Chapter Six

Confession, Silence and the Moral Inventory

Introduction

In this chapter I demonstrate how confession and silence, as interactional strategies, are used to redress power imbalances during risk assessment. Conversation analysis of CT sessions has provided many insights into the practice of therapeutic interaction, specifically how advice is often framed as information (Heritage & Sefi 1992; Kinnell & Maynard, 1996; Perakyla, 1995; Silverman, 1997). Building on this important body of work, this chapter uses insights from participant observation to compare CT with other confessional practices in order to depict the interactional context of test counseling.

The chapter is divided into three sections. In the first section I describe how the ceremonial use of the risk assessment form gives the pre-test session a juridical tone as the client's risk history is interrogated. I offer some analogies with twelve step confession rituals from which I borrow the term "moral inventory." Then I introduce the reader to the methods and key findings of conversation analysis and pragmatics. In the final section I use these methods to analyze three confessional interactions extracted from pre-test sessions at the Berkeley Free Clinic. I conclude with a discussion of the use of silence in counseling strategy and offer some suggestions for counselors to defuse confessional situations with their clients.

I. Moral Inventory and governmentality: The juridical nature of the risk assessment session

All test clients at the Berkeley Free Clinic receive counseling before the blood draw (pre-test session) and at the return appointment when the test results are disclosed (post-test session). The pivotal feature of pre-test sessions at the clinic is called "risk-assessment." During the risk assessment the counselor adjudicates not merely the clients' HIV status but also their moral status as responsible citizens. While counselors' styles of risk assessment range from open-ended elicitation of the client's narrative to an interrogation that can resemble a forensic cross-examination, the practice of risk assessment in California's publicly funded test clinics has been standardized by the state's risk assessment questionnaire. This form (see Appendix One), referred to officially as the “HIV Counseling and Testing Report Form” and unofficially “the Great White Form,” was used from July 1994 to June 1997 and is described in chapter three.

The delicate (and for some, obscene) nature of the questions on the form can present a number of interactional problems (Silverman, 1997; and chapter 3 of this dissertation). Thus a counselor’s primary task at the beginning of the session is to quickly gain the client’s trust so that a candid discussion of all their risks is possible.[1] The form provides a useful template for time-pressed counselors to move swiftly from topic to topic. Counselors also become adept at using the form as a third party in the discussion in order to distance themselves from the awkward questions about risk and stigmatized behaviors. This is why we see counselors justify their questions with phrases such as “the State wants to know...” or “We ask this of every client...” In this way a client is less likely to take offense at questions such as “Have you ever exchanged sex for drugs or money?” which in any other context could be very problematic.

The counselors’ attempts to distance themselves from the questions on the form can result in other puzzling formalities. For example, this counselor carefully reads verbatim not only the questions from the form, but even the form’s instructions.

Extract 7:1 (BFC)

C: Okay. For females only. Have you ever had
sex with a male partner who’s had sex with a
male?
P: As far as I’m aware no.

It is clear from other parts of the transcript that the counselor knows he is speaking to a biological female and not a Transgender person. Both experienced and novice counselors use such formalities, so this is clearly not a question of lack of familiarity with the wording of the form. What then is the purpose of prefacing his question with “for females only?”

The answer lies in difficulty of asking a stranger such personal questions. The counselor’s use of form(al) language positions him as an agent of the clinic empowered by the state’s warrant to ask invasive questions. The client is also more likely to respond truthfully to the state than to a stranger. By triangulating the interaction through the state's form, the counselor is less personally accountable for any discomfort caused by the questions. By understanding such formalities as justifications for invasive questions we can better appreciate their strategic function.

