Innovating the Study of Context: Using a Qualitative Study on Subjugation and Resistance to Explore the Utility of Foucauldian Governmentality as a Framework for Enriching Situational Analyses

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Abstract

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Keywords

Grounded Theory, Situational Analysis, Governmentality, Older Gay Men, Aging; Health Care

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Situational analysis has, as an emerging poststructuralist approach to grounded theory, recently grown in use across a diverse range of disciplines and substantive areas. In this paper, we consider the complementarity of Foucauldian governmentality as a theoretical framework for supporting and enriching situational analyses. Our work is based on the findings of a recent study, informed by situational analysis, in which we interviewed 27 HIV-positive (n=16) and HIV-negative (n=11) gay men ages 50 and over about their health care experiences, and used these data to examine processes of subjugation and resistance reflected in their accounts. Drawing on our analytical process, we consider the utility of governmentality in identifying salient discursive forces within a situation of interest, in theorizing how contextual factors operate on and influence the experiences of key actors in a field of inquiry, and in generating insight on fluid uses of power within an area under examination. Keywords: Grounded Theory, Situational Analysis, Governmentality, Older Gay Men, Aging; Health Care

Introduction

In recent years, grounded theory approaches with roots in poststructuralist thought (Charmaz, 2006; Clarke, 2003, 2005) have emerged to challenge the allegedly postpositivist origins (Charmaz, 2006) of this qualitative methodology. One such approach is situational analysis (Clarke, 2003, 2005), the conceptual origins of which lie in symbolic interactionist studies, as well as postmodern and poststructuralist scholarship. Although situational analysis, over the last decade, has grown in its utilization across numerous social science disciplines and diverse substantive areas (e.g., Atallah, 2017; King & Leask, 2017; Salazar et al., 2016), there appears to be a gap in literature exploring the usefulness of specific theoretical frameworks in guiding the analytical processes of studies informed by this method. Such theoretical reflexivity could generate an enriched understanding of what may be yielded from drawing on various theoretical frameworks.

In this paper, we explore the utility of Foucauldian governmentality in conceptualizing the findings of a situational analysis of subjugation and resistance in older gay men's health care experiences. We start with a brief overview of Foucauldian governmentality, and discuss various applications of this framework that have thus far been recognized by scholars writing in this theoretical tradition. Next, after discussing our study's substantive area and explaining our use of situational analysis to inform research design within this field of inquiry, we analyze

the relevance of governmentality as a framework for supporting and guiding our analytical activities in the context of this study. Specifically, we consider our use of this lens to identify and conceptualize discursive forces that appeared to prominently shape the health care experiences of older gay men, to generate insight on how salient contextual factors appeared to wield influence on the subjugation and resistance of older gay men in health care, and to examine fluid movements and uses of power within our area of inquiry. We conclude our paper with implications of our analysis for research informed by the tenets of situational analysis.

Foucauldian Governmentality: An Overview

The works of Michel Foucault have frequently been used among poststructuralists to problematize the construction of social conditions that drive the exercise and exchange of power (Larsen, 2011; Lemke, 2011; Walters, 2012). Consistent with this tradition, Foucault's work in the area of governmentality (Foucault, 2008, 2010, 2011) broadly considers the role of normative sources of power in shaping conduct or social behaviour (Gane, 2010; Walters, 2012). Discourses, or intelligible systems of communication that are sanctioned within particular social and historical contexts, are often believed to prominently reflect normative relations of power, and are thus considered particularly salient sites of analysis within this area of Foucauldian scholarship (Foucault, 2000; Walters, 2012).

Governmentality studies, as a field of theoretical inquiry, has grown over time to consider the regulatory function of discursive and other interactional forces across various levels of social organization (Walters, 2012). Although governmentality has most frequently been used to deconstruct sources of power sanctioned by state and market entities of the neoliberal regime (Gane, 2010; Walters, 2012), scholars have also emphasized the potential for this framework to conceptualize derivatives of power that are situated in and drawn from upon the full range of intrapersonal, interpersonal, organizational, and broader systemic contexts (Walters, 2012). Consistent with the original conception of this theoretical orientation, this work postulates that subjects (i.e. those who are constructed as targets of control when power is exercised in any given context) not only experience conditions of subjugation, but are also believed to possess the capacity for resistance to their marginality (Berard, 1999; Foucault, 2000). Of note, scholars in the field of governmentality studies often examine discourse to empirically substantiate expressions of subjugation and resistance reflected in normative texts, and also to consider the sources of normative power that construct conditions of subjugation and resistance in the first place (McIlvenny et al., 2016). Consistent with the theoretical literature on governmentality, our use of this framework implies our attention to multi-level sources of normative power, our concern with processes of subjugation and resistance as focal areas of inquiry, and our recognition of discourse as a particularly salient vehicle for effecting and reinforcing relations of power. Despite our recognition of governmentality as a compelling framework for investigating the function of normative power in regulating conduct across levels of social organization (Walters, 2012), along with our acknowledgement of its strengths in foregrounding the central role of discourse in deploying such power, it is important to note that its potential as an analytical orientation grounded in the poststructuralist paradigm has at times been appraised cautiously (Kerr, 1999; Savransky, 2014).

Namely, some have drawn attention to the potential misuse of governmentality in theoretical analyses that oversimplify relations of power between systems, structures, and institutions socially sanctioned to effect power (i.e., most often those associated with the state and/or the market) on the one hand, and subjects of such entities on the other (Kerr, 1999; Savransky, 2014). This dubious dichotomizing of "the governing" and "the governed," which itself is often problematized within Foucauldian scholarship as, at best, reflecting a superficial rendition of Foucault's writings in this area (Gane, 2010; Rose, 1996; Walters, 2012), is

rightfully challenged on the basis that it fails to account for nuances in intra- and intersubjective deployments of power that construct government at the level of the subject (Kerr, 1999). Indeed, Foucault's conceptualization of government is not limited to the collection of normative techniques and rationalities used by the contemporary neoliberal state to effect power on subjects situated within its institutions. Instead, government also involves the use of localized disciplines (i.e., bodies of knowledge intelligible in significance to only small groups of subjects), niche systems of communication, and informal hierarchies that, while potentiating government at the level of the subject, may or may not reflect the normative confines of the neoliberal regime (Foucault, 2000, 2008, 2010; Lupton, 1999; Walters, 2012). Accordingly, these concerns merit attention.

In our work, we utilize governmentality as an analytical framework for foregrounding sources of normative power that potentiate government, or the regulation of conduct, and that originate both at systemic, structural, and institutional levels, and at the level of the subject. We specifically account for some of governmentality's potential misuses by deliberately directing our attention not just to structural and institutional sources of normative power that appear to shape the conduct of older gay men in health care, but also to manifestations of intra- and intersubjective government reflected in the accounts of older gay men. As is revealed in our analysis, for example, we use governmentality to capture the internalization of normative power among older gay men as a largely intra-subjective process. We also conceptualize expressions of resistance in older gay men as representing attempts at subverting the effects of normative power on conduct and, in turn, at reconstituting the limits of government at the intersubjective level. As Foucauldian governmentality has, indeed, been recognized specifically for its unique strengths in accounting for government as a function of normative power operating both at the level of the subject and beyond (Gane, 2010; Lemke, 2011; Rose, 1996; Walters, 2012), we use this framework to foreground a comprehensive range in expressions of government specific to our substantive area. In so doing, we not only capitalize on the versatility of this theoretical orientation, but also attempt to avoid pitfalls historically associated with its use in the social sciences (Kerr, 1999; Savransky, 2014).

