gonna participate in it.

*Nicola:* In?

*Michelle:* Well in getting up, (*Nicola:* Right) digging around for the packet of condoms in my handbag and-

*Nicola:* . . . do you still remember what was going through your head at the time, like whether it was sort of- like when you said you proceeded to become intimate, um-

*Michelle:* You mean did I decide at that point that I should go and get the condoms just in case this progresses on further?

- Nicola:* Or- or anything like that, yeah.
- Michelle:* No. (*Nicola:* Or- ) No didn't enter my mind.
- Nicola:* Or did you think, I am going to end up having sexual intercourse with this man, or-, when you started becoming intimate?
- Michelle:* No. No, I didn't actually think it would get that far.
- Nicola:* So how did it get that far?
- Michelle:* Um, very suddenly (laughing) actually. (*Nicola:* [laughter]) (laughter) A lot more sudden than I'd thought it was going to. Um, yeah it progressed a lot faster than I thought it was going to, more because *he* had been fairly inebriated and was (unclear). I had actually been curious as to whether it was going to get this far. But um it did and- and no the condom didn't feature in my mind at *all*. And I was quite surprised. It sort of- it's a bit hard to sort of describe it really. Is it believable to say that the whole thing just sort of happened so quickly that there really wasn't the opportunity to say, hey where's your condom, put your gumboot on, or whatever. Um, that didn't come into the discussion with either of us. (*Nicola:* Yeah.) And we're both of the same age group, so yeah, I'd say we both have that mental point where condoms don't really feature very greatly in our minds. And it was only afterwards that I made a reference to it. And more that that's what should've happened.
- Nicola:* So you- you said that? (*Michelle:* Yes.) Um, what did he say?
- Michelle:* "Ohh, well I didn't have any." I said, "Well probably I have some." Which I had, but I only had some because I'd been to the Family Planning Clinic to have my IUD removed, . . . and so they had given me a packet of condoms . . .

After Michelle explained why she had condoms and where they were kept, I asked:

- Nicola:* So what was your thought, like when you said that, "Ohh you know maybe we should've used a condom," um, do you remember having any sort of thoughts about that?
- Michelle:* Um, yes I do. Simply because the person who I was in bed with at the time is somebody who I would probably have considered to have been in a high-risk group. On further consideration, yes I would've said that he could've been considered to have been in a high-risk group. But then I also know that he's tested fairly regularly, because of his high-risk group, that he is tested fairly frequently.
- Nicola:* And in the- in the sort of um the time, the very quick time that it happened, that didn't enter your head at all?
- Michelle:* No.
- Nicola:* That- yeah you didn't think about-
- Michelle:* No, didn't think about it at all. No, well you see it's the passion thing really gets you and mmm, are you able to make those decisions, in the hot throes of passion? No, I don't think you can. I mean I got caught out and got pregnant through doing exactly the same thing.

Michelle had strongly expressed numerous reasons why she disliked condoms, including their feel, smell, and taste. She found them physically uncomfortable, like "having a bit of sandpaper rubbed around inside you," and said that they

detract from the “spontaneity” and “instant pleasure” of sex and that their unpleasant taste limits “afterplay” and “foreplay.” However, she had also demonstrated several strong reasons why, in her own assessment, she and her partner should have used a condom on this occasion. First, she was not using any other form of contraception, and she had had a previous traumatic experience of an accidental pregnancy and abortion as a result of having sexual intercourse in similar circumstances without using a condom or diaphragm. Second, she now regarded it as a rule that condoms should be used with sexual intercourse to protect against a range of sexually transmitted diseases including HIV. Third, in her own assessment this particular man was in a high-risk category for HIV, and he was regularly tested for HIV. Nevertheless, she did have sexual intercourse without using a condom (see Holland et al., 1991, for discussion of a young woman’s similar story). We are interested in trying to understand how this could happen.

It has been widely noted that both women and men report that one reason for not liking condoms is that putting them on can be perceived to interrupt and potentially disrupt an intensely stimulating and pleasurable interaction that neither partner wishes to stop (e.g., Browne & Minichiello, 1994; Chapman & Hodgson, 1988; Hodges, 1992). At the end of Michelle’s account she indirectly referred to her own “hot throes of passion” at the time, but elsewhere she reported on the event as though it was something that happened *to* her. Indeed it was striking that in Michelle’s recounting of this sexual experience she talked about what happened as though she was playing a role in someone else’s script. Michelle did not infer any coercion on the part of her partner, nor did she imply that the sex was unwanted by her but, from her account, it would seem that she had little or no control over determining if and when they had sexual intercourse: “I didn’t actually think it would get that far,” it was “a lot more sudden than I’d thought it was going to be.” The actions she attributed to herself at the time were to do with spectating on what was going on, as if regarding herself as a passive object of the sequence of events: “I had actually been curious as to whether it was going to get this far,” “I was quite surprised.”

Michelle explained that she had been using alcohol on this occasion, and it is of course possible that she was not usually as passive as she portrayed. Indeed, she presented herself as frank and forthright in the interview. It is interesting, however, that she could tell us about a sexual encounter in which so little of her own agency was present, and yet this aspect of the dynamic could go unremarked upon by her and by the interviewer. Presumably, this is because female passivity is not out of the ordinary within discourses of heterosexuality.

