

Chapter Five
Confession and Sexuality

Somebody wrote a letter to Ann Landers once, asking about oral sex. "Does it mean they just talk about it?," the pseudonymous "Housewife from Maine" wanted to know, or was something more involved? Ann Landers replied that oral sex was a perfectly healthy and normal human activity, not a perversion, and that there was indeed more to it than just talk. She urged "Housewife from Maine" to "use your imagination" to figure it all out, given that the details could not be printed in a "family newspaper." As a last resort, Ann recommended consulting her entry on the topic--complete with up-to-date, expert medical advice--in *The Ann Landers Encyclopedia* (Shaviro, 1997).

Introduction

The urge to confess transgressions, sexual or otherwise, to those authorized by society to grant a "clean slate" has been a defining feature of Western civilization (Foucault, 1990). Confession rituals produce subjectivity through the discursification of speech about sex. In other words, confession comprises "all those procedures by which the subject is incited to produce a discourse of truth about his sexuality which is capable of having effects on the subject himself" (Foucault, 1980). The best known form of this practice occurs in religious settings, for instance in the Catholic Church, when a person confesses sins to a priest who offers absolution.

Although the practice of sacramental confession has dwindled along with active membership of the Catholic church, new confessional practices have proliferated in modern times. For example, confessional interaction is a key element of psychotherapy, self-help, twelve-step recovery, and consciousness raising communities. Mass communications media are increasingly circulating confessions as commodities. For example, advice columns, such as the Ann Landers' column cited in the epigraph to this chapter, offer sexual pedagogy and define the parameters of normal sexuality. Celebrity autobiographies, talk radio, advice columns, daytime and police television dramas, phone

sex, and internet “chat” all pivot around the dramatic disclosures of identity linked to discourses of sexuality. Whatever the institutional context, confessional discourse continues to incite and satisfy sexual curiosity as well as regulate identity through talk about addiction, desire and risk.

HIV test counseling is a confession ritual. Using sacramental confession as an archetypal confession ritual, this chapter situates test counseling within the confessional discourses that have shaped modern subjectivity and sexuality in western civilization. In the first section I describe the historical development of this uniquely western institution. Transcripts from sacramental confessions are used to support Foucault’s contention that the confessional has played a key role in producing modern western sexuality and subjectivity. In the second section, I examine a number of structural analogies between sacramental confession and modern confessional institutions such as HIV testing. Both sacramental and HIV testing rituals are similar in their use of periodization and retrospective labeling of behavior to produce risk, transgression, scrupulosity, guilt and absolution. This chapter provides a broad historical framework for the discussion of the micro-sociology of confession in CT in chapters six and seven.

Medieval Confession Rituals

A discourse of self-discovery through a reflexive sexual discipline had been in existence long before the fifth century when St. Augustine wrote his monumental *Confessions*. Hellenistic examples of ascetic contempt for the world show a remarkable continuity with those of the early church (Brown, 1988). For example in the ascetic writings of Cassian, the Stoic and those of the Greek Cynics, we find technologies of the self based on a relentless self-examination of sexual desires (Foucault, 1988a). However,

it not until the spread of confession rituals, first in the monasteries and eventually encompassing all Christians after the thirteenth century, that the peculiarly western discourse of sexuality emerges.

One event in Medieval history was pivotal in the development of confession ritual. The Fourth Lateran Council decreed in 1215 that all Christians must confess to a priest at least annually at Lent.¹ Much of Europe was at this time only nominally Christian, and the faith was beset by many heresies (Hepworth and Turner, 1982). The attempt to standardize confession as a sacrament requiring a priest reflects the spread of a heresy that preached that confession to a priest was unnecessary (Jonsen, 1988). Confession rituals were often performed by wandering lay clerics, many of whom had questionable grasp of either theology or morality (Le Roy Ladurie, 1979). In this context, the Fourth Lateran Council (1215) initiated

one of the greatest events of Medieval history....Everyone was required to examine his conscience: the soul was thus plumbed to new depths, and introspective practices previously limited to clerics, especially monks, were now extended to laymen....new notions of sin and guilt were to spread into secular society, profoundly affecting the subjectivity of Western men and women (Le Goff, 1981: 216).

¹ Canon XXI of the Lateran Council of 1215 officially made annual confession universal. This text is referred to as the *Omnius utriusque*.

Every one of the faithful of both sexes after reaching the age of discretion should at least once a year faithfully confess alone [*solus*] all his sins to his own priest, and should attempt to fulfill the penance [*penitentia*] imposed with all his strength, receiving the sacrament of the Eucharist reverently at least at Easter, unless perhaps by the advice of his own priest for some reasonable cause he should abstain from receiving it for a time. Otherwise let him be kept from entering the church during his lifetime and on his death let him be denied Christian burial (Mansfield, 1995: 66).

Jonsen also credits the Fourth Lateran Council with the introduction of casuistry.²

According to the text of the canon, the priest was urged to be

discreet and careful in the manner of experienced physicians...diligently inquiring about the circumstances of the sin and the sinner, whereby he can learn what sort of advice to offer and what remedies to employ, making diverse attempt to heal the ailing person (Jonsen, 1988).

Besides the use of confession in the sacraments, the Holy Inquisitions extracted confessions of guilt through the systematic use of torture to root out heretics (Douglas, 1970). With the wider deployment of these forms of confession during the middle ages, individuals were increasingly defined around statements of truth to an institutional representative (Moore, 1987).

In the period following the Fourth Lateran Council, confession evolved from a largely congregational or small group affair to a private one (Mansfield, 1995). This is what makes the text of the *Omnibus utriusque* of the Fourth Lateran Council so important. It was not so much the fact that parishioners had to confess at least once a year, but that they had to confess alone. Mansfield notes how radical the concept of individual guilt was for this period. Mansfield, in her reading of the *Omnibus utriusque*, points to the requirement that the faithful must confess alone.

Before the Fourth Lateran Council, some parishes knew a kind of general confession in which several parishioners confessed together a common list of sins....Caesarius of Heisterbach tells the story of a priest some years earlier who gathered six or eight parishioners at a time and asked them to repeat after him an omnibus confession of sins read out to them; then he would impose the same on

² The development of casuistry is particularly relevant to the development of HIV test counseling. Casuistry was a “doctrine and practice found in the penitential and confessional books, which had contained a clear (if still crude) understanding of the role of circumstances, a sensitivity to the particularity of cases, and an appreciation of the diversity of opinion about the evaluation of specific instances” (Jonsen, 1988). The introduction of harm reduction-based approaches to test counseling, or client-centered counseling is intricately related to the casuistical approach to human behavior. See later discussions of casuistry as deployed by test counselors in chapter five.

all. One old man, accustomed to this procedure, was baffled when a new priest demanded that he confess his sins before giving him the viaticum. "Do me the confession," the man said meaning that the priest should read him the words for him to repeat. The priest insisted on a personal confession, so at last the man answered, "I confess I have sinned in adulteries, thefts, rapine, homicides, perjuries..." "Did you really do all that?" "Oh no, sir, none of it" (Mansfield, 1995).

The trend toward individual confessions culminated with the advent of the confession box in the 16th Century which provided some degree of privacy while the screen provided a degree of anonymity as well (Bossy, 1975; Tentler, 1977).³ A more cynical interpretation of the advent of the confession box, and in particular the screen, was to discourage the priest's hands from wandering. Despite such measures, or perhaps because of them, the privacy of the confession box offered new possibilities for anonymous sexual overtures and encounters of the "aural" kind (Haliczer, 1996).

³ A survey on the preferences of members of several parishes in Northern Ireland noted a surprising preference for the confession box, because it was "quick, anonymous and private." Murray's findings confirmed those of the Irish priests.

Everything about the celebration of the sacrament today makes it difficult for the teenager to frequent it. Despite the anonymity of the confessional box there is a certain publicity that is embarrassing:

'I hate the stares people give you when you come out after a long time. I hate whispering so that the people outside can't hear' (England).

'I don't like talking to the priest in the confessional because you have to whisper in case anyone hears and when you come out all the other people think you are some great sinner because you've been in there so long' (England).

'When the priest comes out of the confessional I put my head down so he won't see who I was. Not so very long ago I used to put on phony accents so he wouldn't know my voice' (Scotland) (Murray, 1972).

Despite the privacy afforded by the confession box, Mansfield notes the very public nature of confession ritual, in that the rest of the congregants could see who came to confess and who did not (Mansfield, 1995).

Confession during the Counter-Reformation

The second most important historical period in the history of confession was the Protestant Reformation and Counter-Reformation. Calvinist teaching stressed the role of personal conscience, a sense of self shaped by a constant scrutiny of thoughts and actions.

The Protestant revolution begins a new era in the culture of the self and the systems for self-direction, in which the union of conscience, casuistry, and the cure of souls is rejected; in its place, each individual comes to bear the obligation of doing the will of God without the benefit of learned confessors, directors, and advisors. The new forms of self-regulation were manifested in a range of new technologies of the self in which self-inspection comes to replace the confessional (Rose, 1990).

The Protestant reformation did not abolish or even downplay confession at all,

simply the mode alters in which that discourse takes place....what specifically religious confession there is must now be voluntary: which implies a new power at work: the subject now does not need to be disciplined through church decrees to confess: the impulse to do so will seem spontaneous (Tambling, 1989).

As a response to the challenges from the Protestant reformers, the Catholic church viewed confession as “the first line of defense against religious doubt, immorality and disrespect for the sacred” (Haliczer, 1996). The Council of Trent (1535-1563) orchestrated the Counter-Reformation and intensified efforts to regulate and standardize the practice of confessional ritual.