The Study: Investigating Subjugation and Resistance in Older Gay men's Experiences Navigating Health Care Systems

Contemporary empirical literature on older gay men's interactions with health systems and health care providers in North America, Europe, and other regions of the industrialized world is limited (Masten, 2015). However, the small body of research on the health care experiences of those in this group, often defined among scholars in this area as gay men ages 50 and over, indicates this population encounters prominent expressions of stigma and discrimination in care settings (Addis et al., 2009; Clover, 2006; Elliot et al., 2014; Rosenfeld et al., 2012). Older gay men living with HIV are, in particular, affected by these social processes in health systems, given the interlocking forces of homophobia and HIV stigma that have historically positioned this group as a marginalized category of care recipients (Cole, 1996; Emlet, 2006; Owen & Catalan, 2012; Rosenfeld, et al., 2012). Although HIV-negative gay men may not have directly experienced the historical conditions of marginalization that have shaped the interactions of their HIV-positive counterparts with health systems, the health care experiences of many in this group have nonetheless been shaped by their indirect exposure to combined expressions of homophobia and HIV stigma. Given that older HIV-negative gay men often report having cared for gay HIV-positive partners and friends through the HIV/AIDS epidemic, many have witnessed the stigmatization and mistreatment of these peers in health care, and based on these experiences, have come to expect hostility or neglect in health systems (Cronin & King, 2014; Fenkl, 2012; Fredriksen-Goldsen et al., 2014; McNutt & Yakushko,

2013; Wight et al., 2012). As a result, the salience of stigma and discrimination across present day health settings, both among older HIV-positive (Emlet, 2006; Emlet et al., 2017; Lyons et al., 2012; Masten, 2015; Owen & Catalan, 2012) and HIV-negative gay men (Addis et al., 2009; Clover, 2006; Elliot et al., 2014; Fenkl, 2012; Fredriksen-Goldsen et al., 2011; Gardner et al., 2014; Grace et al., 2018; Institute of Medicine, 2011; Lyons et al., 2012), is perhaps not surprising. Yet, there is a scarcity in focused studies of older gay men's health care experiences, particularly those that consider the combined realities of both HIV-positive and HIV-negative men.

Of note, scholars have acknowledged that as a result of technological advancements in the treatment of HIV (Cahill & Valadez, 2013), as well as social movements that have resulted in greater recognition of gay men as a group with distinctive needs in the area of HIV prevention and care (Emlet et al., 2017; Masten, 2015), there currently exists an unprecedented network of service systems specialized in responding to the issues of groups affected by the disease (Cahill & Valadez, 2013). However, as is commonly highlighted in the limited body of literature on older HIV-positive gay men's experiences in particular, sexual minority men historically affected by and/or currently living with HIV remain burdened by their experiences with stigma in earlier stages of the epidemic (Rosenfeld et al., 2012), and very commonly report a continuation of their experiences with discrimination in spite of the growth in resources to support those chronically living with HIV (Owen & Catalan, 2012).

Based on the foregoing, we originally sought to examine aging gay men's accounts of engaging with health systems, and particularly focused on systems of marginalization, including homophobia, HIV stigma and ageism, at play in constructing the health care context of older gay men (Addis et al., 2009; Rosenfeld et al., 2012). We drew on Foucauldian governmentality to inform nuanced analyses of power. Using this lens allowed for a conceptualization of the mechanisms involved in establishing and reinforcing the marginalization of older gay men in health care as processes of subjugation, and the HIV/AIDS epidemic as a potential source of normative power underpinning the subjugation of older gay men in this context. Given, within the tradition of governmentality, the co-existence of resistance within conditions of subjugation (Berard, 1999; Foucault, 2000), we were also able to use this lens to attend to the resistive activities of older gay men in systems of care. Present day cohorts of older gay men (King, 2016; Rosenfeld et al., 2012), along with their deceased peers (Smith, 1990), have historically enacted remarkable expressions of resistance to their marginalization in systems of care by leading movements to advocate for scientific research on HIV/AIDS during the 1980s and 1990s (Epstein, 1989), and by establishing extensive systems of community-based support and advocacy for gay men living with HIV in the same time period (Brier, 2009; Chambré, 2006). In light of the legacy of resistance in this population, we deemed it necessary to recognize and highlight ongoing resistive activities undertaken by older gay men to challenge their continuing subjugation within contemporary health systems.

Given the issues highlighted above, our original study sought to address the following research questions: (1) *how are processes of subjugation and resistance reflected in the accounts of older HIV-positive and HIV-negative gay men seeking and/or receiving care in health systems?;* and (2) *what is the comparative significance of the HIV/AIDS epidemic in constructing health care as a site of subjugation and resistance among older HIV-positive and HIV-negative gay men?* In the sections that follow, we describe our utilization of situational analysis to guide our empirical study of these questions, and our use of Foucauldian governmentality to enrich the study's analytical activities. This paper's content is based on insights that the execution of our study yielded on the theoretical complementarity of Foucauldian governmentality as a conceptual framework in studies informed methodologically by situational analysis. Importantly, although we recognize that the study's questions were originally informed by governmentality, and thus led to findings that were most easily

expressed using constructs associated with this body of scholarship (e.g., "subjugation" and "resistance"), in this paper we explore the usefulness of governmentality as a vehicle for analyzing raw data in situational analyses that may or may not be conceptually grounded in Foucauldian scholarship.

In this paper, we specifically focus on outlining the contributions that Foucauldian governmentality has made to our use of situational analysis and, in so doing, highlight the potential for this framework to enrich future projects informed by this methodological approach. As we have considered the empirical contributions of our original research elsewhere (Kia et al., 2019) in this paper our primary objective is to foreground theoretical and methodological insights associated with the execution of our research design and our subsequent analytical process.

Use of Situational Analysis as an Approach

Situational Analysis

We used Situational Analysis (Clarke, 2003, 2005), which involves the inductive and emergent generation and analysis of textual data, to examine and develop theory on the phenomenon under investigation. In light of this methodological framework's conceptual underpinnings in poststructuralist thought and symbolic interactionism, the use of situational analysis entails attention to contextual factors that appear salient in constructing or shaping the area of interest (Clarke, 2005). Unlike other traditions of grounded theory, researchers drawing on this critical research strategy often map the presence and influence of contextual factors across the field of study, and use this situational map to guide the analytical process. Given, within more traditional approaches to grounded theory (Corbin & Strauss, 2015), the tendency for text to be conceptualized as being directly reflective of the area under investigation, and less as being a constructed product of contextual factors, situational analysis may be seen as distinctively more compatible with poststructuralist thought than earlier traditions of grounded theory.

Situational Analysis as a Distinctive Grounded Theory Approach. Although the early literature on grounded theory historically represented a challenge to more positivist methods in use across the social sciences, this tradition eventually came to be critiqued for its alleged alignment with tenets of post-positivism (Charmaz, 2005). Specifically, because postpositivist discourses of validity and rigour came to pervade – and frame – some of the mainstream literature on grounded theory, a number of scholars have explicitly highlighted these developments as reflective of this methodology's apparent departure from its interpretivist origins (Charmaz, 2005; Clarke, 2003).

In the context of the current study, such criticism merits serious consideration, as several of the assumptions embedded in its primary research questions are rooted in poststructuralist epistemology, and therefore risk conflicting with the contemporary methodology of mainstream grounded theory (Corbin & Strauss, 2015). Namely, because this study primarily seeks to engage in a Foucauldian analysis of health care as a site of subjugation and resistance among older gay men, it necessarily involves the poststructuralist project of deconstructing the very discourses underpinning these social processes. Indeed, consistent with Foucault's conceptualization of subjugation as a phenomenon of governmentality (Foucault, 2000, 2008, 2010), the deployment of historically, socially, and politically contextualized discourses is often fundamental in producing governed subjects who are then believed to effect agency through their own discursive constructions of resistance and localized government. Therefore, a genealogical or deconstructive analysis of such text is necessary as a condition of gaining insight into the dynamics of subjugating and resistive power. Accordingly, the arguable

need for the study to account for the array of contextual factors potentially involved in the discursive production of subjugation, many of which may not be explicitly apparent in the accounts of participants, may conflict with a postpositivist methodology that privileges the relatively "pure" inductive analysis of data as a measure of validity or rigour (Clarke, 2003, 2005). The use of situational analysis, which involves explicit attention not only to the immediate social phenomena under study, but also to the social and discursive contexts whose role in characterizing and constructing these fields of inquiry may be inferred through deconstructive analyses (Clarke, 2003, 2005), aligns exceptionally with the objectives of this study.