Whatever techniques counselors employ to mitigate the face-threatening potential of risk assessment, clients are inevitably placed on the defensive. Clients who test at an anonymous test site must provide not only an account for their desire for a test, a service that is provided to them for "free," but also account for their entire risk history as it unfolds before them during the risk assessment. Needless to say, this can be a very disquieting, especially for first time testers. In the post-Magic Johnson era of HIV prevention, counselors can generally assume that clients possess a relatively sophisticated understanding of HIV transmission and safer sex compared to clients who tested in the late eighties. Increased media attention, particularly in California, to the ravages of the epidemic and the advantages of early medical treatment have made it progressively more difficult to claim naiveté about AIDS in the 1990's. Widely available HIV testing has redefined notions of responsible dating in the 90's. As a result of these changing expectations, the cultural category of "innocent victim" of HIV infection has become progressively more restrictive, while the threat of being condemned as the next Typhoid Mary has steadily grown.

A fundamental premise of "client-centered" counseling is the counselor's non-judgmental stance. However, in the context of an impending verdict of positive or negative, a juridical context for the counseling interaction is almost inevitable, provided even the most far-fetched risk of transmission. The client's fear of the impending result conspires with their internalized self-judgment to give the risk assessment a strong eschatological undercurrent. In the interviews and questionnaires, many clients expressed their appreciation of the counselor's non-judgmental style. This highlights the client's expectations that the counseling session would be some sort of ordeal.

Extract 7:2 (Client interviews)

> The woman doing the testing was younger than I expected. She was 23 or so. That was nice because it is so hard to talk about your sex life with your mother. That was a plus, it felt like it was comfortable to talk about those sort things with her, rather than like "God, I did this really stupid thing once” (white female college student, 21, heterosexual).
>
> I thought they were just going to take my blood and I would come back in two weeks and so when all of a sudden I have this woman asking me all these really personal questions it was, it surprised me. But the way she went about it was very caring (...) and just stating the questions like matter of factly not judging me or anything like that, cause your first time with that kind of thing you feel really nervous (white, female, college student, 19, heterosexual).
>
> I had no idea, I mean when I got there it was really weird because I felt like, this isn't my life you know, this is somebody else, like an after school movie, you know, it's not me and uhm, I was just really scared. (.) I didn't know what to expect, uhm, (.) you know kind of on guard like when the (.) the counselor came and finally talked to me, and then I didn't know what he wanted to hear from me, or what I was supposed to say. (...) I expected him to just go on and on and ask me about like what risks I had taken and tell me at length how wrong those things are, and how I shouldn't be doing those things and uhm, just like, going on (.) I don't know, I just don't like it when people talk too much. (white, female, college student, 19, heterosexual).

Because interactional roles are determined by the juridical context, clients tend to position themselves as defendant or penitent in relation to the counselor.

The form’s significance as a moral inventory can be illustrated through analogies with rituals involving confession and the chronicling of sins onto paper. Perhaps the key symbol is the Book of Life itself. We find in the (XX:12-13) the image of a book in which a soul’s sins were inscribed for the final judgment.

> And I saw the dead, small and great, stand before God; and the books were opened; and another book was opened, which is the book of life; and the dead were judged out of those things which were written in the books, according to their works.[2]

The symbolic significance of the form as a registry of sins is apparent in the care that some counselors take in showing the completed form to the clients to check its accuracy and to reflect on their “level of risk.” For example in this exchange the counselor hands the client the completed form.

Extract 7:3 (BFC)

1 C: Okay.(7) Okay. NOW. What I want to do is
2 I want to show this to you and I want you
3 to play m the counselor and you tell me what
4 you think [this young client’s risks are.
5 P: [Oh I already know I already know
6 what they are.
7 C: Okay. Would you say you’re this client’s
8 risks are low, medium or high.
9 P: I put down on my paper low but they are
10 probably medium.

In extract 7:3, the counselor is attempting to impose the state’s view of the client’s risks by repositioning her as her own judge. At first the client resists this offer to self-label (lines 5-6), but the counselor persists and offers her fixed answers. She indicates in lines 9-10 that, although she labeled her self as “low” several minutes previously when she completed the questionnaire (“my paper”), she now upgrades herself to medium risk.

Another client described to me in an interview the ritual significance of what the counselor wrote on the form. This illustrates why it is so important to either show the client the form or read over what you have written so that the client is allowed to respond or ammend it.

