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Making Gender Along the Way: Women, Men and Harm in Australian Alcohol Policy

Author names: Duane Duncan^{a,e}, Helen Keane^b, David Moore^{a,f}, Mats Ekendahl^c, Kathryn Graham^{d,f,g}

Affiliations:

^a Australian Research Centre in Sex, Health & Society, La Trobe University, Australia.

^b School of Sociology, Research School of Social Sciences, Australian National University, Australia.

^c Department of Social Work, Stockholm University, Sweden.

^d Institute for Mental Health Research, Centre for Addiction and Mental Health, Canada

^e Sociology, School of Humanities, Arts and Social Sciences, University of New England, Australia.

^f National Drug Research Institute, Curtin University, Australia.

^g Clinical Public Health Division, Dalla Lana School of Public Health, Canada.

Corresponding author:

Duane Duncan

Australian Research Centre in Sex, Health & Society, La Trobe University, Bundoora, VIC,
3086, Australia.

Telephone: 0431 463 671

Email: d.duncan@latrobe.edu.au

Abstract: Analysis of alcohol policy suggests women are marked out for special attention while men and masculinities are often ignored. In this paper, we employ Carol Bacchi's (2017) work on "gendering practices" and John Law's (2011) concept of "collateral realities" to examine how gender is constituted in Australian alcohol policy. For Bacchi, policies actively produce what it is possible for "men" and "women" to become as "subjects". For Law, realities are constituted through methodological instruments and representational practices. These practices produce background assumptions that operate to stabilize a common sense understanding of the world. We analyse the making of three collateral realities in Australian alcohol policy: gender as an individual attribute; gender as a synonym for women; and gender as confined to the domestic sphere. These collateral realities contribute to the maintenance of binary notions of gender based on normative heterosexuality and naturalised sexual difference and reinforce a straightforwardly causal role for alcohol in harms, including violence. Women's vulnerability is constituted as natural and exceptional, and men's conduct is largely ignored as a target for intervention. Attention to the political effects of these "realities" should be prioritized in the development of more equitable responses to alcohol and harm.

Key words: Gender, alcohol policy, alcohol-related violence, gendering practices, masculinity, collateral realities.

Introduction

Recent analyses have identified gendered patterns in the way “women” and “men” appear (and do not appear) as subjects of Australian alcohol and other drug policyⁱ. For example, in a 2018 article, Thomas and Bull demonstrate that women’s substance use is made visible as a policy problem primarily in relation to reproductive roles, and vulnerability to physical harm, trauma and other mental health issues. The equation of women with reproduction and vulnerability is a long-standing feature of alcohol and other drug policy and discourse (Campbell, 2000; Campbell and Herzberg, 2017; Keane, 2009, 2013, 2017; Martin and Aston, 2014).

In contrast, men appear much less frequently in contemporary Australian alcohol and other drug policy. As Manton and Moore argue in their 2016 analysis of policy related to young people’s drinking, men’s over-representation in alcohol-related harms such as injuries, traffic accidents and violence is largely ignored in favour of generic causes such as intoxication and “binge drinking” (Manton and Moore, 2016). There is also a tendency to naturalize men’s violence as an inevitable result of alcohol consumption, rather than approaching it as a gendered issue (Moore, et al., 2017; see also, Lindsay 2012; Moore, Fraser, Törrönen and Eriksson Tinghög, 2015). Moreover, the use of neutral categories such as “individuals”, “families”, “young people”, “communities” and “populations” in alcohol and other drug policy acts to obscure gender differences, including the burden of harm resulting from men’s drinking. The result is a distribution of policy priorities and recommendations that reproduce gendered norms. In Moore et al.’s words:

It is hard to escape the conclusion that blaming women as inadequate mothers for various social ills is considered acceptable, whereas constraining the freedoms of the normative liberal subject – the autonomous, independent male [...] is considered a policy step too far. (2015, p.426)

The gendered political effects of a *universal* or *abstract* subject in political discourse have been the focus of considerable feminist critique. Underpinned by liberal notions of equality, this universal or abstract political subject is made through the instantiation of values and attributes more often associated with men, including independence, autonomy and reason, and abstraction from the body (Bacchi, 2017; Carver, 2002, 1996; Grosz, 1994). This can readily result in women being marked as the problem whilst the role of men and masculinities is ignored.

In this article, we extend existing critical analyses of gender in relation to alcohol and other drug policy by examining how gender itself is constituted in Australian policy documents targeting the reduction of alcohol-related harm. The focus of contemporary Australian alcohol policy discourse and practice on a wide range of health and social harms should be understood in the historical context of a long period of liberalisation in alcohol regulation, which began in the 1980s under the influence of national competition policies and free market ideology. The broad trend has been towards increased alcohol availability, through growth in the number and types of outlet, the range of products, and the days and hours of sale, although there has been some reversal in recent years (Stockwell and Gruenewald, 2004; Wilkinson et al., 2016). Our concern is with how the framing of alcohol availability, consumption and harm depends on a set of more or less obvious and incontestable assumptions about gender. As we outline below, our analysis is not focused on representations of gender, nor of women and men, although these feature in the discussion. Rather, our concern is with the part taken-for-granted accounts of gender play in shoring up common sense and scientific understandings of the “reality” of alcohol’s role in violence, as well as in other forms of harm, and effective policy responses to reduce that violence.