Methodology

As noted earlier, the aim of this paper is not to provide a comprehensive overview of the findings of our original study, as these are presented elsewhere (Kia et al., 2019). Rather, this paper aims to delineate the utility of Foucauldian governmentality as a theoretical framework that may be used to enrich studies informed by situational analysis. Accordingly, although we do include a methodology section in this paper, the purpose of this section is primarily to describe our incorporation of situational analysis, in order to render our discussion of governmentality's compatibility with this research approach more intelligible in the section that follows. Below, we briefly describe recruitment, sampling, data collection, and data analysis processes we undertook as part of our research.

Participants

This study underwent review and approval by the University of Toronto's HIV Research Ethics Board. All participants involved in the study provided informed consent prior to their engagement in the research process.

Recruitment. We recruited participants with assistance from AIDS services organizations (ASOs) and community agencies serving older lesbian, gay, bisexual, transgender, and queer (LGBTQ) adults in Toronto, Canada. After establishing partnerships with these organizations, we distributed our recruitment materials to outreach and support workers employed in these settings, who then shared information on our study with potentially eligible older gay men.

Sampling. Our sample consisted of 27 participants who (1) self-identified as gay men, (2) were over the age of 49, and (3) had at least three experiences of seeking or receiving care from physicians or nursing professionals in the 12 months preceding their involvement in the study. The participants ranged in age from 50 to 77. Whilst a majority were in their 50s (n=15), six were in their 60s, and another six in their 70s. We deliberately oversampled HIV-positive adults (n=16) in order to ensure adequate representation of those whose lived experiences we believed could yield particularly relevant insights on the influence of the HIV/AIDS epidemic on the health care experiences of older gay men.

Although we primarily utilized our study's baseline eligibility criteria to guide our recruitment process, we also drew on elements of theoretical sampling (Corbin & Strauss, 2015). For instance, based on our review of the limited literature, we were aware of significant variations in experiences of stigma and discrimination, most often based on factors such as race (Addis et al., 2009) and socioeconomic status (Fredriksen-Goldsen et al., 2011), across diverse categories of older gay men. When these insights were corroborated by early analyses of our own data, we implemented recruitment measures to achieve as much racial, ethnic, and

socioeconomic heterogeneity in our sample as possible. Specifically, we included questions surrounding race, ethnicity, and socioeconomic status in our screening questionnaire, and attempted to recruit participants representing diversity along these intersectional dimensions of difference. Unfortunately, we were successful in recruiting a total of only five men of colour. Despite this limitation, we were able to achieve a socioeconomically heterogeneous sample and, as such, our theoretical picture of subjugation and resistance potentially represents transferability across a meaningful range of socioeconomic diversity; this is a possibility that is considered more comprehensively in our original account of our findings (Kia et al., 2019). Table 1.1 provides a descriptive overview of the sample's demographic characteristics.

Table 1.1 – Demographic Characteristics of HIV-Positive and HIV-Negative Participants

		HIV-Positive Participants (n=16)	HIV-Negative Participants (n=11)
Age Category	50-59	11	4
	60-69	4	2
	70+	1	5
Racial/Ethnic Identity	White/Caucasian	13	9
	Black/Afro-Caribbean/African	1	1
	Other (Latin, Asian/Pacific Islander, Mixed Race)	2	1
Socioeconomic Position	Solely reliant on government-administered financial benefits for income	11	2
	Access to private sources of income (i.e., employment income and/or pension income from prior employment)	5	9

Semi-Structured Qualitative Interviews

After providing informed consent, participants were each invited to take part in 1-1.5 hour in-depth, semi-structured interviews that were guided by an interview protocol. Based on a review of the relevant literature, as well as feedback from our community partners, we developed an interview protocol in which we invited participants to discuss their experiences with health care systems. Questions we included in this guide fell into three broad and open-ended categories that were each designed to elicit: (1) participants' experiences of seeking and receiving care in health settings in the 12 months preceding the study, (2) the perceived quality of these adults' interactions with health care professionals during the same time period, and (3) the participants' overall reflections on their health care needs as aging gay men, based on any of their recent and/or past experiences with health systems. We audio-recorded each interview and transcribed these accounts verbatim. Following the completion of each interview, we compensated all participants with $20 CAD and two public transportation tokens.

Analyzing and Conceptualizing the Qualitative Data

In line with the tenets of situational analysis, as well as other qualitative approaches associated with grounded theory (Charmaz, 2006; Corbin & Strauss, 2015), we analyzed our data iteratively by reading and continually comparing our interview transcripts and field notes, and extrapolating themes that we believed best represented commonalities across the accounts of participants. As our study was informed by situational analysis (Clarke, 2003, 2005), we drew on these themes to identify the contextual factors that appeared most salient in shaping conditions of subjugation and resistance among older gay men in health care, and illustrated these factors and their interrelationships in a situational map. This diagram was elemental in supporting our development of theory on the health care experiences of our participants. A condensed version of the final diagram, as well as an earlier, more rudimentary rendition of the study's situational map, appear respectively as Figure 1.1 and Figure 1.2. Our utilization of governmentality (Foucault, 2000; Walters, 2012) assisted us in guiding and enriching our conceptualization of the contextual factors underpinning processes of subjugation and resistance, often recognized in Foucauldian literature as normative sources of power (Foucault, 2000; Foucault, 2008, 2010, 2011; Walters, 2012), that were reflected in emergent themes.
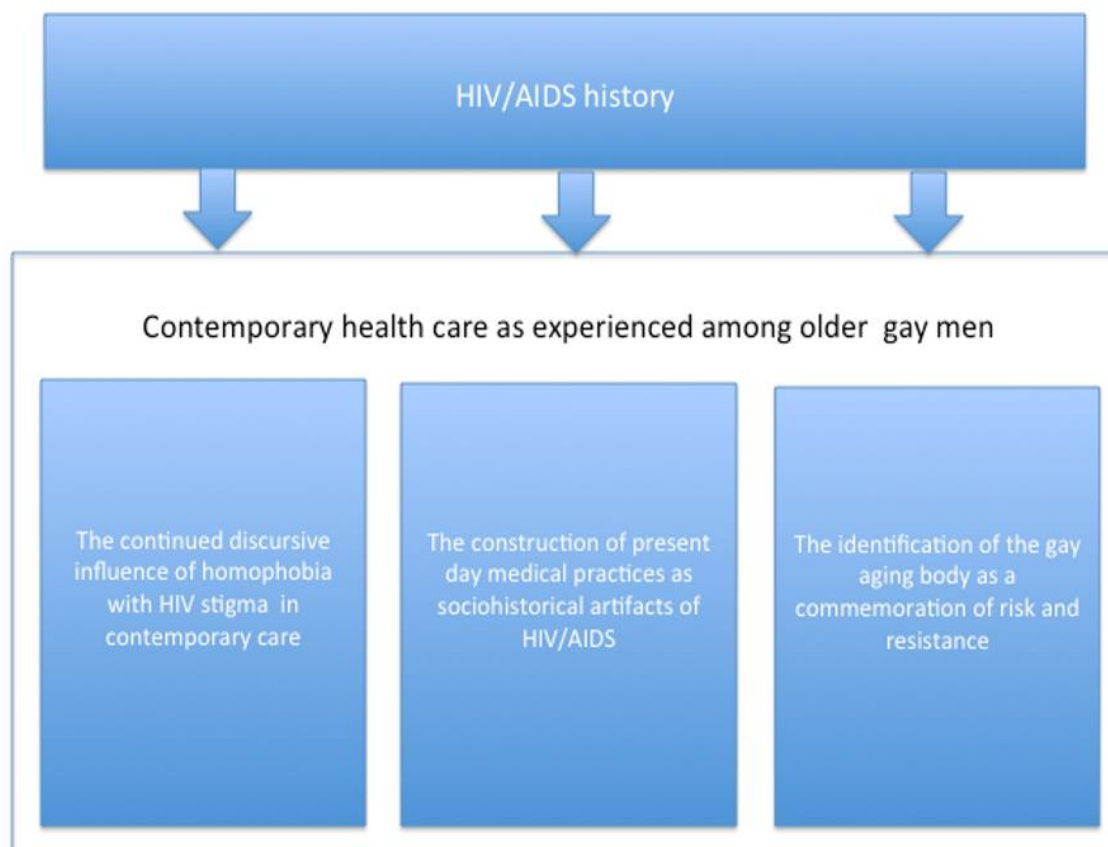