Much like his other works (Foucault, 1988b; Foucault, 1978; Foucault, 1973), Foucault’s first volume of his *History of Sexuality*, points to an epistemic shift in the discourse of confession that occurred in the aftermath of the Counter-Reformation. He traces the development of modern forms of power which are based not on violent repression but on a nurturing and productive surveillance, made possible by the advent of the behavioral sciences. The goal of this new form of power was to create coherent subjects which could be managed and molded to serve the needs of various institutional

apparatuses. The Counter-Reformation represents an unprecedented initiative to change the mentality and behavior of western civilization.

There was thus a need for writings that would enlighten and guide [the clergy] in their weighty task. In addition, seeking to fight the routine of annual confessions, the more zealous men of the church and the ones most concerned to Christianize the masses undertook an intensive program of orienting people's minds toward guilt. They did so by relentlessly emphasizing the different categories of offenses, as well as the ontological seriousness of sin (Delumeau, 1990: 199).

The effect of these institutional changes can be seen in the epidemic of scrupulosity that gripped Europe during the counter-reformation (Delumeau, 1990). The nature and frequency of confession ritual was intensified during this period. For example, in Spain, women in particular were encouraged to confess several times a week. After the counter-reformation, there was not so much a problem of too much sin as too little sin to justify such frequent confessions. Some Spanish theologians even argued that the same sins should be confessed over and over again, since the important feature was not the avowal of a specific sin but the feeling of contrition that accompanied it (Haliczer, 1996).

As Haliczer finds in his analysis of records from the Spanish Inquisition, the increased frequency and intimacy of detail engendered by frequent confession led many pious women to become spiritually and often sexually dependent on their confessors. As the records of the Spanish inquisition reveal, many priests were corrupted by the power that came with the sexual transference by their confessants (Haliczer, 1996). Guilt was not the only currency during this period. Priests often charged for their absolutionary services and the wealth created by the epidemic of scrupulosity is reflected in the lavish and ornate style of Baroque churches.

In France, the anti-clerical movement led by Enlightenment *Philosophes* like Michelet and Pascal was driven in part by the steep rise in influence of the clergy during

the counter-reformation, again an influence that extended most noticeably over female confessants (Zeldin, 1970). Many of the criticisms of the clergy during this period evinced a patriarchal concern about the confessor's corrupting influence over their daughters and wives. This concern was also incited by the circulation of "secret" confession manuals reproduced by anti-clerical Republicans, not just as political pamphlets but as a form of pornography (for example see *Les Mystères du Confessionnal* (Anonymous, 1974) discussed near the end of this chapter).⁴

The demand for greater intimacy and detail of confessions during this period also reflected an earlier trend, begun by theologian Pierre Abélard (1079-1142), to focus on motivations, intentions and desires more than on specific acts or circumstances surrounding them (Hahn, 1986). Abélard contended that circumstances were created by God and hence have nothing to do with the choices that humans make (Jonsen, 1988). Foucault describes a shift from a juridical model of confession to one concerned with desires and intentions.

I am not talking about the obligation to admit to violations of the laws of sex, as required by traditional penance; but of the nearly infinite task of telling - telling oneself and another, as often as possible, everything that might concern the interplay of innumerable pleasures, sensations, and thoughts which, through the body and the soul, had some affinity with sex. Not only will you confess acts contravening the law, but you will seek to transform your desire, your every desire, into discourse....The Christian pastoral prescribed as a fundamental duty the task of passing everything having to do with sex through the endless mill of speech (Foucault, 1990:20-21).

⁴ Sexually explicit manuals continue to find use as political fodder for reactionary politics, for example, Senator Jesse Helms' use of AIDS prevention materials to help pass an amendment to ban federal funding for explicit educational materials (Hunter, 1995; Hollibaugh, 1996).

Thus the task of the confessor was to interpret the nature of motivations; a hermeneutic shift that would eventually create the possibility for the field of psychology (Delumeau, 1990).

While Abélard stressed that the circumstances of sin were less important than feelings of contrition, the Jesuit theologians, on the other hand, represented a casuistical trend which was concerned primarily with the classification and gradation of sins according to their circumstances and context (Delumeau, 1990; Jonsen, 1988). This approach to sin resulted in the kind of hair-splitting arguments reminiscent of the legalism of modern day defense lawyers. The excesses of Jesuit casuistry along with their obsessive need to catalogue the manners of sin eventually became the object of anti-clerical satires during the revolutionary period of the early and mid-nineteenth century (Zeldin, 1970).

The sacrament of penance, or the annual confession of sins to a priest, has since the thirteenth century served as a key locus of social control. The trend toward analyzing motivations tended to place the priest in the role of spiritual midwife, in the sense of producing and managing the subjectivities of his confessants (Delumeau, 1990). This gave the priestly confessors an unprecedented degree of social control over the consciences of their penitents (Hahn, 1986: 55).

While the notion of sin is basic to any culture that distinguishes between sacred and profane, the western notion of sin rests on the interiorization of penitential reflexivity by the individual sinner (Weber, 1993: 188). This individualization of subjectivities accomplished in the confession box has made sexuality an ideal mechanism of social control since social regulation

ultimately becomes translated into the currency of self-regulation, because sexuality has already been constructed as that which is or belongs to the realm of the private, i.e. opposed to the social. The regulatory force is represented and enacted through a currency not of coercion but of desire, in a way that encourages its individuation or personalization (Singer, 1993).

Penitents were taught to depend on guidance from the priest, since only they had the power to correctly interpret one's actions in the light of theological distinctions between venial, or lesser, and mortal sins. Although medieval theologians debated the necessity of confessing venial or minor sins, a general consensus for more frequent confession emerged during the counter-reformation. As a result, penitents were encouraged to confess even the slightest deviations in thought or act. The ritual of confession lay at the intersection of social and individual moral order and played a key role in supporting the social order (Tavuchis, 1991).

Sexuality and the Confessional

Foucault has been criticized for his historical generalizations and overemphasis on sexuality as the fundamental concern of the confessional. Moreover, the reader is left frustrated by the lack of bibliographic references. Apparently Foucault had intended the first volume to his *History of Sexuality*, entitled *The Will to Knowledge* as a sketch of ideas he would develop in a later volume entitled *The Body and the Flesh*. Pointing to Foucault's limited references, penitential historian Pierre Payer questions Foucault's sparsely documented assertion that sexual issues were the most important topic in the confessional (Payer, 1985). However, these criticisms must not blind us to Foucault's focus on discourses or strategies of power/knowledge that intersected across various institutions, not merely the church.

Foucault's claim that the confessional can be seen as the *locus classicus* for the deployment of sexuality also reflects his concern with the simultaneous rise during the seventeenth century of other confessional technologies. These include the medical exam, typified by Charcot's hysterical patient, the growing concern over the "epidemic" of childhood masturbation, as well as the new science of population management, typified by Malthus. These new objects were created by new forms of surveillance that had evolved from the practice of individual confessional interrogations by the clergy. Foucault sees a common thread in the interrogations by priests, doctors, the police, and social hygienists in their concern with creating a coherent subject in relation to the truth about their sexual desires and practices.

It is impossible to know how often sexual matters were discussed by confessors of any period. The problem is that what we know about the practice of confession in the seventeenth century comes primarily from confession manuals written by theologians (Delumeau, 1990). Certainly, these manuals dealt with sexuality a great deal, particularly the thorny question of what types of desires were allowed between husband and wife. The degree to which these texts represent an idealistic or realistic portrait of day to day practice is unclear (Delumeau, 1990). More than anything, they reflect the abstruse theological debates within the seminaries of the period. Given the need for absolute confidentiality and even anonymity as well as the sacred character of the rite, the ritual has been shrouded in a great deal of mystery over the centuries.

It was not until the late 1960s that several French journalists posed as confessants in order to write an exposé of modern day sacramental confession (this early study is mentioned in Valentini, 1974). In the early seventies, a group of Italian journalists conducted a much larger study (Valentini, 1974). The journalists used actors to portray

penitents, equipped them with concealed tape recorders, and recorded more than 600 confessions throughout Italy. The timing of this study is significant given the political and social upheavals of the period, particularly with respect to women's rights and the sexual revolution. Given this historical context, it is perhaps not surprising that the authors chose to focus their inquiry on marital and sexual advice in the confessional. Supporting Foucault's contention that the confessional was a key site for deploying sexuality, Valentini also refers to a 1966 French study which found that 83% of sins confessed were of a sexual nature (Valentini, 1974: 18).

Without condoning the completely unethical manner by which the data were recorded, and keeping in mind the distortions created by using actors as penitents, Valentini's transcripts illustrate nicely many of the themes described in Foucault's *History of Sexuality, vol. 1*. . The injunction to speak about certain sexual activities in order to "understand oneself" is clear in this extract, described by Valentini as typical. The priest is probing about the "penitent's" sexual practices with her husband.

PRIEST: Calm down, my child, we must . . . you must talk about these things, if you want to know what is good and what is bad. (Pause) For instance, does he use-do you use sadistic methods, a mirror, or other things of that kind?

PENITENT: Listen, Father, I don't want to know what's good or bad. I came here only to ask you whether, in being with my husband in certain ways, I can consider myself Catholic and take Communion. Please answer that question.