Approach

In this article we employ a relational ontology informed by feminist science studies and science and technology studies. This tradition of research is based on the claim that there is no singular or anterior “common sense reality” awaiting apprehension through scientific methods (Law, 2004; Mol, 2002). Rather, *realities* are *constituted* in and through the methodological and representational instruments and practices which operate to construct reality as if it were singular, stable and independent (Law, 2004). In particular, our analysis builds on the growing body of research that investigates the effects of alcohol and other drugs as emerging from the assemblage of forces and elements brought together in consumption events (Duff, 2013, 2014; Fraser, Moore and Keane, 2014; Race, 2014; Seear, 2019). These elements include alcohol and gender, but also “bodies, affects, social classes, age, sexualities, ethnicities, knowledges, technologies, and broader cultural meanings and practices regarding intoxication” (Moore et al., 2017, p.311). Therefore, we are concerned with the interrelatedness of certain realities of alcohol and harm and particular formations of gender.

In conducting our analysis, we draw on Carol Bacchi’s understanding of policy as actively engaged in processes of problem *formation* rather than as a straightforward response to problems already identified in research or public debate (Bacchi, 2015, 2017; Bacchi and Goodwin, 2016). This approach has been adopted in a number of recent policy analyses in critical alcohol and other drug research (Fraser and Moore, 2011; Lancaster and Ritter, 2014; Manton and Moore, 2016; Pienaar and Savic, 2016; Pienaar, et al., 2018). From this perspective, the objects and categories that appear in policy documents are not self-evident but are constituted in the practice of policy making. Bacchi’s approach demands attention to the performativity of knowledge-making practices, including scrutiny of the production of unequal gender categories and relations (2017). Bacchi uses the term “gendering practices” (2017) to refer to the “active, ongoing, and always incomplete processes” that produce

“women” and “men” as naturalized categories in policy discourses and practices (2017, p.20).

In this approach, gender is not given in nature, and does not pre-exist its appearance in policy, but is repeatedly iterated in the ways in which policy formulates and addresses problems.

As an analytic approach, the act of identifying gendering practices can have the effect of prioritising active, explicit and clear articulations of gender, for example in policies which address women’s labour force participation or reproductive health. As will be seen in our analysis, gender is enacted through gaps and absences as well as through explicit representations in contemporary alcohol policy. It is made visible at times and rendered absent at others. John Law’s methodology for investigating “reality work” or how the world is made is helpful here (2004, 2011a, 2011b). Like Bacchi, Law understands knowledge-making practices, including policy, as producing realities that are both multiple and specific. But he also encourages attentiveness to less explicit “collateral realities”, those that are made, for the most part, “incidentally, and along the way” (Law, 2011, p.156). They comprise background assumptions that operate to put “*beyond the limits of contestability*” (2011, p.174) the stability and truth of that which is taken to be “common sense reality” (Law, 2004). Attention to collateral realities therefore offers an effective “entry point” for the questioning of what is taken as real (Fraser, Moore and Keane, 2014, p.197), for example scientific evidence regarding alcohol harms and effective strategies to reduce such harms. In particular, the concept of collateral realities enables us to analyse how policy enacts alcohol as a taken-for-granted and uncontested entity that acts straightforwardly as a source of harm, producing gender largely unintentionally along the way.

Applying these ideas, we attend to the ways in which gender is enacted in alcohol policy as part of the constitution of a key policy concern: alcohol and the harms attributed to it,

especially violence. We use verbs such as “enact”, “constitute”, “iterate”, and “stabilize” to draw attention to the performative effect of strategic and representational techniques in policy. These techniques operate to reify population public health strategies as the most logical, rational and effective responses to forms of alcohol-related harm, including violence, whilst bracketing out alternatives. Our aim is to demonstrate how understandings of alcohol, and its effects, are enabled and stabilized in gendered policy practices. These practices operate to constitute normative gender relations in alcohol policy, enacting women as vulnerable subjects whilst obscuring men, men’s conduct and masculinities from discussions of violence and harm generally.

Methodology

Our analysis is based on 18 publicly accessible Australian federal, state and territory alcohol policy documents. Where possible, we include at least two waves of strategy for each jurisdiction, going back as far as 2008. We found that not all jurisdictions had current alcohol strategies. In these cases, we analysed the alcohol sections of broader drug strategies or consultation documents (e.g. *ACT Drug Strategy Action Plan 2018-2021*). Because of their relevance to the topic of alcohol and violence, we also included a 2012 “fact sheet” jointly produced by the NSW Department of Justice and the Australian Institute of Criminology (*Strategies to reduce alcohol-related assault in entertainment precincts*), the NSW government’s *Reducing alcohol-related harm: Snapshot 2017*, and the Queensland government’s *Safe Night Out Strategy 2014* (Table 1).