Figure 1.1 – The role of HIV/AIDS history in constructing contemporary health care systems as sites of subjugation and resistance for older gay men
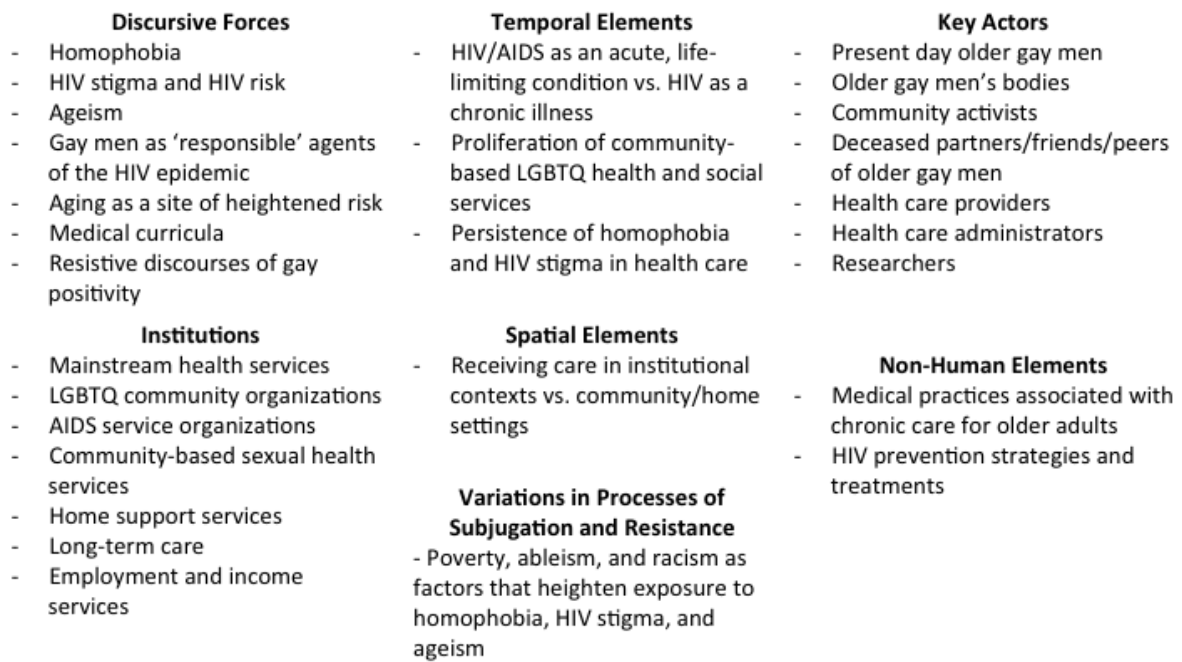
Discursive Forces
- Homophobia
- HIV stigma and HIV risk
- Ageism
- Gay men as 'responsible' agents of the HIV epidemic
- Aging as a site of heightened risk
- Medical curricula
- Resistive discourses of gay positivity

Temporal Elements
- HIV/AIDS as an acute, life-limiting condition vs. HIV as a chronic illness
- Proliferation of community-based LGBTQ health and social services
- Persistence of homophobia and HIV stigma in health care

Key Actors
- Present day older gay men
- Older gay men's bodies
- Community activists
- Deceased partners/friends/peers of older gay men
- Health care providers
- Health care administrators
- Researchers

Institutions
- Mainstream health services
- LGBTQ community organizations
- AIDS service organizations
- Community-based sexual health services
- Home support services
- Long-term care
- Employment and income services

Spatial Elements
- Receiving care in institutional contexts vs. community/home settings

Non-Human Elements
- Medical practices associated with chronic care for older adults
- HIV prevention strategies and treatments

Variations in Processes of Subjugation and Resistance
- Poverty, ableism, and racism as factors that heighten exposure to homophobia, HIV stigma, and ageism

Figure 1.2 - Rudimentary situational map of older gay men's health care experiences

Summary of Our Findings: Toward a Conceptual Picture of Subjugation and Resistance

We found that older gay men in our study were, regardless of HIV status, intelligible as a population with a history of systemic exposure to HIV infection, and thus often constructed as a category of subjects immutably associated with the HIV/AIDS epidemic. Accordingly, processes of subjugation unique to the health care experiences of our participants primarily involved the establishment or reinforcement of this stigmatizing subject position within the institutional context of health systems. Expressions of resistance, on the other hand, typically comprised acts of subversion to challenge these marginalizing mechanisms of subject formation.

In developing the foregoing theoretical picture, we extrapolated three themes (Kia et al., 2019) from our data to substantiate this context of subjugation and resistance in the health care accounts of our participants. The first of these themes highlighted the role of homophobia and HIV stigma, across mainstream health systems, as salient discursive factors that appeared to operate interdependently to construct the men's marginalizing association with the HIV/AIDS epidemic in these settings, both historically and in the present day. Our next theme encompassed the participants' perceptions of contemporary medical practices as sociohistorical artifacts of the early HIV/AIDS epidemic's marginalizing conditions, and thus domains from which they, as disadvantaged subjects of this history, continued to disengage. Finally, our last theme elucidated the role of gay aging bodies as commemorating risk within mainstream health settings, and as simultaneously representing resistance among participants who have used their visibility and physical presence as gay men to establish community-based networks of health advocacy and support for their peers. In the section that follows, we analyze the utility of Foucauldian governmentality in assisting us with conceptualizing the above

phenomena as contextually situated expressions of subjugation and resistance, and in this process, substantiate the complementarity of Foucauldian governmentality as a framework for guiding the practice of situational analysis.

Foucauldian Governmentality: A Framework for Enriching a Situational Analysis of Health care among Older Gay Men

Identifying the Deployment of Homophobia and HIV Stigma as Key Discursive Forces

Our use of Foucauldian governmentality enabled us to identify the systemic and historical underpinnings of certain discursive forces, namely those rooted in homophobia and HIV stigma, in constructing conditions of subjugation in health care among our participants. Whilst the methodology of situational analysis provided us with a framework for more broadly identifying discourses potentially operating within the context of health care among older gay men (Clarke, 2003, 2005), it was through our application of governmentality that we developed an appreciation of the significance of particular discursive forces in shaping health systems as sites of subjugation for our participants.

Consistent with the tenets of situational analysis (Clarke, 2003), we began our analytical process by searching for discursive factors, alongside other contextual elements, that appeared to shape the health care experiences of older gay men. As, in the practice of situational analysis, discourses include any socially intelligible systems of communication operating within a context under study (Clarke 2003, 2005), we initially relied on this broad definition to attend to any shared bodies of text or meaning that appeared foregrounded across the accounts of participants. In taking on this exercise, we became particularly cognizant of the assumptions that several of the participants believed were made about older gay men by care providers in health settings, and attempted to identify the discourses on which some of these stereotypes appeared to be based. Perhaps the most prominent of the assumptions discussed among participants involved the perception of aging HIV-positive and HIV-negative men as promiscuous and sexually reckless, and thus as "irresponsible" and morally subservient subjects of medical care. In turn, the discursive process underlying this stereotype appeared to comprise the categorization of older gay men as sexually deviant "others" whose historically voluntary engagement in unsanctioned sexual practices rendered them not only less entitled to medical autonomy, but also culpable for their medical conditions. Indeed, our interview with Ross, a white 56 year-old man who had been living with HIV since the late 1980s, contained an excerpt that highlighted this discursive othering of older gay men living with HIV in particular. This account, which we have referenced elsewhere (Kia et al., 2019) reflected not only the potential for such an othering process to diminish the power of older gay men to partake in the discursive construction of assumptions made about them in health care settings, but also to vilify those in this group as "culpable" and thus morally "undeserving" subjects of medical care:

> For men in my generation who are in their fifties or early fifties, I think it's automatically assumed … that because you're gay you live with the AIDS virus, and because you're gay you're a slut and you deserve to live the way you've – that you deserve whatever comes your way.