PRIEST: You see, if I've asked you these things, it's because I wanted to help you to understand yourself better. It's harder for a confessor to hear certain things than it is for a penitent to say them, believe me, my child. [Pause] You know, one hears the most incredible things in the confessional, one becomes hardened to them. Anyway, I understand you, don't worry. Don't go too far, but don't draw back either, because otherwise you might lose him. Rest assured, you're not alone in this. Come always to the same confessor, with whom you can establish a relationship of confidence such as can permit you to open up completely and thus have the most useful and honest help. Do you understand, my child?

PENITENT: I thank you, Father.

PRIEST: Now, say three Hail Marys to Our Lady and the Act of Contrition.

Note the patriarchal tone of the confessor when he, in effect, tells the penitent that “this will hurt me more than it hurts you.” He consolidates his authority to hear her by referring to the range of stories he hears, “one hears the most incredible things.” The instruction that the penitent should speak to the same confessor so as to develop a more intimate relationship reflects not only the influence of psychotherapeutic discourse but also the Abélardian trend towards a more probing and intense discussion of motivations, one that requires a “relationship of confidence,” honesty and openness.

Despite Valentini’s claim that the priests gave similar advice to male and female penitents, there is a clear double standard in assigning responsibility for sin. Men’s desires for sex are seen as natural; one priest even advises one man to seek out prostitutes rather than have sex with his girlfriend. In contrast, priests regularly advised the female penitents to act passively during sex and even accept their husbands lascivious and sinful ways, lest they lose him to another woman with fewer scruples. For example, a female penitent is given this advice, “As I said, act passively when you know that your husband is going to make love to you and not do it properly.” As long as the woman is passive, both with regards to her husband and her fertility, she is not sinning.

Ironically, the penitent’s reluctance to speak about sex is often dismissed by the priest as excessive prudery. For example, in this extract the priest uses an interrogational style to extract details on oral sex.

PRIEST: What are the acts, the love play, that you engage in with your husband, do you understand? [Long pause] There are acts and acts, do you see?

PENITENT: Well, things to excite us, Father, nothing more. I don't think it's necessary to go into details.

PRIEST: I suppose that you strip naked and allow yourself to be ... I mean, he looks at you and caresses you?

PENITENT: Well, yes. It's natural, isn't it?

PRIEST: Sure, sure. God gave you a body for this also. [Pause] And kisses? Does he kiss you?

PENITENT: Why, yes, Father. But is this really necessary? I mean, I feel a bit embarrassed talking about things like this.

PRIEST: You mustn't feel embarrassment, my child. Would you be embarrassed at the doctor's? The confessor is the doctor of your soul. How can I tell you what things are sinful if I don't know how you behave? Do you see?

PENITENT: All right.

PRIEST: Well, then, kisses?

PENITENT: Yes, of course.

PRIEST: Affectionate or lascivious?

PENITENT: I don't know, we do the things we do because we love each other.

PRIEST: What I mean is, kisses on the mouth or all over the body, on the breast, between the legs? You see, this may be sin, my child, or it may not be. It depends what you expect to get from this excitement. If they serve to get you in a condition . . . and then he enters into you with his organ and you are joined in a Christian manner, it's not a sin. Otherwise it is, do you see?

PENITENT: But we scarcely ever perform the complete act, I mean, as you understand it. We don't want too many children. Anyway, it seems to me that the Church has admitted recently that the sexual act doesn't have to be exclusively for procreation. It can be a pleasurable act just for its own sake, isn't that so?

PRIEST: Partly, yes. And do you kiss him?

PENITENT: Yes.

PRIEST: His sexual organ as well? And do you give him pleasure?

PENITENT: But-

PRIEST: I've told you that you need not be ashamed. If you feel shame when talking with your confessor, it means that you think you're doing wrong and if you yourself think you're doing wrong, it's a sin.

PENITENT: It's not shame, it's embarrassment. You priests are the ones who have inculcated in us the idea that everything to do with sex is sinful. For centuries.

PRIEST: But times have changed. You see, my child, how I am speaking to you with extreme frankness. So?

PENITENT: All right, yes.

PRIEST: This you may do, my child, but when he is about to have pleasure, you must offer him your womb, because the act must end in there.

In this extract, the priest makes use of the repressive hypothesis to justify his demand that she avow her sexuality. His "extreme frankness" is offered as a warrant for his casuistical prurience.

In his critique of the repressive hypothesis, Foucault points out that the construction of Victorian society as prudish and silent about sex conceals the fact that the policing of utterances in certain social spaces, such as the family or the school, actually

served to intensify talk about sex and desire in other spaces (Foucault, 1990). During the counter-reformation, the practice of giving and receiving confessions had become highly invested with an eroticized deployment of power and pleasure.

The pleasure that comes of exercising a power that questions, monitors, watches, spies, searches out, palpates, brings to light; and on the other hand, the pleasure that kindles at having to evade this power, flee from it, fool it, or travesty it . . . these attractions, these evasions, these circular incitements have traced around bodies and sexes, not boundaries not to be crossed, but *perpetual spirals of power and pleasure* (Foucault, 1990:45).

The effort to regulate sexuality consistently portrayed itself as reformist or preventive. Yet, rather than repress sex, the incitement to talk about sex clearly had a (re)productive and patriarchal effect on sexuality.

In the extract above, the priest's analogy with medical examination allows him to appropriate the authority of medicine and sexology. Such appropriations also entail certain rules and roles in interaction. The priest is thus positioned as an expert and the penitent as a sick patient seeking his advice. The appropriation of medical authority is even more blatant in other extracts. For example, whenever anal sex is discussed, a medical frame is used to discourage it.

PRIEST: Of course, in performing that act with a part of the body that is not - not pertinent, you may be doing something which may also be harmful to your health. Do you understand? Because the sexual act is normally performed in the vagina. But if you've done so, you must be very careful because it's abnormal, from a medical point of view as well. If you had to pass a medical examination, an open vagina is of no importance, but the anal orifice-it means that you've done things against nature you should not have done. Do you understand?

Throughout the confessions, priests routinely employ the notions of "natural" or "normal" to describe activities that are morally sanctioned, because they lead to procreation. Valentini's extracts confirm Foucault's contention that numerous

institutional discourses converge around the question of regulating sexuality, and these have become intertwined in the modern day confessional.

The view of confession as a form of psychotherapy offers another instance of discursive convergence in confessional. A study of confessional practices among teenagers in several countries conducted by a Sister Laurence Murray in the late sixties, noted that girls in the US and UK saw the function of confession primarily in psychotherapeutic terms (Murray, 1972). For these young people confession was sought not so much for religious or sacramental reasons, but as an accessible venue for counseling and advice. Sister Laurence cites numerous examples of what she refers to as an “egocentric” approach to the sacrament.

The picture that emerges is *egocentric* in the extreme. The key words are : clean, load, weight, burden. Confession :

‘gives me a satisfied and worthy feeling’ (USA).

‘It helps me to get to know myself better’ (Scotland).

‘It relieves you of a heavy burden that might be on your mind’ (USA).

‘I feel fresh and clean and I am setting out on a new slate’ (USA).

It is almost entirely from the Psychological viewpoint that confession has meaning. One girl writes:

‘The spiritual side of confession means very little to me. If the priest were in a cubicle for consultation without there being any sacrament attached, I feel that the change would mean very little to me’ (Scotland).

‘It’s a lot cheaper than a psychiatrist and with a priest you have the security of knowing that the priest is bound under the seal of the confessional never to reveal a person’s sins, while a psychiatrist is liable to be bribed or tricked into telling’ (USA).

‘Although I do not believe in the great spiritual help through Confession (that’s why I have not been frequenting it) I think it has a great psychological value in helping a person to see herself and her faults’ (USA).

The picture of modern confessional practice that emerges from Valentini and Murray’s studies is strikingly similar to that evoked by Foucault. It is also remarkably similar to the narratives of young heterosexuals about their HIV testing, as I show in chapter eight.

As a corrective to Foucault's portrayal of seventeenth century confession, however, it is important to note that the increased frequency and standardization of confessional practice lead to its routinization. This created pressures to make confession *less* confrontational, probing and hence, more formulaic. The decree by the Lateran Council that made the annual confession of sins a requirement placed a great burden on the clergy, many of whom had been illiterate and unsupervised by absentee bishops (Haliczer, 1996). Up to that time, lay persons had been permitted to hear confessions in the absence of priests. But the decree abolished this practice, requiring the church to train and reform the clergy on an unprecedented scale. This accounts for the publication of hundreds of confession manuals after the 13th century (Tentler, 1974; 1977). As a result of this massive increase in sacramental duties with regard to each parishioner, the ritual was ceremonialized and penance became more and more trivial and abstract in relation to the sins they absolved.

The movement begun by the church in 1215 to enforce and standardize the sacraments by deploying a disciplined and educated clergy represented a monumental task. The Counter-Reformation gave the Jesuits a central role in the transformation of modern European church and society (Delumeau, 1990; Jonsen, 1988). From the twelfth to the eighteenth century, penance was gradually lessened from the severe physical and economic deprivations characteristic of the penitential regimes of the early Church to mere formulaic genuflection in the modern church such that confession and absolution are more easily performed and contrition loses much of its punitive significance (Tentler 1977). Penance, which during the Middle Ages had required fiscal or physical penalties, became mere genuflection, prayers, and Hail Marys under the influence of the Jesuits.

Their casuistical approach was less orthodox and more lenient toward the penitent. As long as the confessant confessed regularly, absolution should be given readily.

The diminution of the role of the priest meant that the sacrament lost much of its affective meaning and was performed mechanically, as a duty (Murray, 1972; Subcommittee on Confession, 1996). Clearly not every priest had either the inclination or energy to probe so deeply into the innermost desires of the faithful. According to Murray's young penitents,

'Sometimes he rushes you, sometimes he's grouchy, and sometimes he just doesn't seem to care' (USA).