[Insert table 1 here]

We undertook a systematic analysis with a specific focus on the “simplification practices” identified by Law as central to the enactment and stabilisation of reality (2011). Such

processes of simplification enable actors (e.g. policy makers) to make useful statements about alcohol and its relationship to forms of harm, including violence. These practices are: selection, juxtaposition, deletion, ranking and framing. According to Hart and Moore (2014, p.396), selection and ranking draw attention to the “hierarchies of salience” guiding and framing decisions about the selection or deletion of “entities eligible for enactment”, while juxtapositions are “processes of boundary-setting between categories of things”. In focusing on these simplification practices, our analysis moves away from questions about the accurate representation of problems in policy and towards questions of how particular problems are enacted as “real” and the effects of such enactments. We identified and coded all articulations in the data that in some way mentioned or had a bearing on gender difference. We then analysed these codes for instances of the simplification practices identified by Law. We argue that gender in these documents was not a single, fixed reality but was enacted differently according to the making and re-making of alcohol and its effects as the policy problem to be addressed. We identified three key collateral realities of gender, that is, realities that stem implicitly from policies that stabilize alcohol effects and normative gender relations: (1) gender as an individual attribute; (2) gender as a synonym for women; and (3) a gendered account of public and private forms of alcohol-related violence. Following Law (2011), our argument is that these collateral realities stabilize the reality of alcohol as a singular, discrete and independent cause of violence and other forms of harm.

Collateral reality #1: Gender as an attribute of individuals

In the alcohol policy documents we analysed, gender was most commonly enacted as a fixed and objective attribute of individuals. This is gender as a demographic variable, a routine and normalized feature of epidemiological theory and methods (Krieger, 2003). As Krieger has

pointed out, the relationship between this form of gender and “sex” is not always clear in public health and medical research. Gender and sex are at times used interchangeably, while at other times gender is used to mark the category as social and cultural rather than biological (2003). However, even if gender is acknowledged as a social category, it is usually assumed to be the elaboration of the pre-existing natural difference between male and female bodies. Thus, this form of gender can be used to sort individuals into the two clear and quantifiable categories of men and women.

Overall, we found that the performance of gender as an individual attribute, generally assumed to be equivalent to biological sex, ignores gender as a relational system and social structure. This is a production of reality that is political even though it is performed as incidental and collateral to another explicit set of aims. Sophie Yates’ identification of two working definitions of gender among domestic and family violence policy actors and advocates provides an instructive comparison (2018). She calls these definitions “Big G gender”, a category closely tied to identity, and related mainly to the state of being male or female, and “Small g gender”, a structure and a process that people perform, including relations and hierarchies within and between gender categories (2018, p.570). Yates observes that “Big G” understandings of gender can result in scepticism about the gendered nature of family violence, especially in cases that do not conform to the pattern of men abusing women. In contrast, “small g gender”, the understanding developed by feminist scholarship and activism, enables domestic and family violence to be conceptualized and responded to as part of a complex of gendered patterns of power (2018, p.578).

In the context of alcohol policy, the “Big G” version of gender enables gender differences to be selected for representation and articulation in some contexts and deleted in others, depending on the nature of the harms being addressed. Men are enacted as subjects of harm

in a number of the policies, mainly as bodies at risk of habitually consuming too much alcohol and therefore suffering negative physical effects identifiable by medical and health science. These negative effects on individual bodies can be converted into statistics that represent the reality of alcohol and health. *Reducing the Alcohol and Drug Toll: Victoria's Plan 2013-2017*, for example, states that “one in three men will have a drinking problem at some point in their lives” (p.7). Similarly, in the *VicHealth Alcohol Strategy 2016-2019*, men are named as being at greater risk of short- and long-term “alcohol-related harms”, such as injury, cancer and cardiovascular disease (p.6).

In these kinds of statements about risk and harm, sexed bodies are enacted as natural, *a priori* objects on which alcohol acts to produce sex-differentiated individual health and social problems. By attributing gendered outcomes related to harm from alcohol to “male” and “female” bodies, questions of how such bodies and alcohol are actively involved in gendered and gendering processes are deleted. However, the listing of men alongside other risk categories such as “adults”, “older people” and “people with low socioeconomic backgrounds” suggests the juxtaposition of another form of more abstract ordering, in which gender and other properties such as age and class are separated from bodies as independent attributes that can be sorted in different ways.

In contrast, the *VicHealth Alcohol Strategy 2016-2019* frames women within its highlighted section on “social position and inequality”. In this section of the document, it is the vulnerabilities of “high risk groups” that are causally linked to health outcomes, with alcohol given a more secondary role. High risk groups are characterized by their social position and “exposure to factors that mean they are more likely to consume excess alcohol or experience alcohol related harm” (8). These factors include discrimination and chronic stress. However, despite the title of the section, women are enacted here as biologically rather than socially

vulnerable, in a similar way to children: “Vulnerabilities can be social (such as resilience or social support) or biological (women and children are more vulnerable, for example)” (no page number). Women’s vulnerability (and that of children) is naturalized as a product of their embodiment, rather than gendered social relations.

The same document demonstrates quite different practices of selection and juxtaposition in a striking full-page presentation of alcohol-related harm statistics and their percentage changes over time. Here vulnerabilities are absent. The six harms are performed as distinct, discrete and countable consequences of alcohol consumption: hospital admissions, treatment episodes, emergency department presentations, family violence incidents, ambulance attendances and road injuries. Although road injury is the only entity showing decline, it is presented in the same format as the others. Here, differences in harm and vulnerability between men and women (or other groups) are deleted; rather the comparison is among harms, implying these figures apply to all adult drinkers equally. Specific gendered differences between these diverse harms are not considered, for example, in the perpetration of violence. Harms from alcohol are thus portrayed in ways that assume that the substance has universal effects on the population. Not only is the over-representation of men in a range of harm indicators concealed in gender-neutral population statistics, but this gendering practice also legitimizes blanket measures to reduce harm from “risky drinking” by backgrounding the diverse range of factors relevant to those unique harms, and limiting the choices of all individuals and groups equally.