Given the recognized relevance of discursive factors as core components of meaning-making within the framework of situational analysis (Clarke, 2003), we became particularly attentive to the role of these contextual elements in constructing perceptions of our participants in health care settings. Applying our conceptual framework of Foucauldian governmentality in

this area, however, enabled us to additionally consider the power relations reflected in this categorization of older gay men by health institutions, and also to theorize the sources of normative power from which these discursive forces were likely to originate. As salient discourses are often considered significant in the literature on governmentality for reflecting relations of power in any given social context (McIlvenny et al., 2016), we were compelled through our use of this analytical lens to examine these discursive forces as possible empirical markers of the normative context surrounding older gay men's subjugation in health care.

Drawing on the framework of governmentality (Berard, 1999; Foucault, 2000, 2008), we cross-referenced our emerging discursive picture with the small body of literature outlining the normative conditions that have historically underpinned this group's interactions with health institutions. In this process, we came across scholarship that documented unique barriers to health care access among gay men in the early stages of the HIV/AIDS epidemic, the discursive undercurrents of which appeared to bear similarity to those reflected in our data. Specifically, we found theoretical and empirical literature that highlighted the tendency for medical systems of this era to systemically withhold research funding and care for gay men affected by HIV/AIDS, based on the stigmatizing and often homophobic attribution of the epidemic's growth to gay men's non-normative sexual practices (Brier, 2009; Chambré, 2006; Cole, 1996; Epstein, 1989; King, 2016; Rosenfeld et al,. 2012). Indeed, this historical account reflected an "othering" of gay men, based on the homophobic linking of gay sexuality with promiscuity and HIV risk, that paralleled the discursive construction of older gay men's marginalized positions as "undeserving" care recipients in present day health systems. Importantly, as our participants were all over the age of 49, and had thus presumably experienced or witnessed the systemic exclusion of gay men (particularly those living with HIV) from health systems in the 1980s and 1990s, the discursive continuity we identified across the early HIV/AIDS epidemic and into the present day seemed particularly relevant in our analysis.

Recognizing this historical context, we began conceptualizing the discursive forces we had identified in our data as interdependent systems of homophobia and HIV stigma that had persisted through the history of the HIV/AIDS epidemic to potentially "other" our participants in health settings. Indeed, given that a number of participants, regardless of HIV status, explicitly traced the origins of these discursive factors to the HIV/AIDS epidemic, and specifically discussed the distinct effects of this history on older cohorts of gay men in present day health systems, our theorizing in this area appeared well substantiated. For instance, Joshua, a 53 year-old White man who had been diagnosed HIV-positive in the late 1990s, highlighted his historically consistent, yet increasingly implicit experiences with homophobically motivated expressions of HIV stigma in health care. He explained that he and his same-age gay peers often distinctly recognized the more subtle manifestations of contemporary homophobia and HIV stigma in health systems, given the continuous exposure of older gay men to this discursive context of HIV/AIDS from earlier stages of the epidemic to the present day:

> [Nowadays], when you say "HIV" [in a health care setting], it's [still] almost like you can see they're pulling down a shade and it says "shame" across it. It's not only what I feel but it's also their actions, their tone, what they say back in that moment. It's unfortunate but I will say it's getting better … It's the generations behind me that are in their teens, 20's, 30's, they're not feeling it the way I did and a lot of my friends who never made it, who have died. They don't understand [why I've come to perceive stigma the way I do]. It's almost like you're talking about World War 1 to them. It's so long ago, the 80s and

90s. [It's like] you're talking about something that happened far away and long ago.

Indeed, Joshua's account reflected the possible discursive categorization of older gay men, in particular those living with HIV, as shameful "others" whose entitlements to care were regularly delegitimized. More importantly, as Joshua recounted his experience with this context during the 1980s and 1990s, at a time when he himself was HIV-negative but had friends who were living with the illness, the quote illustrated the unique and historically continuous exposure of both older HIV-positive and HIV-negative gay men to this discursive climate through the HIV/AIDS epidemic, which has been theorized elsewhere in the literature (Rosenfeld et al., 2012; McNutt & Yakushko, 2013). Finally, the participant explained that as a consequence of older gay men's long-term positioning within this discursive environment as marginalized "others", many in this group had come to readily recognize the ubiquity of homophobia and HIV stigma in health systems in a way that their younger counterparts often did not.

Had we not utilized Foucauldian governmentality to identify and conceptualize the potential sources of normative power from which the discursive "othering" of older gay men in our sample appeared to originate, we would have perhaps failed to account for the historical forces of homophobia and HIV stigma underpinning this phenomenon. In other words, whereas the framework of situational analysis alone enabled us to recognize salient discursive factors (i.e., homophobia and HIV stigma) involved in constructing the health care experiences of older gay men in our study, our application of governmentality provided us with the means to more comprehensively situate this finding in its sociohistorical context of the early HIV/AIDS epidemic. In turn, our situational analysis of older gay men's health care experiences, and the discursive elements constructing this domain, more fully accounted for the social and historical conditions underpinning both. Given the importance of developing a contextually rich account of the area under investigation in studies informed by situational analysis (Clarke, 2003; Clarke, 2005), our use of Foucauldian governmentality in this example greatly enhanced not only the quality of our theorizing, but also our practice of this methodological approach.

Subject Formation: Conceptualizing How Contextual Factors Operate on Key Actors within a Situation under Study

Within situational analysis, investigators often consider how contextual factors wield influence on phenomena of interest, and in particular, on key actors within the situation under study (Clarke, 2003, 2005). As such, in order to answer our research questions, we were compelled to examine how the contextual elements we had identified, including the discursive forces described above, were deployed to shape the subjugation of older gay men in our study. We utilized Foucauldian governmentality's rich account of subject formation to guide and enrich our analytical work in this area (Berard, 1999; Foucault, 2000, 2008; Walters, 2012). The usefulness of governmentality in this domain is perhaps not surprising, given that this tradition conceptualizes subject formation as involving the use of normative power to establish and reinforce subject position (Berard, 1999; Foucault, 2000, 2008). Thus, this lens informed our analyses surrounding the movement, deployment, and effects of contextually situated power within a given social context.

Consistent with situational analysis (Clarke, 2003, 2005), after highlighting discursive factors that appeared salient in the health care accounts of our participants, we directed our attention to the ways in which these contextual factors shaped the experiences of key actors (i.e., older gay men) within our situation of interest. The central theme that arose at this stage in the analytical process highlighted the tendency for direct care activities in contemporary

mainstream health systems to frequently reflect perceived historical expressions of homophobia and HIV stigma associated with the HIV/AIDS epidemic. Several of the participants discussed being identifiable as subjects of risk, primarily when their identities as older gay men became visible in health systems, and in these instances described being treated with measures of surveillance and control based on what they believed was aging gay men's historically stigmatizing proximity to HIV/AIDS. For instance, Vic, a 60 year-old White man who was diagnosed with HIV less than five years prior to his involvement in the study, recalled a relatively recent event in which he was placed in isolation after being perceived as being a gay man. Interestingly, as the event took place eight years prior to the study, and thus before the participant was diagnosed with HIV, his treatment as a subject of risk in this situation was medically unnecessary, and therefore potentially reflective of the effects of systemic homophobia (Fraïssé & Barrientos, 2016; O'Brien, 2008)[1] and HIV stigma (Florom-Smith & De Santis, 2012) on the practices of the emergency department in which he was located at the time:

> It was assumed then I was gay just because, you know, their reaction to my voice … hand movements, whatever. So, it was assumed that you were doing bad things … One time I had to go [to the hospital], and they assumed I was [gay] … I had a very high fever so they put me in isolation, and everybody came in gloves and masks … And I actually asked them why they did, they said well, you know, you're HIV … I said no, I'm not, I'm just a gay man who's sick right now.