### The New Pragmatics?

It may be a coincidence that the two youngest women interviewed for this study both emphasized what they believed to be the importance of using condoms, and both described situations in which they had had to act very assertively to ensure a casual partner wore a condom (Gavey et al., 1999). In contrast to Michelle, Rose (early twenties) gave the impression of being more actively involved in the decision to have intercourse and to use a condom. (Although she also used a passive voice



to speculate about whether or not she was going to have intercourse, she clearly showed an awareness of the agentic function of offering a condom.) She explicitly related this to her not subscribing to a “romantic view” and described how this had unfolded on another occasion, a “one-night stand.”

*Nicola:* In that situation who raised the issue of the condom?

*Rose:* Um, I think me. Because it was my place and I have some beside the bed. And it was sort of like- like it- it wasn't a matter of not using one, it was just shall we get that far. (*Nicola:* Right.) Is this just a sort of kissing game or are we gonna go that far and it's- I guess I- just when things seemed to be getting to that point I just said you know, “Would you like a condom now?”, and then- because it sort of- in a way I suppose it's like instead of saying um, “Do you want to have sex (laughing) with me?” it's- you just say, “Would [you] like a condom?” And it's the same question really. Yeah I mean some people don't actually like to ask and expect it all to happen, and I suppose that's fair enough, that's quite a romantic view but I'm pretty down to earth I think when it comes to matters like that. I sort of like to know what's going to happen. How far it's going to go.

Thus, in Rose's narrative, her active rejection of aspects of romantic discourse enabled her to be more pragmatic in arranging for a condom to be used by her partner. It should also be noted that her reported experiences of condoms were less negative than Christine's and Michelle's, which probably also rendered her less ambivalent about using them.

## DISCUSSION

Heterosexual women are increasingly the preferred target of condom promotions designed to encourage safer sex among heterosexuals. Encouraging women to take responsibility for condom use seems to assume that, compared to men, women find condoms relatively unproblematic. In this study we set out to interrogate this assumption, by exploring in more detail some of the difficulties women may experience in relation to condoms. Even in our small and relatively homogeneous sample of 14 women we found considerable differences in how condoms were regarded. As noted, some women had a pragmatic attitude toward condoms and seemed to find using them reasonably straightforward. While this is an important point to emphasize, our focus in this article has been to explore a particular dynamic that some women experienced, whereby at the critical moment they disregarded their own prior “rational” decision not to have intercourse without a condom.

Previous work has often inferred that women are more favorably disposed toward condoms than are men and has concluded that women may need to be more “assertive” and gain more skills in “negotiating” with their male partners to persuade them to use a condom. The implication is that women need to take advantage of their stereotypical heterosexual role of restricting male sexual access, and that they should bargain with the requirement that “sex is conditional on condoms being worn” (Chapman & Hodgson, 1988, p. 104). Such advice, sloganized in forms such

as “If it’s not on, it’s not on” or “no glove, no love,” ironically relies on women being both (a) traditional feminine subjects who are comparatively asexual (i.e., whose sexual desires are more subservient to reason) and the gatekeepers of heterosexual and (b) strong and staunch women who are not afraid to speak openly and explicitly about aspects of their sexual requirements. Although it has been suggested that some women may need help in being able to master the interpersonal demands involved in this form of communication, it is implicitly presented as a realistic goal within each woman’s control, with little consideration of the ways in which men can facilitate or impede assertiveness (see Crawford, 1995). In this article we have attempted to show how the practical effect of these contradictory embodiments of femininity can be a paralyzing inability to act on this simple message.

Discourses of conventional heterosexuality constitute the male as the active, leading partner and the female as the passive, responsive partner. When men actively take control in heterosexual practice—be it in a chivalrous or overtly abusive way—women’s agency can be restricted. Women’s abilities to instigate condom use can also be compromised in more subtle ways, that is, even in the apparent absence of a man’s control. Some feminists have observed, for example, that “traditional sex roles may hinder women in asserting themselves to say what they expect or want from sex” (Tamsma, 1990, p. 191). We would argue, however, that the effects of a discursive production of subjectivity are more profound than this sex roles analysis might suggest. A poststructuralist analysis would propose, for instance, that a woman’s expectations and desires are themselves constructed through the discursive possibilities available to her. In the discourse of heterosexual romance feminine sexuality is passive, with the implicit promise of a man’s love and protection in return. For women, such as Christine, whose identities are at least partly constituted through this discourse, taking control of a sexual situation—if only to the extent of introducing a condom—would involve actions that potentially disrupt her feminine sexual identity, her sense of who she is and how she should feel and act in the context of the heterosexual relationship. Moreover, the prospect of taking control in this way could threaten the potential rewards she may expect in the form of love, respect, and protection. Although the shadow of romance was not so clearly present in Michelle’s account, the effects of passive feminine sexuality were illustrated through her narration of her own participation in a sexual encounter as a virtual object of some externally scripted interaction.

For Christine and Michelle, we can see how the act of introducing a condom would require balancing inconsistent desires and expectations of themselves. Given that the decision and action must happen in the pressure of a sexual moment, it is not surprising that these women were somehow unable to act in the way they had previously, “rationally” chosen to act. When it came to the time, health protection was not the only thing on their minds. In contrast, Rose’s explicit rejection of romance meant she did not have expectations inconsistent with her wish to use a condom.

In this article we have shown how forms of women’s passivity, prescribed by traditional ideals of feminine heterosexuality, can be embodied in ways that constrain them both from deciding during sex to use a condom and from then making this happen. We contend that because feminine passivity is a commonsense position

in conventional forms of heterosexuality, its influence may go largely unnoticed among women who identify with values of sexual equality. In drawing attention to the embodiment of this passivity and its social construction through discourses of romance and traditional heterosexuality, we hope we have identified sites for resistance and change.

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## NOTE

1. Non-Maori New Zealanders of European descent.

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