

Book Reviews

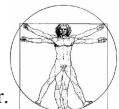
Barebacking. Psychosocial and Public Health Approaches, edited by Perry N. Halkitis, Leo Wilton, and Jack Drescher. Binghamton: Haworth Medical Press, 2007, 175 pp.

Barebacking is a reprint of nine articles that appeared in the *Journal of Gay and Lesbian Psychotherapy* during 2005 (Volume 9[3-4]). The articles address the implications of barebacking for HIV prevention among gay men. As the articles demonstrate, “barebacking” has several definitions. In this context, it is defined as the mindful rejection of condoms for anal sex in sexual situations that may transmit HIV and other STDs.

The book begins with an introduction by Halkitis et al. that explains the rationale for the collection of articles. The next article, by Richard Wolitski, summarises the literature. The author points out that in the United States there appears to be evidence that the incidence of new HIV infections is increasing, which may be attributable to the practices of barebacking. He argues that while there is much research that documents the occurrence of anal sex without condoms, there is a lack of an explanation for the recent, historic increase in risk-taking behaviour. This lack especially concerns the notion that some gay men appear to “consciously” reject safer sex guidelines. Wolitski provides a map of six factors that appear to be contributing to barebacking: the advent of HIV treatments, complex decision-making regarding serostatus and medical technologies, the advent of Internet-based sexual networking, drug use in and around sexual intercourse, safer sex fatigue, and changes in the scope and content of HIV prevention programmes. Wolitski also ably draws attention to the difficulty of defining barebacking for survey research.

The next four articles report on empirical research with samples derived from New York City, although some Internet-based samples are included. Halkitis et al. report on a survey of gay men in commercial venues. They report that individuals differ according to how they define the practice and risks of barebacking. They also report that some gay men attempt to reduce the risk of anal sex without condoms through a practice of sero-sorting. Sero-sorting pertains to having anal sex without condoms with someone of (or assumed to have) the same HIV anti-body status. Wilton et al. report on risk-taking behaviour and perceptions of barebacking among minority ethnic groups in New York City, using a survey and content analysis of semi-structured interviews. They argue that men with a minority ethnic background exhibit high levels of risk-taking sex. Dawson et al. report on research done with subscribers to a barebacking website

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in the United States. The researchers obtained a sample of the online profiles of subscribers residing in Dallas. These profiles were used to investigate the relationship between reported HIV serostatus, profile characteristics and stated intentions in relation to anal sex without condoms. Their analysis reveals that sero-sorting appears to be a dominant method of harm reduction among gay men seeking anal sex without condoms. Bimbi et al. report on their qualitative research with male sex workers contacted via escort websites. Sex workers also appear to have adopted harm-reduction strategies, but in the context of their commercial sex work, they appear to use a method that has been called “strategic positioning,” which means adopting a position in sexual intercourse that is thought to reduce the risk of HIV transmission.

The final three articles have a clinical focus. Shidlo et al. report on the creation of a psychometric scale that measures attitudes toward anal sex without condoms. The article lists the dimensions of the scale and how the attitudes could be addressed in psychotherapy. Parsons et al. outline the relevance of the technique of Motivational Interviewing for reducing risk-taking. Motivational Interviewing combines counselling skills, cognitive therapy, and concepts from health psychology. The final article in the series, by Michael Shernoff, reflects on case studies from his New York City psychotherapy practice, identifying the psychosocial characteristics of men who engage in anal sex without using condoms.

This is a useful collection of articles. One of the strengths of the collection relates to the way it combines literature review, empirical research, and clinical perspectives. The collection makes it clear that we are only beginning to understand how gay men are currently negotiating the risk of HIV transmission. It also demonstrates that researchers have difficulty in arriving at a core definition of barebacking that captures the variety of usages in circulation in the sexual cultures of gay men. The articles identify harm reduction strategies such as sero-sorting, strategic positioning, and related complex issues. The employment of strategic positioning among sex workers is suggestive of the importance of considering the social and cultural (and in this case economic) contexts of sexual practices and health risk reduction. The articles also provide much detail on how to shape face-to-face therapeutic work in relation to promoting risk reduction.