As is apparent in Vic's account, the participant may have experienced medical practices ("they put me in isolation … everybody came in gloves and masks") that were shaped by the stigmatizing association of aging gay men with HIV infection risk ("And I actually asked them why they did, they said well, you know, you're HIV … I said no, I'm not, I'm just a gay man who's sick right now"). This example, like several others in our data, highlights the tendency for participants in our study to perceive the discursive salience of homophobia and HIV stigma in shaping direct medical care in mainstream health institutions, and in so doing, to actively construct and act on older gay men as subjects of surveillance and control. Indeed, given that Vic was subject to extraordinary precautionary measures based on his perceived identity as a gay man, and thus his near-immediate, yet unsubstantiated association with HIV, this example illustrates the homophobic and stigmatizing construction of older gay men as disease vectors whose lack of medical autonomy may systemically be seen as justifiable.

Although we identified several other examples of explicit "risk containment" practices that illustrated how key discursive forces actually wielded influence over older gay men in health care, this theoretical account did not address certain nuances in our data. Specifically, as participants often discussed the covert nature and effects of homophobia and HIV stigma in health care, we recognized that highly visible manifestations of these factors (such as Vic's experience described above) were unlikely to represent the most ubiquitous processes of subject formation experienced by our participants. Indeed, given that participants such as Miguel, a 62 year-old Latino man who had been diagnosed with HIV in the mid 1990s, described implicit expressions of homophobia and HIV stigma as perhaps being most common in contemporary health systems, we were compelled to develop insights that accounted for more subtle processes of subject formation:

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[1] We use the term "homophobia," in our paper, to refer to a complex system of marginalization targeting same-sex sexuality at the level of individuals, groups, communities, and/or populations. This term is broadly inclusive of negative attributions made about gay men and, as such, includes both overt and covert expressions of prejudice, stigma, discrimination, and violence directed at this population (Fraïssé & Barrientos, 2016; O'Brien, 2008).

> Now [health care providers] are more careful than before because [there are laws] against homophobia. And they don't want to lose their jobs, right? And they have to be polite, they have to be. But … you can feel it. I can feel it.

Conceptualizing how it was that participants such as Miguel would indirectly "feel" the presence of homophobia and HIV stigma, and conduct themselves accordingly in health systems, became critical to us in developing a more comprehensive analysis of our area of study.

It was at this stage that Foucauldian governmentality (Berard, 1999; Foucault, 2000, 2008) became particularly useful in directing and enriching our analytical process. Given that the theoretical literature on governmentality often conceptualizes subject formation as processes that can take place at any level of social organization, ranging from the intra-subjective to the broadly systemic (Berard, 1999; Walters, 2012), we began to search across our data for sites of subject formation we may have initially overlooked. In particular, we considered accounts that appeared to reflect intra-subjective processes of self-governance, as the literature on governmentality foregrounds the tendency for subjects to self-regulate in response to the largely implicit normative conditions of health and other service institutions across contemporary neoliberal regimes (Brown & Knop, 2014; Larsen, 2011; Lemke, 2011). Drawing on this theoretical framework to primarily centre our attention on processes of subject formation located within the subject, we began to develop more nuanced insights on these phenomena. Most importantly, we examined the potential internalization of key discursive forces among older gay men in health care settings, namely homophobia and HIV stigma associated with the HIV/AIDS epidemic, and explored how such intra-subjective processes had come to shape the conduct of these men across health systems.

Utilizing the lens of governmentality, we began recognizing that participants would often acknowledge the ubiquitous construction of older gay men as historically intelligible subjects of HIV risk, based on their past experiences with more overt expressions of homophobic stigma and discrimination. We also noted that participants with such awareness perceived the need to strategically manage information on their sexual identities and HIV status in order to avoid experiencing stigma, discrimination, and other barriers to care. In other words, we ascertained that subject formation among our participants was often the product of self-regulatory conduct, which many in our sample had developed historically in response to what they felt were the discursive conditions of medical institutions. Our interview with Gerard, a 50 year-old HIV-negative Filipino man who also had professional experience as a health care provider, contained excerpts that specifically drew attention to self-regulation as a primary vehicle of subject formation among our participants. Specifically, after acknowledging that gay sexuality had historically become almost exclusively relevant as a determinant of HIV infection risk in the context of health care, at a later point in the interview he discussed the likely tendency among older gay men to withhold information on their sexual identity in health care settings, unless medically necessary, for fear of encountering homophobia and HIV stigma. He also emphasized what he believed was a particular threat, among older HIV-positive gay men, of encountering disease-related stigma, and thus acknowledged the relevance of managing information on HIV regardless of his own status:

> Unfortunately, sexual orientation is always equated to … health care needs that are associated with sex, right? Like apart from say … the possibility of contracting, I don't know, HIV, there is nothing too specific [that is recognized] about, you know, being [gay]. … It's tough enough that as an older gay man, you … make sure that you don't necessarily speak about your sexual orientation

> to health care providers when it's not pertinent to your health care issues. But to have to be HIV positive, I can just imagine that it's probably going to be like a double stigma.

Similar to Gerard, many other participants described managing information on sexual identity and HIV status diligently, either by withholding these details in order to avert discrimination, or by disclosing HIV-positive status proactively to avoid being accused of jeopardizing the "safety" of health care providers, even when there were no appreciable concerns related to the safety of these health care workers. Many, in describing this selective exposure of their identities, acknowledged the historically stigmatizing association of gay sexuality and HIV infection risk as a factor that often influenced such conduct, and thus highlighted this practice as a product of the discursive factors surrounding this group's subjugation in health systems.

As this pattern of self-regulation represented perhaps the most common and prominent mechanism of subject formation across our interviews, we foregrounded intra-subjective processes in explaining how discursive forces identified in our findings appeared to effect subjugation on our participants in health care. Foucauldian governmentality, by enabling us to direct our attention to a site of subject formation that may have not immediately been apparent in our data, helped us generate insight on the most salient processes involved in constructing conditions of subjugation among our participants. Relying exclusively on situational analysis, we would have been able to identify less occluded social processes underpinning the marginalization of those in our study, including the overt discrimination of they experienced by health care providers. However, governmentality provided us with the means to highlight and conceptualize the less explicit, but more ubiquitous mechanisms at play. Given, within situational analysis, the importance of comprehensively delineating how contextual factors identified in a field of study actually appear to construct or shape the phenomenon of interest (Clarke, 2003, 2005), our use of Foucauldian governmentality to conceptualize subject formation supported the development of a nuanced and robust analysis of our participants' subjugation within health systems. In other words, our utilization of this framework enabled us to generate a more complete and sophisticated account of *how* contextual elements within our situation of interest could wield influence on the social conditions and experiences of the key actors in our study.