Extract 7:3b (BFC)

NS: And after he asked you all the questions, did he
kind of sum up what he thought your picture was?
C: No, he didn't really say anything but I thought I saw
him write like “at risk”, you know.
NS: Where, like on the forms? and you saw that, how
did you feel?
C: It was weird, I was like, “why isn't he telling me
this, is it a secret?” (laughter)
NS: That is kind of wierd that he wouldn't tell you
that.
C: Maybe he just thought I realized it or something.
NS: Uh hm. Did you realize it?
C: Uhm. I guess, by the things I was doing. I mean I'm
not a stupid person, I realize that things I was doing
were really stupid.

These extracts offer examples of what Kuipers (1990) terms “entextualization” to describe the way that the meaning of the spoken word during clinical interaction is transformed when written on patient charts. He describes how this entextualization process transforms talk to fit the needs of nosology, computerized medical records, legal liability, and billing categories. Within the context of role reversal during the risk assessment, the form can function as a tool to transform the clients' perceptions of their risk, and by extension construct either "low, medium, or high risk" subjectivities.

From the Thirteenth century to the Counter-Reformation the need to standardize sacramental confession resulted in the publication of hundreds of confessional manuals for priests (Delumeau, 1990; Haliczer, 1996). Analogous to the checklists on the state's risk assessment forms, these confession manuals, or *Summae*, provided a template for the administration of confession. Confessional historian, Thomas Tentler, stresses the significance of these manuals for the consolidation of church authority over the souls of millions of Christians by establishing a standardized pedagogy and hierarchy of sin (Tentler, 1974).

The literary trope of the sexual diary has a long history in Western culture from Augustine to de Sade.[3] A more recent manifestation of this phenomenon is the writing of a "moral inventory" which comprises step four of the Twelve Step recovery movement.

> Step 4: Made a searching and fearless moral inventory of ourselves....But how were we to accomplish this inventory?....Most of us found that writing down our inventory was very helpful. Looking at what we had done in black and white was a valuable aid to honesty and objectivity (Augustine Fellowship, 1986: 78).

In the following extract from an interview with a test client we see how the risk assessment questions can be transformative.

> the way she asked those questions, I had to like think about my answers and then I heard the answers and then I saw them and it made me realize a lot of stuff about my life and the way I'd been living and (.) it was a real revelation and it was really scary.

Clearly, the graphical aspect of the risk assessment provides a key element contributing to the juridical and confessional character of test counseling.

Given this juridical context, it should not be surprising that we often find that test clients express guilt and remorse throughout the session. For example, when counselors initially ask why the client has come to be tested, it is not uncommon to hear confessional responses such as "I've been a bad boy," "I was stupid," or "I've done some crazy things." Confessional statements such as these, when uttered at the very start of the counseling session, can set up a confessional tone before the risk assessment has even begun. This suggests that confessional discourse is already a part of the client's role expectations going into a test counseling session. It is this relationship between role expectations and interactional strategy which concerns us in this chapter. The next sections provide a sketch of the analytical method that will be used in my analysis of three confessional interactions taken from transcripts of test counseling sessions.

II. Apologies, Accounts and Justifications

As I defined it in chapter five, confession is the full admission of personal guilt for misdeeds to an authority in a private setting. It is important to stress again that confession is not merely a spontaneous exchange between two individual actors. The confessor is an agent of the larger community to which the confessant seeks restoration of his or her status. Confession can also be theorized as an institutionalized form of apology. Goffman treats the apology in his discussion of remedial interchanges. As Goffman suggests, apologies exaggerate the offense in order to elicit absolution.

> Apologies represent a splitting of the self into a blameworthy part and a part that stands back and sympathizes with the blame giving, and, by implication, is worthy of being brought back into the fold. Were others to do to him what he is willing to do to himself, he might be obliged to feel affronted and to engage in retaliatory action to sustain his moral worth and autonomy. And he can overstate or overplay the case against himself, thereby giving to the others the task of cutting the self-derogation short (Goffman, 1971, p. 113).