Readers should bear in mind that the collection has a strong New York City focus and emphasizes HIV public health issues. This suggests a certain insularity of cultural context and limits the discussion. The collection lacks a conclusion, which might have been a way of drawing together some reflective insights.

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The Health of Men & Women by Sarah Payne. Cambridge: Polity Press, 2006, 224 pp.

There has been a striking and fundamentally important change in the way we approach the subject of men’s and women’s health over the past two decades. The use of

men as study subjects and prototypes of the entire human race is gradually being replaced by a careful investigation of the unique properties and characteristics of men and women, respectively. This sea change was the consequence of an aggressive feminist movement, which pushed the American medical community and policy-makers to abandon the virtually exclusive concentration on males as subjects of clinical investigation and to study women directly. The result was an invaluable and almost completely unexpectedly rich harvest of information about the distinctively different nature of women and men's normal physiology, and their experience of the same diseases.

An ever-increasing proportion of our medical information based on a view of the human race as essentially homogeneous has been re-examined, expanded, corrected, and refined by direct testing of the two sexes. For almost all of the last twenty years, the emphasis has been on an examination of women. In much of the scientific community, however, there was and still is a sense that the effort and expense of studies to assess the effect of sex and gender on data were unnecessary and wasteful. Others regard the interest in sex-specific research as politically and socially motivated rather than essential to a more accurate understanding of human biology. In spite of the inevitable resistance to change, especially when it requires considerable expense, effort and (in the case of women) risk, the growing body of unexpected and stunningly important data about the differences between men and women has given us new, unprecedented power to answer questions we otherwise never would even have framed about the nature of disease and how to prevent and treat it more effectively.

In the introduction to her scholarly treatise on the health of the sexes, Sarah Payne has done an excellent job of pointing out two of the most important issues in this new era. The first is the difficulty of teasing out the hard-wired and immutable biological differences between men and women, and the consequences of these differences on the societies and cultures in which individuals live their lives. Each society values men and women differently, offers them different resources, and assigns them different roles. All of these practices affect the final phenotype. Deciding how, when, and where biology intersects with the geographical, social, and cultural matrix in which an individual lives is unquestionably the most complex and difficult challenge in this new research.

The second point Payne makes is that the unanticipated nature and amount of provocative new information about female biology is prompting us to turn a gender-specific lens on men. It is particularly fascinating that we have approached the study of men's unique biology in precisely the same way we have traditionally done in the case of women. We concentrated first on sexual functioning (fertility, erectile dysfunction, and prostate cancer). Then we investigated what we considered to be traditional elements of maleness: fitness, strength, and endurance, and what we consider to be characteristic male behaviors: risk taking and aggression. Both areas of concentration stemmed from our view of the most fundamental responsibility of the sexes, namely, the different roles of men and women in the process of successfully producing and raising children to independent life.

This book is a valuable resource. It is an important sociological treatise that painstakingly covers the impact of social forces on human health across the whole arc

of human life, from intrauterine life to death. Particularly interesting and important is the author's effort to point out regional and racial differences in the gender-specific aspects of life expectancy, susceptibility to disease, and morbidity. It would have been useful, however, for the author to have had a physician or biologist read her manuscript, because although she excels as a sociologist, she makes rather inexact and simplistic statements in discussing human biology. For example, she writes: "One of the key ways in which genes influence health appears to be through their expression, which is the process through which the information carried by the gene is converted into a cell."

The other feature of the book that I regret is the absence in it of a single word about who the author is and her previous and current body of work. An attempt to search the web for information about her was disappointingly unhelpful. Nevertheless, her scholarly and painstakingly researched book is a well thought out presentation of the issues we face in expanding our understanding of what it means to be human.

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The Muscular Ideal: Psychological, Social and Medical Perspectives edited by J. Kevin Thompson and G. Cafri. Washington, DC: American Psychological Association, 2007, 265 pp.

Thompson and Cafri have put together a collection of 12 monographs written by leading theorists and researchers in the field of body image. This collection is divided into five sections, each with its own focus: cultural, social, and psychological factors; definitions and measurements; medical issues, treatment, and prevention; special topics; and a conclusion. While the coverage of topics within the sections is sparse at times, as a whole, the collection is a worthwhile addition to the shelves of body image researchers.