Theorizing Fluidity in the Use of Power

Our use of Foucauldian governmentality provided us with a strong conceptual framework from which to account for and theorize the fluid use of power in the context of older gay men's health care experiences. Given, with situational analyses, the recognized need to acknowledge and examine the multi-directionality of influence across elements of a context under study (Clarke, 2005), we were particularly compelled to examine not only exercises of power that established and reinforced our participants' marginality in health systems, but also the range of resistive activities used by this group to reclaim power in these settings. Indeed, not only did the pursuit of this objective align well with the tenets of situational analysis, but it additionally accounted for the historic role of gay men in challenging expressions of homophobia stigma and discrimination in mainstream health institutions (Brier, 2009; Chambré, 2006, Epstein, 1989). Given, within governmentality studies, the explicitly recognized capacity for the subject to express and mobilize resistance within any context of subjugation (Berard, 1999; Foucault, 2010, 2011; Sanger, 2008; Walters, 2012), the use of this framework appeared particularly well-suited to helping us locate and theorize resistive uses of power among our participants

Within the theoretical tradition of governmentality (Foucault, 2008, 2010, 2011; Walters, 2012), the potential for resistive activity is believed to exist in any event where power is deployed to construct conditions of subjugation. Accordingly, we reviewed examples of subject formation in our participants' accounts to identify co-existing expressions of resistance located within these experiences. Using the lens of governmentality, we came across a number of specific examples in which participants would disengage with health care systems, intentionally, when they perceived the presence of homophobia and HIV stigma in these settings. Although these avoidant behaviours among the older gay men in our study could be interpreted to reflect their subjugation in mainstream health institutions, in several of these instances participants described either locating alternate systems of care, or reshaping their subsequent experiences with stigmatizing care settings in order to better meet their health needs. In other words, these acts of disengagement, when coupled with the participants' attempts at finding other means of addressing their health concerns, reflected the reclamation of autonomous power among those in our sample.

Our interview with Derek, a 54 year-old white man who had been diagnosed with HIV approximately 20 years prior to the study, contained examples that highlighted this participant's disengagement, and negotiated reengagement, with a health care setting where he had perceived homophobically motivated HIV stigma. The participant first indicated that after he had encountered a nurse at his family physician's clinic whose demeanour appeared to reflect the homophobic and stigma-laden "othering" of older HIV-positive gay men in health care, he had initially chosen to remove himself from this setting:

> Once [when] I thought I had pink eye … I went to a triage nurse [at my clinic], and she was going through my file and first says, "you're here quite a lot." … After she examined me, she says, "we're short two doctors today; no one can see you." And I left, and I should've just sat there … I felt as if, well, you're gay and you're HIV, you don't really deserve health care, and I was boiling.

In spite of Derek's initial retreat from this clinic, he complained about this incident to another nurse at the same setting, who encouraged him to explicitly refuse care from the care provider described above. After accepting this advice, Derek chose to stay with his family physician, primarily as the clinic was well connected with other medical providers and as such granted him streamlined and timely access to specialist care:

> I jokingly[2] told another nurse, and … my nurse said to me, "Derek, you have control of your health care – ask not to see her." So she's still there [but] I don't see her … I'm not gonna leave cause [it's] my clinic … when I have to see the gastro guy, they bring him to me. They bring him to the clinic. Certain people they bring to the clinic, so I don't have to go to the hospital.

Derek's account was significant in that it highlighted his identification and use of resources within his family physician's clinic to potentiate his agency as a health care user, despite the presence of discursive forces in this context that positioned him as an "undeserving" subject of medical care. Indeed, the participant's decision to articulate his need for stigma-free health services, and to continue receiving care from his resource-rich clinic on his own terms, reflected the participant's ability to wield resistive power against a process of subject formation that would have otherwise led to his disengagement from this health system. Perhaps most

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[2] Derek indicated he had "jokingly" provided feedback about this incident, primarily because he feared experiencing retribution for discussing his experience, and hoped that by using humour, he would be able to diffuse tension and avoid an escalation of conflict at a primary care clinic on which he was reliant.

notably, the perceived manifestation of homophobically motivated HIV stigma, as a key discursive force underpinning the prospect of Derek's subjugation in this setting, arguably functioned as a catalyst for this participant's deployment of resistive power. Foucauldian governmentality, by drawing our attention to processes of subjugation as themselves being generative of resistance (Foucault, 2008, 2010, 2011), enabled us to recognize resistive practices that appeared to emerge fluidly from within oppressive conditions of subject formation. Without our application of this analytical orientation, we would have likely overlooked numerous examples of resistance, including the one recounted by Derek, given their entanglement with processes of subjugation.

Examples such as the foregoing, which we highlighted in our work after considering the potential ensnarement of multi-level resistive activities within conditions of subjugation, were made apparent to us once we used the lens of Foucauldian governmentality to conceptualize the fluid deployment of power in older gay men's experiences with health care. Indeed, the literature on governmentality not only recognizes the possibility for normative power to be wielded on subjects within a given social context, but also for resistive power to subvert and reshape dominant systems of control at any level of social organization (Foucault, 2008, 2010, 2011). Accordingly, we were able to locate systemically influential expressions of resistance across the participants' accounts of their marginalization in systems of care. In other words, the lens of governmentality assisted us in identifying and conceptualizing expressions of resistive power that were constructed and deployed by older gay men in our study, from within their positions of subjugation, to effect agency in health institutions.

As situational analyses are considered more robust when they account for the fluid directionality of influence across elements of the context under investigation (Clarke, 2005), the use of Foucauldian governmentality at this stage of our analytical process enhanced the quality and rigour of our findings. Indeed, as use of this lens enabled us to comprehensively map not only the conditions of subjugation underpinning our participants' health care experiences, but also the salient expressions of resistance used by this group to challenge its marginalization in health settings, governmentality enabled us to develop a sophisticated analysis of the movement of power within our area of study. Had we not utilized our Foucauldian framework to identify and conceptualize the subversive activities of older gay men in our sample, we may have failed to capture the full extent of this group's expressions of resistance. Indeed, given the theoretical co-existence of subjugation and resistance within the tradition of governmentality (Berard, 1999; Foucault, 2000), our application of this lens directed our attention to all sites of subjugation as potential sources of resistance, and thus forced us to consider the otherwise less apparent subversive activities of participants that were ensnared within this group's marginalization in health systems. Accordingly, by drawing on governmentality to enrich our conceptualization of the study's findings, we were able to render a more comprehensive and nuanced account of the movement of power within the context of health care for older gay men in our study.

Appraising Foucauldian Governmentality's Potential for Enriching Situational Analyses

In this paper, we analyzed the utility of using Foucauldian governmentality (Berard, 1999; Foucault, 2000, 2008; Walters, 2012) to guide the conceptual activities associated with our situational analysis of older gay men's experiences with health care systems. After providing a summative overview of our study's primary findings, we outlined three ways in which we were able to draw on this theoretical framework to deepen our analysis of a context that appeared, based on our review of the literature (Elliott et al., 2014; Emlet, 2006; Rosenfeld et al., 2012), to be influenced and constructed by complex systems of power. Specifically, we

discussed the role of this lens in enhancing our insights into the function of discursive forces, namely those rooted in homophobia and HIV stigma, as contextual factors that appeared to be salient in constructing conditions of subjugation in health care among older gay men in our study. We also analyzed the usefulness of governmentality in helping us generate insight into how salient contextual factors, including interdependent discursive expressions of homophobia and HIV stigma, influenced and operated on the experiences of the key actors in our situation of interest. Finally, given our use of governmentality to highlight and theorize salient expressions of resistance among our participants within a context otherwise shaped by conditions of subjugation, we examined the capacity for this lens to assist us in identifying and conceptualizing fluidity in the deployment of power. Accordingly, this paper illustrates the capacity for Foucauldian governmentality to support rich conceptualizations of power, particularly when it is used to guide situational analyses of contexts marked by complex systems of normative domination.

Considering the complementarity of various theoretical frameworks with situational analysis is relevant and necessary. Indeed, as this methodological approach, unlike more postpositivist traditions of grounded theory (Corbin & Strauss, 2015), recognizes the researcher's role in co-constructing empirical accounts of any phenomenon under study (Clarke, 2003, 2005), the investigator's theoretical position requires consideration. Most importantly, evaluating the usefulness of various theoretical frameworks, across examples of situational analysis, is likely to lead to greater appreciation of the role of theory in conceptualizing and enriching the findings of studies informed by this methodology. Such theoretical reflexivity would also, notably, yield understanding on the appropriateness of using certain frameworks to examine specific questions of interest. Despite the need for such literature, there remains a considerable dearth in works that explore the potential synergies between various theoretical lenses and the practice of situational analysis. Given the postmodern underpinnings of this methodological approach (Clarke, 2003), it is perhaps even more surprising that to our knowledge, no attempts have yet been made to consider the utility of postmodern and poststructuralist theoretical literature in enriching situational analyses. Accordingly, we believe the application of Foucauldian governmentality in our study offers important implications for the future of this contemporary approach to grounded theory.