As this example suggests, the constitution of gender as an individual attribute and demographic variable also allows it to be set aside in order to produce “the population” as the entity that experiences physical and social harms from alcohol. Frequently, a gender-neutral description of diverse individual health and social problems attributed to alcohol involves the

enactment of a representative population subject in statistics, graphs and facts. For example, a table titled “Estimated number of alcohol-related inpatient hospitalisations by top six diagnostic group, Victoria, 2005-6” in *Victoria’s Alcohol Action Plan 2008-2013: Restoring the Balance*, presents population-level figures for “alcohol-related mental or behavioural problems”, “motor vehicle accidents” and “assault” (p.10). Gender differences are not reported in the table. Similarly, a line graph in *Reducing the Alcohol and Drug Toll: Victoria’s Plan 2013-2017* shows “Victorian alcohol-related hospital admissions 1999-2012”, at the end of a section titled “Better, earlier healthcare for alcohol problems” (p.22). Gendered differences in absolute numbers of hospital admissions for men and women are not presented, and therefore the possibility that such admissions may be driven by different factors for men and women is not considered.

Even when male and female sex does appear as the basis for comparison, however, gender is not necessarily foregrounded as the factor shaping such difference. For example, a box providing “some facts on people in rural and remote areas” in *the Interagency Strategic Framework for Western Australia 2018-22* (p.28) provides statistics comparing alcohol-related hospitalisations for men and women in remote, rural and metropolitan locales. The hospitalisation rate for women in remote areas (1178 per 100,000) far exceeds the rate for men (800 per 100,000), and to a lesser extent in rural and metropolitan areas, although this is not highlighted in the text. Instead, the policy identifies “geographic isolation” as the key factor shaping alcohol-related hospital admissions in remote and rural life. In this example, while sex is highlighted, gender as a factor contributing to women’s higher rates of hospitalisation is displaced by a focus on geography. This ranking practice leaves the gendered disparity unexplained, including any relationship between gender, issues of social control and drinking. Additionally, the statistical practice of reporting hospitalisations based on “male” and “female” categories foregrounds the aggregate admission to hospital of

individual male and female *bodies*. The sexed body is thus enacted as the object of alcohol-related harm, but the role of gendered forces comprising consumption events leading to hospitalisation (including intimate-partner and family violence) is excluded. Not only does this practice iterate gender as a biological category and perpetuate the primary focus on alcohol; it also reifies a measurable, mappable version of two-dimensional space (a juxtaposition between remote, rural and metropolitan locales) as the factor to which policy should attend as the basis for addressing harms from alcohol.

Another representation of harm is found in a section of the Tasmanian Framework, which states that “males aged 20-29 (17.2%) were the most likely group to consume alcohol at risky or high-risk levels for short-term harm at least weekly” (p.11). Although a figure for women of the same age is not provided, an earlier section of the Framework highlights the increasing prevalence of “females [...] as *both* offenders and victims of assault in public places” (p.3; emphasis added). Men are not identified as the primary perpetrators and victims of non-domestic assault. Rather, men’s drinking and antisocial behaviour are conceptualized as a “youth” issue through the highlighting of an age-based category of risk, whilst women as a group are framed as a specific problem.

The performing of “Big G” gender as an individual attribute or simple identity marker in alcohol policy means that when other factors such as location or age are selected and ranked as more relevant to alcohol harm reduction, gender disappears. This gendering practice plays down the significance of young men’s drinking and violent behaviour, enacting young people as a policy priority, whilst stabilising the independent and common-sense status of alcohol as a harmful substance.

Collateral reality #2: Gender as synonymous with women

The constitution of gender as an attribute of individual bodies (which can be aggregated as a risk factor) is related to a second collateral reality in policy: gender as synonymous with women. This enacts women as a “special” population or group in research and policy (Keane, 2013, 2017; Martin and Aston, 2014). Here, social forces and factors (i.e. gender roles and gendered social expectations) are identified to explain women’s disadvantage or vulnerability, but these are assumed to rest on the “substrate of sex” (Keane, 2017, p.128). Thus, gender relations are understood to be determined by sex, and specifically by women’s reproductive biology. The effect of this gendering practice is the foregrounding of alcohol as a source of harm to women and other disadvantaged and marginalized social groups, whilst obscuring men, masculinities, and the other elements and forces that are brought together in drinking practices (Hart and Moore, 2014).