'He is like a robot' (England).

'The priest seems to be half asleep' (England).

'There was a priest whom I hated going to. He told you your penance and sounded as though he was absolutely bored and tried to get rid of you' (Scotland).

'I do not think it is all that a sacrament should be. The priest seems to talk away mechanically, no feeling or understanding in his words' (Scotland).

'I hate to get the impression that he's dying to get rid of me, to go and get a cup of tea or something like that' (Scotland) (Murray, 1972).

As is inevitable with any activity that is as repetitive as it is emotionally draining, there can be little doubt that confession was experienced by many priests as a tremendous burden and responsibility (Delumeau, 1990).

Theologians during this period were engaged in a long standing debate over the criteria for absolution. "Laxists," such as the Jesuits, contrasted with a vocal minority of "rigorists" who argued that penitents had to show complete contrition in order to receive God's mercy. The rigorists also held penitents to a higher behavioral standard, and were loath to absolve recidivists. Lea sums up this dilemma. If absolution is refused,

it drives the sinner to despair and renders him obdurately worse than ever; if granted, it accustoms him to the belief that sin is of little account, since it is pardoned so readily. Even Liguori, with all his laxity, admits that the excessive indulgence of confessors has always been an injury to the Church. Like many other human contrivances, the confessional has the disadvantage of failing when most needed (Lea, 1968).

Despite these heated theological debates, in practice, the enormous logistical and human burden of hearing the confessions helped the laxist trend to prevail.⁵ As the authority of the church was increasingly threatened by state and medical institutions, there was a reluctance to drive away the faithful that still participated in regular confession.

Since Vatican II, the model of the confessor as stern father has given way to a more accepting spiritual advisor. In the words of Father Quinn, an Irish priest I interviewed, sin is forgiven the moment the “penitent turns to walk toward the church to confess.” With Vatican II, a new ceremony of reconciliation replaced the requirement to confess. Communion could be taken without going to formal confession as this could be accomplished through prayer or during the Mass itself. The ceremony incorporates some of the face-to-face aspects of individual confession. In a ceremony of 1000 parishioners there would be about 15 priests walking up and down the aisles who would pronounce absolution after the penitents declared a simple phrase such as “I have sinned.” Father Quinn noted how this was fairly liberating for many who had eschewed confession to the priest out of guilt or fear of the tribunal-like character of pre-Vatican II confession ritual.

During the reconciliation ceremonies the priest reviews the Ten Commandments and then poses a series of questions, which make the commandments relevant to day to day sins. For example, the priest may ask the congregation: “Thou shalt not kill. Have you killed any ones reputation through gossip?” This helps the penitents to probe their

⁶ These theological debates remind me of debates I have had with other counselors over whether we should hold clients accountable to the dictum that they use “condoms every time.” My approach is always to stress that the glass is always half full rather than half empty. We must validate whatever steps the client has taken toward risk reduction, no matter how minimal. As with sacramental confession, overly preachy counselors risk alienating clients from safer sex altogether by making them feel irresponsible.

consciences to elicit more sins to confess. These questions are basically rhetorical since there is very little probing into details. The penitent names their sins including the time since last confession, number and category of sins (3 bad thoughts, 3 acts of coveting, 5 lies, etc) and then the priest will pronounce the forgiveness of god and prescribe a satisfaction. Father Quinn was quick to point out that the absolution is not predicated on performing the penance.

The range of responses by priests presented in Valentini's study reflects many of the tensions the church faced during the period of Vatican II (Valentini, 1974). In the words of one of Valentini's Italian priests,

Yes, times have changed, in some ways for the better, in some for the worse. [long pause] And, believe me, it's not easy to sit behind the confessional. One can't say to people, "This is God's will." Nowadays' people like yourself, want to know why God demands certain things. There's great confusion among us too, you see.

Confession was less about the hereafter and more about helping to relieve the anxieties of living as a Christian in a rapidly changing society (Johnson, 1980).

Because of their celibacy and institutional position, priests were inevitably out of step with the changes in social mores occurring during the sixties and seventies. A common tactic that frustrated priests used in response to penitent's need for indulgences was to avoid giving the penitent clear answers about whether this or that act is sinful or allowable. For example, in the words of a priest in Lucca,

It is not I who establish sin. Sin is committed in one's own conscience...God's law isn't something exterior, hung on the wall, that I can look at to see whether I'm doing good or evil. God's law passes through the conscience.

Because sex is tied so inextricably to the private and individual self, the institutional production and regulation of the individual conscience is mystified.

The development of modern secular confession

After Freud, the locus of subjectivizing practices shifted away from religious institutions and into medical and forensic sciences. This meant that confessional techniques were appropriated by the state for the regulation of populations.

The admission of guilt may have beneficial psychological consequences for the individual, but it also has a definite public utility for the state and the church. The institutionalization of confession as a statement of guilt to a person in authority provides a regular flow of information about deviance, crime and heresy. If the thirteenth century confessional was an important component of the church's moral custody over society, then the application of science to police interrogation practices is an important step in the 'war against crime'. The importance of confession has always been seen in terms of the linkage between the internal conscience and the external social order, since it offers the possibility of external supervision of the interior mentality (Hepworth and Turner, 1982).

Freud redeployed the sacramental concern with talk, sexuality, and subjectivity into psychotherapy. Instead of moral, theological or spiritual authority, the analyst's authority rests on her ability to interpret the truth that is hidden in the analysand's talk. As Freud put it neatly, "In Confession the sinner tells what he knows; in analysis the neurotic has to tell more" (Freud, 1962). However, in terms of the deployment of subjectivizing discourse, the sinner and the neurotic were positioned in a similar way.

The subject was no longer considered capable of making his own desires fully intelligible to himself, although he still had to confess them in speech. Their essential meaning was hidden from him, either because of their unconscious nature or because of deep bodily opacities which only a specialist could interpret. The subject now needed an interpretive Other to listen to his discourse and also to bring it to fruition, to master it. Yet despite this fundamental detour, the subject still had to acknowledge, and thus establish for himself, the truth of this expert interpretation. Individuality, discourse, truth, and coercion were thereby given a common localization (Dreyfus and Rabinow, 1983:180).

While both sacramental and psychotherapeutic discourses convert speech into subjectivizing discourse through interpretation, scientific discourse of the unconscious

offered a more compelling version of truth, one that was much harder to resist than the anachronistic teachings of the clergy.

The degree to which church authority over sexuality was supplanted by the emerging scientific discourses of psychoanalysis and sexology is evident in the way that the church appropriated psychotherapeutic discourses in modern ministry. Pfister, a pastor and contemporary of Freud's, is credited with introducing Freudian methods into seminary training. The influence of Freud would greatly diminish the symbolic power of priests. Psychoanalysis rejected the juridical notion of the priest as possessing "the power of the keys." The priest's role in absolving sin was diminished because the sacramental nature of guilt was diminished. For psychotherapy there was no "Guilt," just "guilty feelings," and the aim is insight and not repentance and contrition (Turner, 1977). The medicalization of confession by psychoanalysis and psychiatry limited the role of the priest, placing him at the level of social worker or counselor. Note the medicalization of the priest's role in Belgum's description of pastoral "treatment for guilt."

Diagnosis is a necessary starting point in this spiritual-psychological healing just as in physical therapy. Is the guilty person really repentant or just going through the paces of a routine, liturgical confessional? That would characterize the recidivist, who wants to get rid of the painful symptom but does not want to forsake the destructive behavior, whether in thought, word, or deed.

If the distress is so deeply buried in the unconscious and expresses itself in such a convoluted manner that mental illness is suspected, the priest or rabbi is well advised to refer to a psychotherapist. The same may be true of marital and family conflict in which interpretation of co-dependency and family systems theory need to be employed by a specialist in the field. Mental health teamwork is becoming more common (Belgum, 1992).

By becoming part of the "mental health team," the priest has given up much of his symbolic power as ritual specialist to absolution.

The shift towards a psychotherapeutic model of confession ritual fundamentally changed the assumptions behind the roles invested in penitent and confessor. According to the counselor/psychotherapist model, the penitent must have a problem for which the priest can offer advice. In taking on a sick role, the patient is expected to do a lot of psychological work to resolve the issue. By contrast confession does not focus on an pathologized individual. It is seen as a routine cleansing that need not be justified by the presence or diagnosis of a particular problem or sin to confess. The sinner does not necessarily need to make “progress” or even change their behavior. The stress is on the ritual process, not the effect of the ritual on behavior.

Discipline, Commodification and Multimedia Confessions

The explosion of confessional technologies in this century has completely shifted the locus of confessional sexuality away from its roots in the religious sacraments. More recently, with the advent of new measurement technologies, the use of confessional techniques for discipline has penetrated the workplace and schools in the form of drug and polygraph tests (Hanson, 1993). As Hanson notes, modern technologies, such as DNA sequencing or the testing of human hair for drug residues, operate efficiently merely through their threatened use or the subject’s knowledge of their availability.⁶ The

⁶ “The genius of the polygraph test is its promised road to exoneration, which however, frequently requires the subject to reveal much extraneous information along the way. The examiner may tell the subject that deception is indicated on a relevant question but then suggests that the reason is probably knowledge of the wrongdoing of someone else or spillover from anxiety about some unrelated issue. To clear oneself of suspicion, it then becomes imperative to get the charts to look right, one may end up pouring out every private, embarrassing, or incriminating fact that memory can locate about oneself or others, until the subject is utterly drained and the chart, finally, runs clear, purged of all indications of deception. And all of this happens because it is time for a periodic test, or

scientization of confession, whereby truth is merely a technical problem of conducting a test, represents at once a further dissemination of confessional authority to anyone with access to the technology, and the unrestrained ability to incite avowals from confessants until all the test results are accounted for. For example, parents and spouses can buy home test kits for drug use or HIV antibodies to test their family members unwittingly (Frerichs, 1996; Savage, 1995). Hence, the mere existence of the technology and the knowledge that one is subject to it can have profound subjectivizing effects.