As situational analysis often requires researchers to recognize and highlight how power originates, moves, wields influence, and is exchanged across the elements of any given context under study (Clarke, 2003, 2005; Clarke & Keller, 2014), the utility of governmentality in delineating these social processes makes it a particularly compelling framework for enriching the insights of studies informed by this approach. Given that the literature on governmentality conceptualizes power as fluid, and thus dynamic and deployable at any level of social organization (Foucault, 2000; Walters, 2012), this analytical orientation is particularly conducive to supporting the cross-context and multi-level mapping of power often required in situational analyses (Clarke, 2003, 2005).

Foucauldian governmentality is, most notably, an appropriate theoretical framework for complementing situational analyses that centre questions surrounding the use and effects of normative power in any context of interest. Although this implication is perhaps self-evident, it is important to note that despite a growing interest in the use of situational analysis to inform studies that prioritize questions of normative power (Atallah, 2017; King & Leask, 2017; Pérez & Cannella, 2013; Salazar & Öhman, 2015; Salazar et al., 2016), Foucauldian governmentality is yet to be used as an analytical framework in this body of literature. Indeed, although this literature has in the past integrated a range of theoretical lenses, including critical eco-systemic (Atallah, 2017), intersectional (Perez & Cannella, 2013), and relational gender theories (Salazar & Öhman, 2015; Salazar et al., 2016), this area of work has yet to explicitly draw on Foucauldian governmentality as a complementary theoretical orientation.

Given that a number of scholars utilizing situational analysis have recognized complexities in competing systems of discursive power (King & Leask, 2017; Salazar & Öhman, 2017), as well as fluid exercises of power across multiple levels of social organization (Pérez & Cannella, 2013; Salazar et al., 2016), governmentality's capacity for supporting dynamic and multi-level conceptualizations of power may be of particular interest to those in this growing area. The incorporation of this lens may not only enrich insights derived from existing situational analyses, but may also inspire new questions surrounding the deployment and influence of normative power across a variety of social contexts. For example, as a number of studies in this area have explored discourses of intimate partner violence among perpetrators of violence (Salazar & Öhman, 2017; Salazar et al., 2016), inquiry in this area could be strengthened by considering how government is reflected in the use of discourse to effect, reinforce, or regulate conduct in these subjects, and in turn enhance understandings of the discursive context that shapes intimate partner violence. To use another example, as one study examined resilience processes in Palestinian families living under Israeli occupation for numerous generations (Atallah, 2017), governmentality could have informed the mapping of multi-level forces of government underlying the colonial subjugation of these families, and grounded in insights on this context, have helped situate the significance of resilience as comprising expressions of agency and self-government. Governmentality, in other words, could be used as a complement for existing studies in this area to enrich dynamic and complex conceptualizations of power, which in turn, could enhance the range of theoretical contributions made by this body of scholarship.

Limitations of Our Work

Despite the promise of Foucauldian governmentality as a complementary theoretical framework for studies informed by situational analysis, it is important to note the limitations of utilizing this lens in the context of such empirical work. Most importantly, as governmentality has, in the past, been problematized for sometimes failing to adequately recognize the agency of subjects whose marginality frequently becomes the central issue under investigation (Savransky, 2014), it is important to deliberately incorporate analyses of resistance in conjunction with conceptualizations of subjugation that are generated through applications of governmentality. In addition, as marginalized groups may experience subjugation based on their unique exposure to intersecting, yet substantively distinct systems of oppression (Yuval-Davis, 2006), governmentality-informed analyses of normative power may fall short if they do not account for specific systemic forces shaping the social context of a group whose experiences are of primary interest to the researcher. Accordingly, the use of governmentality, within the practice of situational analysis, may be particularly compelling if it is utilized together with critical theories that comprehensively account for diverse systems of marginalization potentially at play in any given area of study.

Another limitation of our analysis includes our reliance on interview data to draw inferences about conduct, and by extension processes of subjugation and resistance, among the older gay men involved in our study. Given that the use of interview data has been problematized as a vehicle for building insights on social behaviour (or "conduct" in Foucauldian terms), primarily on the grounds that such data reflect participant accounts of behaviour and not the researcher's direct observation of behaviour (Jerolmack & Khan, 2014), this issue merits consideration. Based on this concern, for example, it is possible to argue that this study's theoretical insights on conduct are, at best, incomplete insofar as they are based on participant narratives of behaviour that may or may not correspond with empirical manifestations thereof. It is also possible, through recognition of this shortcoming, to consider the more compelling suitability of participant observation (Jerolmack & Khan, 2014) or

extended case methodology (Burawoy, 1998) as alternative approaches to informing this study's research design, as both of these necessitate the researcher's engagement with the behavioural environment of participants.

Despite the limitations inherent in the use of interview data to generate theory on phenomena surrounding the construction of conduct, a compelling case can also be made for use of these data relative to qualitative observation. Much of the theoretical and empirical literature in the area of LGBTQ aging (Addis et al., 2009; Brotman et al., 2015; Brown, 2009; Cronin & King, 2010; Kia et al., 2016) has highlighted the tendency for older sexual and gender minority adults to self-regulate and limit outward expressions of sexual and gender non-conformity in institutional settings. This performance of erasure is often attributed both to the possible internalization of highly restrictive norms among older adults who may have come of age prior to "gay liberation" (Brotman et al., 2015; Kia et al., 2016), and to ageist constructions surrounding the acceptability of sexual and gender diversity in late adulthood, particularly in health care and social service institutions (Brown, 2009). Given the distinctive invisibility of LGBTQ aging within health systems, and the salient function of self-regulation in constructing the marginalization of older sexual and gender minority adults, individual interviews may have been particularly well suited for a study of subjugation and resistance in older gay men's health care experiences specifically.

Indeed, as interviews facilitated emotional safety in a setting removed from health care, and additionally provided focused opportunities for the interviewer to establish rapport (DiCicco-Bloom & Crabtree, 2006), these features enabled the generation of richer data on intra-subjective processes surrounding subjugation and resistance than would have otherwise been possible. Had this study been conducted in the tradition of participant observation (Jerolmack & Khan, 2014) or, to a lesser extent, extended case methodology (Burawoy, 1998), for example, it is likely that participants would have been far too immersed in a setting typically associated with the silencing of this population (Brotman et al., 2015; Brown, 2009; Brown & Knop, 2014) to freely articulate their insights on health care as a site of subjugation and resistance. In other words, the use of interview data in this study, despite its potential shortcomings in reflecting "truly" performed behaviour, may have been necessary and particularly relevant in accounting for the unique conditions needed to meaningfully engage participants in the research process.

Final Remarks

Situational analysis, as an approach that was initially designed to challenge the allegedly postpositivist conventions of traditional grounded theory (Clarke, 2003, 2005), continues to evolve and adapt in its applications across diverse disciplines and substantive areas (Clarke & Keller, 2014). Given the increase in studies that are informed by this methodological orientation, it is particularly pertinent at this point in time to consider how conceptual processes conducted in studies informed by this methodology can be enriched with complementary theoretical frameworks. As already noted, such reflexive theorizing will likely assist researchers using this approach to select theoretical frameworks with the greatest potential to comprehensively address conceptual issues reflected in their areas of interest. In light of a recent call against oversimplifying the application of situational analysis, and thus exploring new ways of complicating and innovating the practice of this method (Clarke & Keller, 2014), this prospect is not only relevant, but also timely.

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