The visual summary of “Harms associated with alcohol” included in the *National Alcohol Strategy 2019-2028* demonstrates this practice (p.7). On this page, there are seven coloured tiles each containing a key point illustrated by a simply drawn pictograph. For example, “1 in 4 road fatalities can be attributed to drink driving” is illustrated by an image of an overturned car with a cracked windscreen (p.7). Only two of the tiles have illustrations of human entities rather than objects. “1 in 2 women who are pregnant consume alcohol during their pregnancy” is illustrated by the silhouette of a side-on pregnant woman drinking, while the tile on the role of alcohol in intimate partner and family violence is illustrated by a fist. While the fist can be read as male, it is the female body on this page which stands out as a spectacle of biological harm and human agency. The depiction of some harms as objects (a car for road fatalities, handcuffs for crime, an ambulance for emergency department presentations and gravestones for deaths) may appear as an obvious and banal communication strategy but it has the effect of minimising human agency in relation to some harms and not others.

The practice of reducing women to their reproductive capacities is underscored by the ways in which the female body is visually juxtaposed with other bodies and objects of concern in policy documents. For example, in the *NSW Department of Health's Reducing alcohol-related harm snapshot 2017*, the impact of alcohol on different groups is identified, with the risk of congenital abnormalities and disability from drinking during pregnancy placed first. This is followed by underage drinking and brain development; young people's risk of accident and injury; and older people and physiological changes. This ranking – of problem groups organized chronologically according to the human life-course – effectively stabilizes the (potentially) pregnant woman as an object of risk to any potential foetus, and at the same time deletes gender for other age-related problems.

The list is also notable for ignoring drinking and violence involving men. In fact, violence is not mentioned anywhere in the document. Separately, an anatomical diagram demonstrating the long-term effects of alcohol use employs the outline of a generic, line-drawn (morphologically male) body, with tabs describing different health effects on the brain, the cardiovascular system, the liver and various cancers overlaid on the relevant body part. Government guidelines on standard drink sizes are placed next to this graphic, along with drinking recommendations for healthy men and women, children under 15, young people aged 15-17 years, pregnant women and breastfeeding women. Symbolically then, the long-term health effects of alcohol consumption are transposed onto a nominally male body, emphasising individual, universal health risks, whilst standard drink recommendations codify individual subjects at risk according to alcohol units and the vulnerability of their respective bodies (or those for whom they are nominally coded responsible). This figures pregnant women as objects of surveillance, relevant only because of the risks their drinking poses to foetuses and infants, whilst men, if perceived to be addressed at all, are enacted as individual agents capable of making reasoned decisions about their own consumption and personal

health.

The enactment of women as reproductive bodies in alcohol and other drug policy has been well documented (Campbell, 2000; Thomas and Bull, 2018). In the *Western Australian Alcohol and Drug Interagency Strategy 2018-2022* document, “families including alcohol and other drug using parents and significant others” are identified as “a priority group” (p.29). The familial roles mentioned in this section are children, parents and grandparents. In a departure from much alcohol and other drug discourse, mothers (as well as fathers) are not explicitly identified as subjects of concern. The opening statement, “Many Australian families routinely face problems associated with a family member’s alcohol and other drug use” (p.29) performs an ungendered “family member” as the location of harm faced by families (despite gender differences in rates of heavy drinking and violence toward others; Wilsnack, et al., 2018), but when the discussion moves to “children at risk” it is women’s conduct that is targeted: “Across Australia 47% of women consumed alcohol while pregnant, before knowledge of their pregnancy and approximately 20% of women continue to drink alcohol after they know they are pregnant” (p.29).

The selection of female embodiment and subjectivity as a site of harm is paralleled by the appearance of a gender-neutral subject position, unmarked by sex or reproduction. This enactment tends to be incidentally and unintentionally done, for example through a concern with changing patterns of consumption. For example, *Victoria’s Action Plan 2008-2013: Restoring the Balance* presents research data comparing young men’s and women’s preferences for pre-mixed drinks (74% and 78%, respectively) (p.27), which are ranked as significant objects of concern due to their sweet taste, low cost and high alcohol content (compared to beer) (Metzner and Krauss, 2008). Data illustrating gendered preferences for beer (favoured by 72% of men compared to 30% of women) are also provided, yet despite the

greater social costs of men's alcohol consumption, it is the popularity of pre-mixed products among "teen females" (p.27) that is identified and juxtaposed with the general harms of young people's consumption.

As discussed in the previous section, many of the policy documents take seriously the role of "social position and inequality" in structuring health and other outcomes attributed to alcohol (*VicHealth Alcohol Strategy 2016-2019*, p.8). However, men are not identified as a priority population in any of the documents we analysed. Although men are identified as at greater risk of experiencing short- and long-term harms from alcohol use, their sex-based vulnerability is addressed as an issue of individual consumption, health and safety. For example, the *VicHealth Alcohol Strategy 2016-2019* targets reductions in overall consumption to reduce alcohol-related harms. There is a specific emphasis on "de-normalising risky drinking in high-risk groups, settings and subcultures" (p.4). Men are not specifically identified as an "at-risk" or vulnerable group in this document (nor in any other reviewed). In contrast, women are constructed as an at-risk group on the basis of their biological difference from an abstract subject for whom risk is treated as an individual factor. This normative, nominal person is accorded attributes traditionally coded as masculine, including rationality, reason and self-control. Women's vulnerability (and that of children with whom they are routinely linked) is naturalized as a product of their embodiment, rather than gendered social relations. Women's sex-based vulnerability establishes their need for protection, while "risky" drinking, groups, settings and subcultures are framed as the most salient policy objects in the reduction of alcohol-related harm without reference to the gender aspects of these targets.