Ever since the rise of the novel, confessions have increasingly been circulated in high and low-brow literary genres (Hepworth and Turner, 1982). With the advent of the mass media and crime journalism, confessions have been increasingly circulated as commodities. An entire genre of magazines and television talk shows by and for women is dedicated to “true confessions” (Stewart, 198). Soap operas have always depended on revelations of the truth for their plot tension. Low brow and high brow literature marketed towards women, serve to socialize women into patriarchal confessional subjectivities.

The reader is both voyeur and actor who recognizes in the narrator her own guilty conscience. The narrator acts out what the reader has felt. The very ordinariness of many of the acts confessed gives dramatic meaning to very undramatic events and at the same time emphasizes how close we all are to serious sin in our compromises with absolute morality (Stewart, 1980: 111).

The advent of new communications technologies has created cyberspace confessionals using chat lines as well as internet chat rooms and confession bulletin boards (Miller, 1995; Tunstall, 1995). Reflecting confession’s commodity status, users of these fee-based services must pay to hear confessions but can generally submit confessions for free. Sex

the subject happens to work in a department where a crime may have been committed, or is in all innocence simply applying for a job (Hanson, 1993).”

advice columns, talk shows and quasi-documentaries about sex are increasingly popular on electronic and printed media. Their popularity reflects not merely the intensifying effect of the pseudo-repression of sexual talk in other fields of discourse, but also the anxiety about AIDS and the need for reassurance from an authority that our fears and obsessions are “normal.”

Modern confession rituals represent a new form of power in that regulatory power is internalized as a desire or need to speak the truth about the self. Confession rituals illustrate Foucault’s model of disseminated power relations in that both the client and the counselor are complicit in the production of confessional subjectivities. As Talal Asad writes of medieval practice,

The admission of guilt by the penitent to the confessor was the recognition of the truth about oneself, and at the same time the presentation of oneself as a sick soul in need of help. It was this collaborative activity that sustained the authority relationship between priest and penitent (Asad, 1993: 103).

Indeed, what is most striking about the practice of confession during the Counter-Reformation was the interiorization of the practice by the confessant as a need that is impossible to completely satisfy.

The obligation to confess is now relayed through so many different points, is so deeply ingrained in us, that we no longer perceive it as the effect of a power that constrains us; on the contrary, it seems to us that truth, lodged in our most secret nature, 'demands' only to surface; that if it fails to do so, this is so because a constraint holds it in place, the violence of power weighs it down, and it can finally be articulated only at the price of a kind of liberation (Foucault, 1990: 60).

Hence what was once a forensic compulsion of avowal has become “voluntary” and associated with maintaining “innocence,” liberty, health and cleanliness. The dramatic confrontation between state power and high profile criminals gruesomely described by Foucault in *Discipline and Punish*, now takes place in newspapers and talk shows featuring the confessions of murderers and terrorists, some of whom become rich by

selling their stories (Foucault, 1978).⁷ Modern police or legal dramas on prime time television, such as *NYPD Blue*, have brought the theatricality of forensic confessions to new heights.

Jeffrey Minson points out how modern confession operates not as an institutionally locatable power, but is dispersed throughout the social body in consciousness raising groups, circles of friends, and confessional communities. (Minson, 1987, Stewart, 1980). Stewart points out that consciousness raising groups led by peers differ from individualized forms of confession in that they are geared towards social and political critique.

Unlike the religious confession which is mandatory, the therapeutic confession is volitional; unlike the religious confession which covers a specific list of sins, the therapeutic confession concerns those areas where the patient feels guilt or anxiety. Thus the confessional experience is more individualized and may lead to radical transformations of the self-perception and behavior, but it does not lead to any greater analysis of the social structure. Rather, both therapist and patient hope that the client can change herself to fit the world (Stewart, 1980: 113).

However

This understanding [that personal problems are the result of women's position in the social structure] in consciousness raising groups [is enacted] through group confessions where the therapist is replaced by the peer group. In the group, formerly private, shameful or anger-provoking experiences become recognized as part of women's collective experience (Ibid.).

Nowhere is this clearer than in self-help and twelve-step recovery communities for whom membership is conditional on a confession of identity: My name is _____, and I am an alcoholic, sex addict, etc.) (Augustine Fellowship, 1986; Peele 1989; Kaminer 1992;

⁷ What is striking in media coverage of capital cases, such as Richard Allan Davis, the killer of Polly Klass, is the theatricalization of the power of contrition, or lack thereof in the case of Davis, to mitigate the punishment.

Bufe 1991).⁸ Recognition of the political ramifications of individual vs. collective confessions has filtered into HIV prevention interventions, primarily through the writings of Paulo Freire on community organizing (Minkler, 1980; Wallerstein, 1994).

Confession Ritual and HIV Test Counseling

The structural analogies between sacramental confession and HIV testing can help counselors and clients to look critically at the massive social and political investment in testing as a prevention strategy. Like the reassurance people received from regular confession and absolution of sins, a seronegative test result offers safe sex “sinners” a slate that may be wiped clean again and again. Both sacramental confession and HIV test counseling are private, one-on-one discussions that focus on, among other things, the sanctity of relationships and the exchange of semen between bodies. In a religious context, sexual behaviors are interpreted by the priest in terms of venial and mortal sins, while the HIV counselor views this information in terms of safer and risky behaviors.

A confessional dynamic can occur in test counseling sessions for several reasons. Test counseling can involve a discussion of behaviors that people consider “right” or “wrong” with respect to HIV-related risk. The process of recording a “moral inventory” on an “official” form can deepen the confessional dynamic and intensify feelings of vulnerability, anxiety, and guilt. Expectations of admonishment often evolve from projections of a client’s own anxieties and self-judgment onto the counselor. As a result clients may unwittingly place counselors in the role of confessor (see chapter five).

⁸ Other recent research on confession and power looks at the subjectivizing role of confession in such realms as the identity politics of “coming out” (Butler, 1991), and Maoist self-criticism (Yang, 1994).

Confession rituals, because they are one-on-one, tend to individualize ethical decisions around sexual practice. In this way they obscure the historical, social, cultural, political determinants of sexual behavior. The most significant reductions in risk behavior were accomplished by the gay community well before testing was available. These behavioral changes were framed as political and communal act (Patton, 1996; Shilts, 1987). As a result of the early safe sex movement in New York and San Francisco, an unprecedented public discourse created a space for people to discuss sex and sexuality as a political issue. This space has yet to be created to any comparable degree among heterosexuals (Peart, 1996). As I discuss in chapter two, this communal dynamic was irreparably changed with the advent of the HIV test. The question of HIV status became an individual problem and explicit HIV prevention education was relegated to the social silence of the confession box. Explicit and practically relevant discussion of safer sex were increasingly reduced to exhortations to get tested.

It is interesting to note that during the first years of HIV testing, pre-test counseling was performed in a group setting, and often limited to presenting a video that described the virus and the test (see chapter three). Gradually, as the counseling potential of the testing encounter was recognized, particularly after 1987, and individualized, anonymous counseling became the recognized standard of practice. Clearly, what the clerics and public health officials realized was that one-on-one counseling had more potential for enforcing prevention messages.⁹ The individualized approach was seen as

⁹ One of the earliest set of counseling guidelines developed for the newly licensed HIV antibody test, then called the “HTLV-III test,” points to the power of individual counseling as a behavior modification strategy (my emphasis).

Education with the intent of modifying sexual behavior is the dominant intervention strategy for most risk groups (in the absence of vaccine or treatment). The mass media may be effective tools for educating and informing the general

preferable to the broadcast approach since it instilled a sense of individual responsibility and taught the confessant how to integrate this type of confessional interrogation into their relationships and their own conscience.

Confession has taken on a new salience for sexual subjectification with the advent of HIV test counseling. HIV test counseling is a crucial site for the production of “safe sexuality” through an investment in monogamy. As Linda Singer proposes,

the sexual epidemic in which liberated and spontaneous sexuality is represented as no longer possible...provides a context in which the myth of scarcity, so central to the creation of needs and demands upon which capitalist production depends, can be rewritten and recirculated. If “‘free sex’ is scarce, one will have to pay. Sex costs” (Singer, 1993:18).

As I discuss in chapter eight, this new sexual economy and investment in HIV testing and monogamy appears to clients as well worth the cost, since it allows them to regain a sense of virginal, safe sexuality.

Confession and the Production of Sin

Confession produces sin in two ways -- by retrospectively labeling thoughts and acts as sin, and by creating resistance in the form of a transgression. While generating fear and guilt for what was labeled as sin the church conveniently controlled the only means of relief -- absolution by a priest. So effective was this productive mode of domination that it helped to subjectivize Europe’s earliest colonial subjects. For example, Klor de Alva, analyzing Spanish domination through confessional in Colonial

public. In group settings of high-risk persons, education provided by a person at high risk takes advantage of both familiar settings and established credibility. The most labor intensive method of education is individual counseling. *Individual counseling is perhaps the most effective form of education* and is recommended when resources allow or the epidemiologic circumstances demand it (Association of State and Territorial Health Officials Foundation, 1985).