As a test counselor I have often found myself in the uncanny position of thinking that my clients are a bit *too* paranoid about what I perceive to be minimal risk. Rather than label apparently overly-scrupulous clients as “the worried well” or “compulsive” we must remember that the juridical context of the interaction demands that clients exaggerate their contrition. For this reason clients will often fault themselves for minor slips such as not using condoms for every act of oral sex. It is important for counselors to remain wary of such self portrayals of scrupulosity since the accuracy of sexual histories is plagued by many conscious and unconscious biases (Catania, et. al. 1990).

Goffman differentiates apologies from accounts (Scott & Lyman, 1968; Owen, 1983). The person apologizing emphasizes, and even exaggerates the seriousness of their offense with the expectation that the hearer will respond by disagreeing with their assessment and excuse them. An account, however, seeks to excuse the misdemeanor by focusing attention on exterior circumstances. For example in discussions of risk and sex, accounts for behavior often invoke biological or gender-essentialistic justifications, such as “you know how men get when they’re horny,” in order to remove moral culpability from the individual in question (Scott & Lyman, 1968).

Although Goffman’s distinction between accounts and apologies is useful, the two are often closely related in practice. For example, accounts are often immediately followed by apologies and vice versa. In their manual for criminal interrogations, Inbau and Reid (1962) point out the effectiveness of offering accounts to the confessant in order to elicit a voluntary confession. As I illustrate below, counselors often offer clients sympathetic justifications (accounts) for their behavior in an attempt to elicit a fuller confession (apology). As Scott and Lyman (1968) observe, “every account is a manifestation of the underlying negotiation of identities.” Apologies, accounts and confessions are important everyday interactional tactics. Without them human relationships, or society for that matter, would scarcely be possible (Tavuchis, 1991). The question then is how exactly apologies perform their interactional magic.

Conversation Analysis

Two approaches influenced by Goffman’s model of everyday interaction are ethnomethodology (Garfinkel, 1967; Heritage, 1984) and the related discipline of Pragmatics (Levinson, 1983). Out of these two approaches has emerged a method known as conversation analysis that provides a powerful set of tools for my analysis of how confession functions as an interactional strategy within HIV test counseling (see also Silverman 1997; Perakyla, 1995). Conversation analysis (CA) is an empirical method of textual analysis that examines talk as an organized, turn-by-turn, process. Garfinkel's ethnomethodology viewed language as a social act embedded in practice. For Garfinkel, language is not merely a

> matter of understanding sentences but of understanding actions - utterances - which are constructively interpreted in relation to their contexts. This involves viewing an utterance against a background of *who* said it, *where* and *when*, *what* was being accomplished by saying it and in the light of what possible *considerations* and in virtue of what *motives* it was said (Heritage, 1984, p.139).

The study of talk as a social act has been termed Pragmatics. Pragmatics is the study of the ways that interactants continually produce the context of their exchange through their selective adherence to rules.

The early conversation analysts found that human conversation was so structured that the rules of interaction become readily apparent from sequential analysis of transcripts. Garfinkel termed this structure the "sequential architecture of intersubjectivity."

> Because the interactant's own understanding of events is displayed in their subsequent responses to those events, and because those responses are either silently ratified or corrected by the producers of the original events, the professional analyst can obtain a clear grasp of the ways in which the participants themselves are analyzing the interaction (Heritage, 1984, p.139).

Therefore, a careful sequential examination of a text reveals a great deal about the interactant's interpretation of what is going on, without recourse to psychological or sociological meta-narratives.[4]

> Actors may not have explicit knowledge of the rule which analysts would formulate as 'return a greeting'; but they are aware of the expectation that greetings will be returned and of the probable implications that will be drawn if those expectations are not fulfilled (Taylor & Cameron, 1987, p. 105).

One crucial advantage of CA over other hermeneutic methods, is that much of the data in question -- the transcript -- are reproduced for the reader so that the validity of the author's interpretations can be assessed. This provides an analysis that remains open to alternative interpretations.