It should be noted that the *VicHealth Alcohol Cultures Framework* (2019) and related work being sponsored by this Victorian health promotion agency enacts a reality of gender that is

quite different from other policy texts through the framing of alcohol consumption as a cultural and social practice. In this framework, risky drinking is not solely an attribute of individual drinkers, but reflects the “shared understanding of formal rules, social norms, practices, values and beliefs around what is and what is not socially acceptable” when a group of drinkers “get together” (2019, p.1; see also Savic, et al., 2016). The Alcohol Cultures Framework produces a new entity of concern and investigation, the “male social group”, which contrasts with the dominant policy representation of men as individuals (Roberts, et al., 2019). The presence of this group here highlights its absence in other policy documents.

In the simplification practices we have discussed in this section, policy enacts gender to reflect and reproduce the vulnerability and disadvantage of women, with these treated as products of women’s bodies and childcare responsibilities. These practices act to stabilize the status of alcohol as a singular entity which produces harms according to these pre-existing vulnerabilities. The role of other elements and forces are obscured. In addition, this practice constitutes an unmarked subject position characterized by individual reason and self-control, and distanced from the reproductive and sexed body, a collateral reality that actively permits the displacement of men from policy unless addressed as individual subjects.

Collateral reality #3: Gender as confined to the domestic sphere

The marking out of women and the displacement of men as a gendered category in policy is further filtered through the iteration of a third collateral reality – a distinction made between “alcohol-related violence” in domestic, intimate and family life, and that which occurs in public settings. This juxtaposition is explicit in the draft *National Strategy 2019-2028* which highlights the “significant social cost due to alcohol-related disease, *street and family violence*, sexual assault and road accidents” (p.5; emphasis added). This spatial typology of

violence relies on gendered assumptions about public and private realms to explain or contextualize the role of alcohol (Seear, 2019, p.16), and mirrors a long tradition in Western thought of naturalizing gendered power relations as part of the intimate structure of heterosexuality (Squiers, 2003). Here, the gendered handling of violence in private works co-constitutively to reify “public” space as gender-neutral while hiving gender-based forms of analysis and advocacy off to a parallel policy sphere.

In the Australian context, where there is currently significant social and government attention to the prevention of domestic and family violence, alcohol policy appears to increasingly incorporate feminist framings of such violence as a social and political problem “with roots in structural systems of gender inequality” (Yates, 2019, p.263). For example, in the two South Australian documents we analysed, emphasis in the earlier strategy (*South Australian Alcohol and other Drug Strategy 2011-2016*) on the “impact” of alcohol *on* families, communities and services has been replaced by a focus on the importance of “addressing the relationship *between* domestic and family violence *and* alcohol” in the latter (*South Australian Alcohol and Other Drug Strategy 2017-2021*, p.1; emphasis added).

However, the gendered nature of domestic/family violence in alcohol policy is only specified through the instantiation of the physical vulnerability of women and children, while the gender of perpetrators is largely ignored. *The Queensland Alcohol and Other Drugs Action Plan 2015-17* notes the government’s commitment to “Develop the Violence Against Women Prevention Plan” (p.19), a “whole-of-government plan [that] will commit to eliminating all forms of violence perpetrated against women, of which domestic and family violence is one

of the most common forms” (p.19). Men as the principal perpetrators of violence are not addressed anywhere in the Action Plan, not even in an action addressing “coward punches” or another providing AUD10.8 million to support rest and recovery services in Safe Night Precinctsⁱⁱ to reduce alcohol-related violence (p.20). This example also highlights a tendency to distinguish between policy spheres for dealing with alcohol and domestic violence. The contemporary ACT, Queensland and Victorian alcohol and other drug strategies each reference parallel policy programs focused on addressing family and intimate-partner violence, all which name women in their titles. These include: *The National Plan to Reduce Violence Against Women and their Children 2010-2022*; the *Queensland Violence Against Women Prevention Plan, 2016-2022*; and *Victoria’s Action Plan to Address Violence Against Women and Children 2012–2015*. The *Northern Territory Alcohol Harm Minimisation Action Plan 2018-2019* notes that “67% of domestic violence incidents in 2014 involved alcohol” (p.13). It endorses a separate 10-year domestic, family and violence prevention framework plan “to ensure government policies address factors such as alcohol, [and] support the reduction of violence in the community” (p.5).

Such a distinction is reinforced through the prioritisation of alcohol availability as a policy mechanism for addressing harms, including violence. In the domestic and family violence sector alcohol is conceptualized as a “contributing” or “reinforcing” factor, which may exacerbate the severity or frequency of violence in the context of social norms and other gendered drivers that predict higher rates of violence against women (Yates, 2019). The recent *Australian National Alcohol Strategy 2019-2028* draws on epidemiological research to emphasize the need to take alcohol *more* seriously as a contributing factor in domestic violence. It cites statistics on the involvement of alcohol in intimate partner violence, child abuse and sexual violence, and concludes by arguing that:

Greater attention should be paid to the relationship between access to alcohol and family violence in light of evidence showing that alcohol misuse increases the severity and frequency of family violence. (p.16)

Here, epidemiological evidence demonstrating a link between alcohol availability and the severity and frequency of violence is cited to foreground availability as the logical policy mechanism for reducing such violence, despite there being limited evidence linking availability and domestic violence (Wilson, Graham, and Taft, 2014). Although agency is attributed to a range of factors, in the words of Hart and Moore (2014, p.406), these “amplify or diminish” the effects of alcohol but do not alter the malign agency of alcohol itself. This reifies public health rationalities emphasising the restriction of alcohol supply and consumption and relegates gender analysis to a parallel policy domain (family and intimate partner violence), despite the complex interaction of alcohol and gender in the context of domestic violence (Wilson, Graham and Taft, 2017). Rather, a singular reality is established, in alcohol policy at least, defining “alcohol-related violence” in stable, predictable and preventable terms, by bracketing out such complexities.