Mexico, writes, “[t]his mechanism was founded on a paradox: by promising absolution, the priests could liberate penitents from the guilt that they had taught them to impose on themselves” (1992:120).

While working ostensibly to reform sinners, institutions of confession are less interested in eradicating sin than maintaining the power to label behavior as sin. Confessional institutions depend for their very existence on sinners who confess in predictable and dependable ways. This appears ironic since confessional interactions are ostensibly about reform and empowering sinners to master desire, through knowledge of what is and is not sinful. Yet it is within confession rituals that sin is produced when practices or states of being are labeled as sinful.

The medieval Church did not attempt to establish absolute uniformity of practice; on the contrary, its authoritative discourse was always concerned to specify differences, gradations, exceptions. What it sought was the subjection of all practice to a unified authority, to a single authentic source that could tell truth from falsehood (Asad, 1993: 38).

There was never a pretense to eliminate sin, even priests were encouraged to admit their own sinfulness to penitents (Delumeau, 1990; Valentini, 1974). Instead of virtue, what the church sought was the power to control the normative yardstick against which behavior could be measured and guilt produced.

Like confession, HIV test counseling is predicated on an ideology of behavior reform. Both claim to instruct their objects and give advice on their lifestyle. Yet the behaviors these institutions purport to reform have such high recidivism rates that it often appears that the ritual uses relapse in order to justify its continued existence. Foucault has argued that normalizing power, what he calls power/knowledge is rooted in discourses of carceral observation. Ironically, carceral forms of power succeed best when they are only partially “successful.”

One would be forced to suppose that the prison, and no doubt punishment in general, is not intended to eliminate offenses, but rather to distinguish them, to distribute them, to use them: that it is not so much that they render docile those who are liable to transgress the law but that they tend to assimilate the transgression of the laws in a general tactic of subjection (Foucault, 1978).

Confessional institutions hold a monopoly on the means to absolve the sin that they create, thereby conveniently creating a dependence on periodic confession. Much like psychoanalysis, the priest's discourse on sin was the illness that presented itself as a cure. This creates a very docile and dependable subject who's actions are constantly mediated through the endless mill of reflexivity instilled by confession rituals.

Because absolution is available there is less incentive to avoid risk behaviors. The disinhibiting effect provided by the knowledge that one can receive a negative test result is analogous to the effect of combination therapies on risk behaviors in the late nineties (Petit, 1997). The notion of confession as a system of tariffs or exchanges has remained despite the attempt by theologians to focus more on contrition. In the Age of AIDS one can pay for an indulgence by calling a hotline worker or paying a visit to the test clinic to either calculate the risks before the act or confess one's transgressions after the fact. A hotline supervisor in San Francisco noted the pattern of increased calls before and after long weekends (personal communication).

Weber described the effect of confession ritual on individual morality through the notion of the "treasury of merit" (Weber, 1993). The behavioral effect of institutions such as the sacrament of penance is ambivalent, since

every authentic distribution of grace by a person ... has the net effect of weakening the demands of morality upon the individual, even though the distribution of grace ostensibly works in a moral direction. The vouchsafing of grace always entails the subjective release of the person in need of salvation; it consequently facilitates his capacity to bear guilt and, other things being equal, it largely spares him the necessity of developing an individual planned pattern of life based on ethical foundation. The sinner knows that that he may always receive absolution by engaging in some occasional religious practice or by performing some religious rite (Weber, 1993: 188).

Moreover, the treasury of merit model of virtue facilitates transgressive acts by symbolically removing the consequences for those actions.

It is particularly important that sins remain discrete actions against which other discrete deeds may be set up as compensations or penances (Weber, 1993: 189).

19th century Church historian, Henry Charles Lea relented that the laxity of priests in the confession box was often used as an excuse for sinful behavior.

In the trials [of the Spanish Inquisition] there are frequent reports of the conversations in which the accused gave utterance to the obnoxious opinion and his reasons for it. Among these it is not uncommon to find the argument that the priest thought nothing of it when it was confessed, and absolved for it as though it was venial. This was the inevitable result of the control of the human consciences assumed by the Church, for it becomes responsible for the sins which it does not punish, and men shielded themselves behind it; the believer is relieved from wholesome responsibility and casts on it the burden of his own sins (Lea, 1968).

Using yet another treasury metaphor, one test client likened repeat testing to balancing a checkbook. In a test session recorded and transcribed by Anne Marie Kinnell in Indiana, the session is interrupted by a phone call from another prospective test client to schedule an appointment. The counselor hangs up and comments on the caller to the current test client.

CO: .hh s'been tested before. She says, "I do this all the time." You know this is scary because I think some (.) there's this loop that (.) I can keep doing what I'm doing but [as long as] I test negative all the time. Then I'm okay?

CL: o::h.
(2.0)

CO: I mean you an I

CL: it's

CO: think [that] doesn't make any se(hhh)nse.=

CL: =no its=

CO: =This is russian roulette is what it .hhh

CL: it's like friends that (.) think the account balance in their (.) you know when they take money out that [results in bounced] checks.

CO: Heh that's a good that's a good ana(hh)logy [heheh] for tha(hh)t.

CL: Hello you have no money.

The moral approbation over the caller reflects the degree to which modern technologies of the self are constructed around rituals of exchange. The quantitative obsession with calories, exercise reps, fasting and bingeing are all symptoms of the deeply rooted forms of internalized penitential asceticism that regulates the modern self (Crawford, 1984; Singer, 1993; Turner, 1984; Weber, 1958).

Producing Confessional Deviants: Repeat Testers

Confessional institutions need penitents to confess in predictable ways. Above all they must display the appropriate amount of concern and remorse over sins committed. Voluntary testing is an inefficient means of surveillance because, for a variety of reasons, the same individuals test repeatedly. One sub-group of test client called “repeat testers” frustrate counselors and policy makers alike because they return frequently to get tested and disclose the same risks (Tighe, 1991). Such clients are frustrating not just because they are perceived as wasting scarce resources, but because their lack of contrition trivializes the testing process. Superfluous testing is often the result of the window period. It is rare that clients wait six months after their last unprotected sex before testing. Changes in relationship status generally take precedence over the time since possible exposure as a criteria for testing. As a result, follow up tests are routinely prescribed. Using the model of HIV testing as preventive medicine, many counselors routinely recommend that their clients test every six months, much like going to the dentist or getting a pap smear. Once such patterns of testing are established clients are likely to develop a psychological dependence on the reassurance that testing negative can provide. The result is that repeat testing among low risk clients has become a major public expense.

As early as 1988 one study in Denmark noted that 50% of all gay men and IDUs requesting tests had already been tested (Schmidt et.al., 1988; see Steiger et al. 1993 on repeat testing in Germany). During 1992-1993, 31% of all HIV tests in San Francisco were performed on persons testing negative for the third time or more (McFarland, 1995). The following table shows the rates of repeat testing (more than one test) by risk category for a sample of 500 Berkeley Free Clinic clients.

Risk Category	number	percent repeat testers
Lesbian women	9	89%
Bisexual women	9	89%
Gay men	46	74%
Bisexual men	17	70%
Heterosexual men	208	57%
Heterosexual women	211	53%

There is some disagreement over how to interpret this pattern of repeat testing. Tighe (1991) reports that, statewide, seropositives tend to have tested negative at least once before, suggesting a missed opportunity for prevention intervention. McFarland, et al. (1995) argue that, since repeat negative testers in San Francisco show similar risks to those testing positive, “attempts to limit repeat testing must proceed cautiously.”

Tighe pleads with counselors not to dismiss repeat testers because they “knowingly put themselves in danger”, but rather see such patterns as a “cry for help.” Tighe recommends that counselors refer repeat testers to appropriate psychological services. However, accepting that one may have been at risk for HIV is easier than accepting that one may have a psychological problem that needs attention. Moreover, test counseling is available as a free service that is easily accessible, while individual counseling services generally are not.

The analogy with confession rituals suggests another interpretation of repeat testing. In the literature on sacramental confession repeat confessants, who, like repeat testers, confess the same sins on a regular basis are referred to as “recidivists” (Schieler, 1905). Repeat testers and recidivists may become addicted to the cathartic effect of confessional ritual, consciously indulging in risks and using testing as a periodic status check. In both literatures, repeaters are labeled as pathological and the role of confessional institutions in creating the pathology in these individuals is obfuscated.

Crime and Punishment: The Worried Well

Very often feelings of guilt about actions that are ethically problematic, such as betraying monogamy, losing one’s virginity to the “wrong” person, or having sex with a sex worker, are dealt with by the client primarily as a problem of HIV risk. The HIV testing process helps people manage the ethical guilt. The test helps the client to deny the ethical issues by focusing their anxiety on HIV risk. The test offers the client the chance to relieve the anxiety over risk, yet the ethical issues are left unresolved.

An important component of this process of guilt management is that penance should fit the offense. In the sacrament, the penance became a mere genuflection, and thus had little meaning as a penance in relation to the accusation of sin. For example Murray’s young penitents complain that some penances seem too trivial while others, such as praying to God for five minutes, are seen as “more fitting the crime” (Murray, 1972). HIV test counseling is also structured around a penitential system. The window period itself offers a sort of delayed absolution, a period during which one’s status is still unknown requiring condoms or abstinence from certain practices. The new California risk assessment forms contain a box in which the counselor writes a short-term risk

reduction goal. The counselor, who discloses the result, must inquire and document that the client attempted or failed in this goal. Common goals (or penances) are to try to use condoms, talk to their partner about testing, etc. Taking the test in itself can be seen as a sacrifice to a partner that one has betrayed. Going through the tribulation of testing thus has a redemptive value, a theme I discuss further in chapter eight.