Perhaps the fundamental finding of CA's study of the rules of talk-in-interaction is the sequential accountability of question and answer sequences or what Sacks termed, "adjacency pairs" (Sacks, 1992). Adjacency pairs provide a normative structure for all interaction. Every statement (be it a request, invitation, assessment, question, or accusation) entails the expectation of a relevant response (for example an acceptance, agreement, answer, or denial) (Heritage, 1984:245-7). Everyday conversation flows unproblematically for the most part because speakers unconsciously monitor each other's adherence to the adjacency pair structure. This is because we become very adept from an early age at evaluating the relevance of responses to our questions.

> In each case a 'current' action is analyzed as projecting the production of a relevant 'next' (or range of 'nexts') by another speaker. When the relevant 'next' occurs, it is characteristically treated as requiring no special explanation: a relevantly produced next action is specifically non-accountable. (...) When the relevanced or appropriate 'next' does not occur however, the matter is... specially accountable (Heritage, 1984, p. 247, 253).

Hence, the structural implications of adjacency pairs can best be illustrated in examples where the implied response is not forthcoming. For example, Heritage cites these two extracts to illustrate the rule of accountability with deviant cases (1984, p. 248).

Extract 7:4 (Atkinson & Drew, 1979, p. 52)

```
1    A:   Is there something bothering you or not?
2         (1.0)
3    A:   Yes or no
4         (1.5)
5    A:   Eh?
6    B:   No.
```

Extract 7:5 (Atkinson & Drew, 1979, p. 52)

```
1    Ch:  Have to cut the:se Mummy.
2         (1.3)
3    Ch:  Won't we Mummy
4         (1.5)
5    Ch:  Won't we
6    M:   Yes.
```

The persistent repetitions of the questions demonstrates how the person being addressed by the questioner is accountable for not producing a response. That such repetition is a result of the adjacency pair norm is evident in the increasingly truncated form of question, implying that the failure to respond is not due to a comprehension or hearing problem.

In addition, only a narrow range of possible answers are acceptable, suggesting that a comment about the weather in response to either series of questions in examples 7.4 and 7.5 would be treated as a hostile evasion of the questioner's interactional agenda. From this perspective we see that the adjacency pair structure also represents an interpretive matrix in which power relations are monitored, challenged and continuously renegotiated. As the above examples illustrate, silence as a response to a summons is particularly accountable as a manifestation of the unequal distribution of power.

Preference and Markedness

Levinson's (1983) socio-linguistic analysis of preference and markedness and their implications for the adjacency pair structure provides a useful framework within which to understand the counselor's responses to confessional statements. The concept of *preference* explains the fact that certain responses to an opening remark are more acceptable, or preferable than others. The evidence for this hierarchy is readily seen in the fact that disprefered responses are marked as problematic through the use of delays, such as pauses, false starts, or phrases that signal their dispreference such as "well, you know..." or "actually." Disprefered responses must be justified because they are accountable, while preferred responses flow without need for explanation or justification.

The following table adapted from Levinson, (1983) illustrates the normative rules of preference in adjacency pair structures.

Table 7:6 Preferred and Disprefered Responses

First Parts:	Request/Offer	Assessment	Question	Blame	**Confession**
Preferred Second Parts	acceptance	agreement	expected answer	denial	**absolution**
Dispreferred Second Parts	refusal	disagreement	unexpected answer	admission	**condemnation**

While tables such as this offer a model of the rules of the game, preference structure should not be applied deterministically because these implicit rules are often broken in order to evoke additional layers of meaning. Levinson (1983) cites these extracts to illustrate more complex preference structures.

Extract 7:7 (Pommerantz, 1975)

```
1    L:   I'm so dumb I don't even know it. hhh! heh
2    N:   Y-no, y-you're not du:mb
```

Extract 7:8 (Pommerantz, 1975)

```
1    L:   You' re not bored (huh)?
2    N:   Bored? No. We're fascinated.
```

Note how N’s responses are marked through their delays and repetitions as disprefered according to one rule (to agree with assessments) yet preferable in another sense because they counteract L’s self deprecation.