Consigning gender to spaces understood as private, domestic and familial, alcohol policy addresses public and “street” violence as implicitly gender neutral. For example, the *Tasmanian Alcohol Framework 2010-2015* presents statistics on harms from alcohol, including “vandalism, offensive behaviour, violence, road crashes and crime” (p.10), but makes no mention of men’s over-representation in these forms of harm. Similarly, the Victorian 2013-2017 strategy identifies misuse of alcohol across age groups and provides statistics on crime and public safety but does not differentiate these according to gender. Although *The Northern Territory Alcohol Harm Minimisation Action Plan 2018-2019* states that 67% of violent assaults in 2014 involved alcohol, this statistic is not broken down further to explain in what contexts, or between whom, such incidents occurred. In fact, statistics

illustrating the gendered expression of “street” violence are not presented in any of the documents, although some recommendations gesture obliquely to male drinkers for example, “coward punch” measures. This term has been used by commentators in Australia to exclusively shame young men engaged in alcohol-related violence (*Queensland Alcohol and Other Drugs Action Plan 2015-17*, p.20).

Mechanisms to address public violence centre on population-level efforts to decrease alcohol availability or reduce harms attributed to intoxication. The groups singled out for particular attention are those usually identified as vulnerable to harm: young people, children and pregnant women. For example, the *Northern Territory Alcohol Harm Minimisation Action Plan 2018-2019* recommends:

Enforced mandatory signage in licensed premises to assist in the development of an effective RSA [responsible service of alcohol] culture in a venue, raise awareness of CCTV and the role of security (patron safety), dealing with minors including underage drinking and false ID, reduce drinking by pregnant women and their partners, and to encourage responsible consumption of alcohol. (p.11)

The inclusion of the partners of pregnant women as a group targeted for drinking reduction is a noteworthy (and unusual) inclusion.

More generally, the night-time economy is framed as an economic marketplace in which policy must balance the competing interests of the alcohol and night-time entertainment industries with the economic and social impacts of these activities on local amenity, and the health, policing and justice systems. This framing treats harms attributed to alcohol in economic terms, reifying alcohol unit approaches and measuring harms as the aggregate consequence of individual health and anti-social behaviour described in emergency department, hospital admission and police arrest data. Thus, the street does not simply refer to the material geography of public drinking spaces, but an assemblage of economic and

social relations embodied in the phrase the “night-time economy”. In recommendations, alcohol is prioritized as the source of harm; gender-neutral “patrons”ⁱⁱⁱ or “drinkers” are enacted as agents capable of exercising self-control, unless too intoxicated to do so, and governments and authorities are charged with maintaining public order. In treating public space as a neutral backdrop to violence associated with alcohol, policy acts to naturalize certain masculine patterns of alcohol use and related practices, including violence.

Conclusion

Drawing on Bacchi’s analysis of “gendering practices” in policy (2017) and Law’s account of “collateral realities” (2011), we have analysed three enactments of gender in Australian alcohol policy documents. These are realities made “along the way” that reinforce normative understandings of alcohol effects and shore up normative gender relations. As Law states, “it is the endless enactment of collateral realities that tends to hold things steady”, producing the sense of an incontestable and singular real (2011, p.174). The categories “men” and “women” are made real through processes of selection, juxtaposition, deletion, ranking and framing, producing the effect of an underlying and universal binary difference (Scott, 2010).

In the first collateral reality identified, statistics, graphs and pictorials provide the most evident examples of gender in Australian alcohol policy, with gender being enacted primarily as an individual attribute that can be aggregated, ranked, singled out or deleted. While this enables a comparison between men and women in relation to some harms, other differences between men and women are routinely ignored or minimized. Gender as an individual attribute is a simplification practice that displaces the potential discussion of gender as a varied, mutable and contestable system of relations that shapes and is shaped by harms associated with alcohol consumption, especially in relation to violence.

When gender does appear in Australian alcohol policy, it is often coded as biological sex or equated principally with women, who are framed as “objects” of concern via the visibility of their bodies or the exceptionalism of their drinking practices. This second collateral reality, the enactment of gender as synonymous with women, is a process that works through a framing of the female body as a site of vulnerability (Keane, 2017). Even when addressed as gendered subjects, it is biology that is emphasized as the source of women’s risk. Women are gendered according to the harmful effects of alcohol on their bodies, the bodies of others they are coded as responsible for, and via their gendered socio-economic and cultural status as “women”. Moreover, women appear in policy as in need of protection and management, particularly in relation to pregnancy, a state that authorizes surveillance in the name of foetal health. Women are also represented as vulnerable to men who drink and become violent, yet men are not routinely identified as those who commit or experience violence. The vulnerability of men’s bodies is only identified in relation to the individual health harms of chronic alcohol use. Acute harms, such as injury, drink-driving and assault, are routinely reported using representative population statistics in which gendered patterns of behaviour specific to men are ignored. Harms from alcohol are thus stabilized in ways that exaggerate alcohol effects on the individual (implicitly male) biological body, unless marked out as female.