However, when the unconscious guilt runs very deep, testing rarely resolves the problem and often exacerbates it. Extreme cases of psychopathic guilt or anxiety related to a sexual encounter offer parallels between sacramental confession and test counseling. The term “worried well,” refers to people who, due to unresolved guilt and anxiety, are convinced they have AIDS, in spite of little risk or a negative test result (Bor, 1993; Dupont, 1992; Green, 1989; Franzini, 1993). For example, a number of these cases involve men who had a one time, low risk encounter with a sex worker and expressed their guilt through the fear of HIV infection (Bor, 1993; Dupont, 1992; Green, 1989; Jager, 1988). As one HIV information phone-line worker discusses, the worried well will often resort to phone counseling, since cyberspace provides a safe and anonymous medium to discuss their worries.¹⁰

People want to know where to get tested. That's pretty much a standard question...The other side is they're panicking and they're looking for someone to talk to. Quite often that was the case. They just want to talk for fifteen minutes or a half hour and get relieved of their anxiety and guilt. Like, "I went to a convention in such-and such a place and this prostitute came in and we all got blow jobs. And could I give my wife and my kids AIDS?" Anxiety, you know? Like I can't relieve the guilt that you fooled around on your wife, but if you want to know the facts about AIDS, this is it (Brown 1995, pp. 259-260).

¹⁰ Margery Lazarus, in an unpublished ms., “Estimating the Price of Pleasure: Risk Assessment at an AIDS Hotline,” comes to similar conclusions regarding the confessional aspects of working as an AIDS hotline volunteer in 1993.

For some worried well, even a negative test is not enough to convince them that they are not infected. They will keep getting tested as if in a purgatorial window period that may last for many years. For example here is one story lifted from a web site dedicated to people waiting for their HIV test results.¹¹

My story begins about two years ago when I did something totally out of character. When away on business, I met a girl in a bar. I was feeling pretty low at the time and was glad of the company. We had a few drinks and one thing led to another. When I got home, I started to feel incredibly guilty about the whole incident. I have been married for just a few years and felt that I had betrayed my wife. I felt like an evil person. I love my wife very much - you may find that surprising considering what happened - but I really do. A few weeks later I had a really bad flu-like illness with bad headaches. I felt really ill. I looked through my medical books to try and self-diagnose the problem. I came across a chapter about HIV/AIDS and as I read the text, an awful fear developed. I started to worry about the casual nature of my encounter and when I read that HIV often produces a flu-like illness a few weeks after exposure I started to panic. I plucked up courage to have an antibody test and meanwhile avoided having sex with my wife. I had the test at 12 weeks and it was negative. I also had tests for many other things such as Hepatitis. All tests were negative. The counselor told me that I was low risk and that it was not necessary to have another test. I was relieved - but only for a short time. I started to read more and more about HIV and found out that there was a possibility of a false negative - especially in the first 6 months following exposure. I decided to go for another test at 12 months - it was negative. In total, I have now had 6 antibody tests, the latest one being at 25 months. I have had different types of antibody tests. They have all been negative.

The reason this man is confessing all this on the web is that, despite extensive counseling and at least 6 tests, he is still convinced he has AIDS. Whenever unresolved guilt or anxiety is present, the more one learns about HIV, for instance from test counselor or hotline worker, the more anxious one becomes (Franzini, 1993). In extreme cases, victims of AIDS phobia will experience the symptoms of acute viremia, such as rash, diarrhea, nausea, swollen glands, and low-grade fevers. The more they research the symptomology of acute viral syndrome or AIDS, the more severe the symptoms become. The vicious cycle of fear, testing and stress-induced symptoms can cause so much

¹¹ This site is no longer available: <http://ng.netgate.net/~adamsclan/hiv.htm>

disruption and sacrifice in the work and family life of the patient, that it becomes progressively more difficult for them to accept that they are, in fact, negative.

The sacramental counterpart to the worried well is an obsessive compulsive disorder called “religious scrupulosity disorder” (Doyle, 1956; Greenberg, 1987; Weisner, 1960). This disorder afflicts mostly young Catholics and Orthodox Jews who live in constant fear of offending god and seek comfort in prayer and frequent confession. The syndrome is treated pharmacologically like other obsessive compulsive disorders (Fallon, 1990). Because the individuals suffering from these disorders are pathologized, the role of confessional institutions in producing the disorder in the first place is not recognized in either literature.

One of the reasons that confessional deviants are seen as pathological individuals and not the effect of confessional institutions is the Reichian notion that the desire to confess is an innate human need (Reich, 1966; Berggren, 1975). The notion of confession as a compulsion is belied by the social phenomenon of confessional deviants and scrupulosity. The institution of confession produces the guilt it supposedly seeks to alleviate. This is best illustrated by the sin of omission. A confession is only valid when it is complete. But this is impossible because of the circumstantial nature of sin and the epistemological problem of knowing about and recalling every sin when in front of the confessor. The sin of omission of sins actually increases the burden of guilt on the confessant leading to a cycle of more frequent confession and anxiety about remembering to avow each sin. It is the institution of confession that produces the need for guilt, not the guilt that produces the need for the institution. As Hepworth and Turner point out, if confession was an innate need, then the church would not have needed to threaten

penitents with the flames of hell in order to keep the sacraments (Hepworth and Turner, 1982).

The Cultural Construction of Addiction

Despite the explosion of the self-help, codependency and recovery movement in the last decade, there has been very little critical literature to reflect on the political meaning of this phenomenon in terms of subjectivity and agency (Kaminer, 1992; Peele, 1989). Like the confessional discourses it hails from, the recovery movement is based on a number of paradoxes. While promising the redemptive recovery of the self, the self-help literature stresses the inescapability of the disease of addiction or codependency. It seems an impossibility for an independent self to exist in a movement that locates all salvation outside and above the self. As Althusser would argue, twelve step programs constitute a subjectivity that only exists in relation to an interpellating desire, abuse, or chemical dependency on the one side, and a supportive community of fellow addicts on the other (Althusser, 1971).

Kaminer notes the political consequences of this Orwellian cult of victimhood in which freedom is predicated on the patterned public confession of one's darkest secrets (Kaminer, 1992: p. 29). The intensive commodification of confessional autobiographies by "second string celebrities" in the mass media suggests that these whiny yet somehow "heroic" tales have a strong interactionist hold on the subjectivities of those who recognize aspects of their own experiences in the author's auto-hagiographies (Denzin, 1993: p. 85-94). The result of so many autobiographical or didactic recovery books dominating the best seller lists is that it is nearly impossible to think of maladaptive behaviors without using the jargon of codependency and addiction.

The representation of risky sexuality as an addiction offers another challenge for counselors given their mandate to change behaviors. Modeled on other twelve step recovery groups, Sex and Love Addicts Anonymous recommends long term celibacy -- even to the exclusion of masturbation -- as a way to manage sexual compulsiveness (Augustine Fellowship, 1986; Levine, 1988). Whether actively involved with twelve step groups or not, Americans have been socialized to think of addiction and compulsion as related to the true emotional self whose repression comes at a price (Miller, 1991; Denzin, 1991; Denzin and Johnson, 1993). Clients will avow their unsafe sex in terms of their submission to strong impulses using such phrases such as “I was turned on,” “I was caught in the moment” (see also Levine, 1992: p. 61-62). This conceptualization of unsafe sex as compulsive and passionate reflects a cultural construction of a transgressive subjectivity that denies agency and personal responsibility by means of the metaphor of addiction as a “disease” (Lutz, 1988; Peele, 1989).

A number of my middle aged gay male test clients have characterized their relationship to sex as addictive. Despite their nostalgia for the sexual liberation of the seventies, these men currently identified as “celibate” in an attempt to cope with the anxieties that surround sex in the age of HIV. The role of celibacy as coping mechanism for gay men living in the midst of the epidemic has been studied by Siegel and Raveis (1993). The following narrative of a man who has been celibate for two months illustrates the common sense idea that treatment for addiction to sex requires radical abstinence -- similar to the “cold turkey” regime for drug addiction.

I do realize that my urges are almost like alcoholism. Where I mean all I would have to do is put my mouth on somebody's penis and it would trigger me to go off. And that's why I'm trying to abstain...Ah, it's like a drink. Ah, that when you taste a drink, an alcoholic, I mean I'm not an alcoholic, but I presume that when an alcoholic has to drink; all they have to do is take a little taste of it and they'll go

on a binge with alcohol. Me I know that if I get anywhere close to even touching somebody's penis, if it's the right proportion and what not, then I will be tempted to suck it. If I'm tempted to suck it, then I will not be satisfied with just one. I will have to go on to another (Siegel and Raveis, 1993).

Ironically, but perhaps not surprisingly, the reason these “celibate” men come to get tested is because of an episode of unprotected sex. When the urge to have sex is no longer containable, it will often occur spontaneously, anonymously, and without protection. As Diaz and Ayala study of HIV risk and Latino gay men, there is a link between abstinence and risk behavior (Diaz and Ayala, 1999). As one focus group participant relates,

That's really scary because when I had unprotected sex it's been sometimes when I've been abstinent. Because you go through cycles, I'm really scared and I'm not doing anything at all and then all of a sudden, boom, that one person shows up that is really appealing and seduces you and the moment is right. All the abstinence you had backed up, it goes away. This is it. And then you go for it and afterwards you're like, 'oh oh, a relapse, I slipped. Okay, what do I do now?' Then the fear and then you go run and you get tested and the you go through this again and again...