As the editors note in their Introduction to the book, the phenomena of the muscular ideal and male body image dissatisfaction are recent. Only in the last 20 years has having a muscular body become extremely important to men, so the history of this shift toward an ideal body image can be fairly accurately described. In addition, the last 20 years have seen the advent of muscle dysmorphia, a psychological disorder involving the desire for a muscular body coupled with a distortion of body image such that people with the disorder believe their bodies appear to them to be smaller than they actually are.

The general focus of the book is factors influencing the origin of the muscular male body ideal and issues surrounding muscle dysmorphia. The first section deals with cultural, social, and psychological issues, and does an excellent job of setting the stage. Especially helpful is Chapter Two, by Lynne Luciano, which delineates the changes in ideal body image that have occurred in the United States. Also useful for

both clinicians and researchers is Chapter One, by James Gray and Rebecca Ginsberg, which describes some of the factors that have contributed to the endorsement of the muscular ideal body image. These authors spend time discussing the muscular ideal in specific groups within the United States, but also consider cross-cultural findings related to the muscular ideal. The muscular ideal seems to be much more important in Western than in non-Western countries. Chapter Three describes bodybuilder culture, one to which few researchers are allowed access.

The second section of the book deals with definitions and body measurements. Chapter Five, which is by the editors, provides a good overview of the measures of the muscular ideal. It is remarkably similar to an article the same authors published in *Psychology of Men and Masculinity*. Readers who are looking for more information on the topic of measurement will not find it here. In this section, the *Drive for Muscularity Scale* (DMS) is highlighted. It is described in detail in Chapter Four by its creator, Donald McCreary. This measure is very useful, is psychometrically sound, and has appropriate research supporting its use. However, there are other measures that have been recently created, such as the *Male Body Attitudes Scale*, that are briefly mentioned but also deserve equal treatment. To be fair, such an oversight might be the product of the lag time between the writing of the chapters and the publication of the book. Nonetheless, it is disappointing to see useful measures not included.

The third section focuses on medical issues. Clinicians who are interested in reading about treatment for men with body image issues in general and muscle dysmorphia in particular will be disappointed. The actual treatment suggestions within the section are sparse. In Chapter Six, Roberto Olivardia spends two or three pages covering such issues, but essentially that is all there is on the topic in the book. In all fairness, this is most likely because treatments for muscle dysmorphia have not yet been systematically examined. However, in his chapter, Olivardia provides a wealth of case examples. Nevertheless, detailed suggestions for treatment plans would have been very helpful here. The third section does a much better job of describing and discussing general medical issues concerning body image, the muscular idea and muscle dysmorphia. The effects of weight-enhancing drugs and supplements are outlined in Chapter Seven by Michael Bahrke. In Chapter Eight, by Linn Goldberg and Diane Elliot, the effects of steroids as well as programs to prevent steroid use are described. The description of the ATHENA and ATLAS programs is informative and can be useful for clinicians working with individuals who have difficulties with steroids.

The fourth section is a catch-all in which different topics are discussed, including cosmetic procedures used to enhance body shape (Chapter Nine, by David Sarwer, Canice Crerand, and Lauren Givvons), how the muscular ideal plays out in adolescence (Chapter Ten, by Lina Ricciardelli and Marita McCabe), and how muscularity is influencing the female body ideal (Chapter Eleven, by Amanda Gruber). These chapters are interesting in their own right, even though they do not necessarily fall under any of the first three topic areas.

The final chapter of the book draws conclusions from the data presented earlier in the book. In this chapter, by Joan Chrisler and Sam Cochran, the question, "Where do

we go from here?” is answered. The authors offer an outline of current issues relating to the muscular body image and propose research. A new researcher in the area might use this chapter as a guide to design a research program that could be sustained for 15-20 years.

The Muscular Ideal: Psychological, Social, and Medical Perspectives will be a useful reference source for those interested in clinical or research issues on the topic. The reference sections from any of the chapters in the book are worth the price of the volume, but having so much information on the topic in a single source is, to borrow a phrase from a famous commercial, priceless.

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