This is particularly apparent in a third collateral reality that stabilizes alcohol effects: the treatment of gender-based violence and alcohol in relation to a public and private divide. Here, the feminisation of private space permits gender-based forms of analysis and advocacy to be seen as belonging to the parallel policy sphere of domestic and family violence. The gendered construction of private, domestic or intimate life works co-constitutively to reify “public” space as gender neutral. This reality is also made through the constitution of public drinking settings as primarily economic marketplaces populated by abstract and generic

individual actors. These actors are presumed to behave rationally and according to prosocial norms, unless intoxicated. Regarding both these spaces, it is assumed that reductions in alcohol consumption will lead to reductions in violence.

These collateral realities reinforce a straightforwardly causal role for alcohol in harms including violence. Additionally, they contribute to the maintenance of binary notions of gender based on normative heterosexuality and naturalized sexual difference. Gender as a relational variable, implicated in the consumption of alcohol and the materialisation of associated harms, is obscured. Women's vulnerability is constituted as natural and exceptional, and men's conduct is largely ignored as a target of intervention. As feminist theorists have argued, this model of sexual difference – in which female embodiment and subjectivity is constituted as different from an unmarked, disembodied and universal subject – is central to systems of male privilege (Carver, 2002; Grosz, 1994).

We are not arguing for the adoption of a single, coherent model of gender. But within its remit to reduce the harms associated with alcohol consumption, it would be beneficial for Australian alcohol policy makers to reflect on the different manifestations of gender that are possible and to consider their effects. Which bodies are made present and which bodies are made absent when harms are identified and ranked?^{iv} Which groups are made present and which are deleted? The difference between explanations for violence in the domestic and family violence field and the alcohol and other drug field are especially striking and suggest a need for more work on the entanglement of gender and drug effects in the perpetration and experience of violence (Yates, 2019). Men and women experience alcohol-related harm in different forms and at different levels, and this diversity of experience is easily overlooked when gender is framed simply as an individual attribute. Moreover, more attention to the interaction of norms of masculinity, alcohol effects and male conduct would enhance the

ability to intervene in violence without relying on regulatory measures that overlook the integrity of individual alcohol users and the value of nightlife to diverse communities (Hart, 2016; Hart and Wilkinson, 2019; Hunt and Antin, 2017; Race, 2016).

Policy makers might also reflect on the consequences of identifying and using group categories as the basis for addressing structural forms of disadvantage and exclusion. The constitution of priority or vulnerable groups according to collective risk, vulnerability or social barrier may, in effect, codify such experiences in categorical ways rather than draw attention to the processes through which such experiences are constituted. This has particular salience for the analysis of racialized categories, routinely used in alcohol policy to identify disparities between Aboriginal and Torres Strait Islander Australians, other minority ethnic groups and an unmarked “white” Australian subject. Future research might consider the co-constitutive effects of racialization and gendering processes in the production of realities of alcohol-related harm. An alternative approach to such categorisation might include identifying priority groups in wider terms than vulnerability alone, and additionally, identifying and addressing the vulnerability men experience beyond alcohol’s health effects. This last point requires addressing concerns about alcohol and forms of harm such as violence as always already-gendered phenomena. The pharmacological effects of alcohol cannot be extracted from the assemblages of social, material and discursive elements and forces that produce both vulnerability and harm (Duff, 2013, 2014; Fraser, Moore and Keane, 2014; Hart and Moore, 2014; Seear, 2019).

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Notes

ⁱ We use quotation marks here to problematize the taken-for-granted nature of these categories in most policy descriptions of gender. Quotation marks should be assumed for all subsequent references to “men” and “women”. In keeping with the relational framework we have adopted to analyse gender in Australian alcohol policy, we treat the categories men and women as contingent referents enacted in assemblages of practice. Where we deploy these categories to advance recognition of the ways in which some gendered subjects and patterns of behaviour are obscured or ignored in policy (i.e. when we refer to patterns of drinking or violence involving “men”), we seek to draw attention to the power of policy practices to constitute gendered realities rather than to pre-existing gendered subjects.

ⁱⁱ Safe night precincts were created by the Queensland Government to reduce late-night alcohol and other drug-related violence through the promotion, regulation and policing of responsible drinking practices in key entertainment areas.

ⁱⁱⁱ Although the etymological origins of the word “patron” lie in the Latin term *pater*, or *father*, Australian alcohol policy documents appear to use it more generally to mean customers or clientele. However, this use may be seen to embed a gender-neutral figure – characterized by attributes, including rationality, reason and self-control, traditionally coded as masculine – as the idealized subject of public discourse.

^{iv} As we hope is clear, we view bodies as material-discursive formations rather than simply “natural” or pre-existent phenomena (See Grosz, 1994).