The emphasis on abstinence leads the “recovering” addict, sooner or later, to “relapse” into a state of sin since this individualizing addiction narrative fails to deal with the social forces which shape this addictive impulse. Hart, et al. (1992) have questioned the utility of the concept of “relapse” (Stall, et al., 1990) in describing the breakdown of safer-sex regimens, pointing to the fact that many gay men habitually have unprotected sex with a regular partner. They also question the utility of using the disease model, as implied by the term “relapse,” when conceptualizing reasons for practicing unprotected intercourse. The term “relapse” is suggestive more of a state of being than a cessation of a practice. The slippage between the behaviorist notion of “relapse” and theological states of sin reveals the connections between the religious, self-help, and behaviorist paradigms of behavioral reform.

Confession ritual and the periodization of sex

The periodicity of confessional rituals resulted in the periodicity of people's sexual experiences, effectively breaking them up for reflection into six or twelve month segments. Like the priest's absolution, the HIV antibody test offers a clean slate, effectively absolving the penitent of all past sins and offering a sense of emotional closure to a chapter of their lives. Many clients view HIV testing as routine periodic exam, much like going to the dentist. When one's sex life is divided into calendric segments in this way, the testing ritual is sought to alleviate the anxiety that incrementally builds in the passage of time since the last test. Clients will often admit that, even though they have practiced safer sex ("religiously"), doubts about their status become unbearable by the anniversary of their last test. They get tested, "just to know," or give as the reason for testing, "it's been six months since my last test." Clients often perceive the six month window period (related to the production of measurable antibodies after infection with HIV) with public health recommendations to get tested frequently. Although prevention campaigns have advocated biannual testing for all those who are sexually active, frequent testing has become a concern in a time of increasing budget shortfalls.

Each ritual of self examination, be it an HIV test or confession, entails the possibility of overlooking some risk or latent or "silent" infection, however minute the chances. As one test client stated, "I feel that the more you're tested the more accurate the results can be." The six month window period has come to represent a timetable by which one is tested. For example, many clients seek testing because a certain amount of time has passed and not due to a particular risky situation. The calendric use of the

window period as signifying the time between tests rather than the time since a risk, could be seen as a cultural artifact of the injunction to periodically confess one's sins.

Confession and the Production of Transgression

The complicity of priests in the sins of their confessants was a constant concern of theologians, judging from the amount written on the subject in the confession manuals. Sinners were always reluctant to avow their sins because of their shame. To admit to sin would be admitting to having consciously committed sin. Nevertheless, the priest can only forgive what was confessed, and withholding sins was in itself a mortal sin. Therefore sinners needed to be prompted by the confessor with descriptions of the sins.

Theologians differed over the degree to which confessors should be discreet in describing sins. Some advocated probing only so far as to identify the sin and its classification, while Jean Gerson suggests that the confessor should emphasize how widespread the sin is, and provide details of different sexual or masturbatory practices. The priests thus ran the risk of teaching sins to their penitents (Tentler, 1977: 88-93). The concern with masturbation is reflected in the confession manuals. For example, the *Traité de Chasteté*, offers a questionnaire, somewhat analogous to the risk assessment forms used by counselors in the HIV test counseling sessions (see chapter three).

QUESTIONNAIRE FOR THE USE OF CONFESSORS

for the interrogation of young girls who aren't conscious or who do not dare make
an avowal of their sins of pollution

Sins habitually committed by young girls

1. -- By surrendering herself to masturbation, eyeing their sexual parts and touching themselves.
2. -- By lightly caressing with the palm of the hand the upper portion of the pudenda.
3. -- By touching the clitoris with a finger inside the vagina [*vase*], etc.
4. -- By introducing a finger into the vagina.
5. -- By introducing in the vagina a rounded piece of wood, etc. or any other object in the shape of a virile member...
6. -- By pressing the sexual parts against the legs of a table or the corner of a wall, in order to excite pollution; or in rubbing against the chair in which the young girl is seated; or by sitting on the ground and applying the heel of the foot against the vagina [*vase*]; or again by crossing the legs and exerting pressure on the matrix,....all to produce venereal sensations, etc.

All these ways to arrive at pollution are of the same nature. It is not absolutely necessary to bring the penitents to account in order to find out if they proceeded in one fashion or another, since the confessor will not extract the truth, as shame will prevent them from fully confessing. Alas, for this reason a bad confession will result.

II

By touching themselves, one young girl with another, or several together. By surrendering themselves to sodomy between several young girls; occasionally between sisters, especially when these share the same bed, on applying the foot, thigh, or leg of the other on her sexual parts, etc. and thus provoking pollution....

IV

1. -- Bestiality. By placing the matrix [*la matrice*] upon any animal, and by rubbing herself against it to bring about pollution.
2. -- By introducing into the vagina [*la vase*] the head of a chicken. Or by placing some saliva or some bread in the matrix and calling over a dog to lick one's pudenda. Or again, by masturbating a dog to stiffen its organ and introduce it into one's vagina (Anonymous, 1974: my translation).

In the name of extracting a truth, which cannot be extracted, the confessor's imagination spiraled. Although, ostensibly aimed at the eradication of sinful thoughts, this

questionnaire served to instruct penitents in some of the more perverse methods of sin.

The ritualized use of such questionnaires by priests must have a rather profound effect on the subjectivities of the young penitents. The ultimate result is an internalization of sin as

a constitutive part of the subject as well as the permanent association of sex and desire with guilt and anxiety.

Sin or risky sex cannot exist without a confessor or counselor to label them as such. Confession rituals produce transgressive behavior by signifying certain behaviors as forbidden. As advertising directors appear to have learned, forbidden or transgressive objects are eroticized and fetishized. By instructing penitents on what is sinful or forbidden, confession rituals can serve to eroticize risky practices, thereby investing certain sexual practices with subjectivizing meanings they would not otherwise have. This is clearly evident in the effect of so much discourse on anal sex since the AIDS epidemic. Rofes describes the importance of unprotected anal sex in his phone sex rituals with a certain partner.

Because I am familiar with his desires, I always am sure to say something like, "I didn't bring any rubbers with me, pal. Do you have any handy?" or "Before we go any farther, I've got to get a condom from my wallet and put it on..." In fact, I believe that the most exciting parts of our phone sex conversations are those where he is urging me to fuck him without protection. Something in the words, in his description of "needing sperm" and "needing to know you're in me without anything between us," is highly charged for both of us....How common is it for humans to eroticize the exact activities which they are told not to actualize? Is something about a gay culture filled with explicit warnings about anal sex hazards, channeling young gay men's erotic desires more strongly toward anal intercourse? In a world where many gay men have staked out terrain as "sexual outlaws," has unprotected anal sex become the defining act of renegade status (Rofes, 1996: 169-70)?

Talk about sex links not only the self to desire but links authenticity of the experience with transgression. As Foucault generative model of power implies, increased surveillance produces more sex be it masturbation or same sex desire in the military. In New York City, sex clubs are coming under increasing pressure to monitor sexual contact of their client or be shut down by health authorities. Thousands of dollars were spent by the city, not on prevention interventions, but in sending undercover investigators to

document sex acts taking place in movie theaters and book stores. As a result, bouncers were hired as prevention workers by the club owners, and as Gendin describes, whenever the bouncer spots

a blowjob taking place, he aims the light directly into the eyes of the guy giving the blowjob and screams, "No lips below the hips, ladies." His attitude, while somewhat playful, is also tinged with hostility. He succeeds in getting the blowjob stopped for a few minutes, but once he leaves the sex immediately starts again. And it usually starts again with even more gusto, as lust combines with a contempt for authority... [This type of] monitoring takes responsibility away from the individual and thrusts it on some outside source. It encourages antagonism between those monitoring and those being monitored, and it actually discourages patrons from being concerned about their own actions. A game develops where patrons do their best not to be caught, and the focus shifts away from what is safe or unsafe, to what one can get away with (Gendin, 1996).

In chapter eight, I discuss how intimate relationships are constructed in opposition to safer sex messages, whose transgression is a major currency that gives value to the relationship and the emotional and serological exchanges therein.

Conclusion

Confession rituals produce subjectivity by linking the will to knowledge with discipline, individuality and sexuality. While they ostensibly exist to interdict and reform dangerous sexuality, they actively produce transgressive "resistance" which in the end only reinforces the need for the disciplinary discursification of these desires. HIV prevention interventions, such as testing and counseling, operating via the discursification of speech about sex, must be cognizant of the historical discourses in which they are deployed.

By juxtaposing confession and test counseling I want to emphasize the degree to which we live in a confessional society in which confessions are circulated as commodities between lovers, on talk shows, chat lines, and at the test clinic. Telephone

and face-to-face counseling around issues related to sex and risk often take on connotations of guilt, sin, absolution. This is why testing has become a routinized process in so many people's lives who seek a "clean slate" for a new relationship or emotional reassurance every six months.

The goal of this chapter was not to argue that the rituals are one and the same -- any analogy breaks down if it is taken too far. I use the analogy as a heuristic device to help counselors and clients think about testing from a new perspective. Counselors and clients must reflect on how talk about sex and risk during the test session can affect subjectivity and how periodic testing functions to manage guilt over risk behaviors. Only then can the potential for disinhibiting effects inherent in testing and counseling be weighed against the potential benefits. Counselors must also rethink how the power invested in their social role as confessors can lead to a confessional dynamic in the session, a topic I discuss in the next chapter.

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