Silent pauses also function as accountable responses but their interpretation is highly context dependent as we see in the following extracts.

Extract 7:9 (Pommerantz, 1975)

```
1    A:   God isn't it dreary?
2    B:   ((SILENCE = DISAGREEMENT))
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Extract 7:10 (Pommerantz, 1975)

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1    A:   I'm gettin fat hh
2    B:   ((SILENCE = AGREEMENT))
```

According to Levinson we are dealing with a situation

> where two different kinds of conversational expectations work in opposing directions. One such area is self-denigration: by the preference for agreement after assessments, if A self-denigrates, an agreement from B is preferred. But by an independent principle of a different order, namely a norm enjoining the avoidance of criticism, B should avoid such an agreement. The latter principle in fact generally takes precedence (Levinson, 1983).

We can now begin to appreciate the interactional significance of giving a disprefered response to a confession.

By analogy we can see the role of these preference structures in the context of sacramental confession. The preference for absolution in response to confession was institutionalized through confession manuals that cautioned confessors against abusing their power to refuse absolution. This is evident from the fact that delayed absolutions by priests were a relatively rare occurrence, even among the relatively hard-line Jansenists who, as a condition for granting absolution, required their confessants to express an unconditional form of contrition or “inward pain” (Tentler, 1977). This is because interactional preference has implications for institutional practice. Pragmatically, the confessor would not want to alienate the confessant by abusing his position as “holder of the keys” and lose yet another soul to the devil through infrequent confession (Delumeau, 1990, p.8; Zeldin, 1970). Similarly, it is not in the interest of HIV prevention and surveillance to impose logistical and institutional obstacles on those who might want to get tested (such as cost, name reporting, guilt tripping, etc.).

Individual Agency and Institutional Interaction

Instead of viewing language as an epiphenomenon of the institutional discourse in which it occurs, as is often done in Marxist Discourse Analysis (for an example see Waitzkin (1983) CA gives individuals agency in constituting the institutional context through talk-in-interaction.

> Entailed in this view of context is the abandonment of what may be termed the “bucket theory” of context in which some pre established social framework is viewed as “containing” the participants’ actions. Instead, the CA perspective embodies a dynamic approach in which “context” is treated as both the project and product of the participants’ own actions and therefore as inherently locally produced and transformable at any moment (Drew & Heritage, 1992).

In response to disruptions in the expected flow of interaction the interlocutors continually redefine the balance of power and their respective roles within the exchange.

Here, for example, is an opening exchange between a counselor and client.

Extract 7.11 (BFC)

```
1    C:   Have you been tested before?
2    P:   Nnnno.
3    C:   Okay. So you get the whole rou[tine!
4    P:                                 [I should have
5         said [yes.  HH    HHHHHH   HH
6    C:        [No no, because I think you need to know
7         what you're about
8    P:   Yeah okay
```

Within the space of a few seconds a complex negotiation of institutional roles and obligations takes place which in turn determines the context of the next few minutes of interaction. The counselor’s role is constructed as explaining the legal and biomedical implications of testing (anonymity, consent, the window period, paperwork, risk assessment, etc.). The term “the whole routine” brackets the subsequent interaction as a ceremonial formality that is nonetheless required.

The client’s role as passive recipient of information in exchange for receiving the test is contested by his joke (lines 4-5) concerning the answer he would have given had he realized the implications of the counselor’s question (line 1). The client’s joke signals to the counselor that he would prefer to dispense with bureaucratic routine and get on with the test. This maneuver places the burden on the counselor to continually justify the counseling agenda. It also casts doubt on the client’s willingness to answer the counselor’s subsequent questions truthfully, especially if a truthful answer might engender more unwanted routine education and advice.

This example highlights the way that test counseling sessions are organized by the participants according to role expectancies and thereby tend to follow a predictable routine. The ceremonial order of the clinic (Strong, 1979) however, is not merely the product of the grid of institutional roles available to counselor and client. Rather the client's joke and the counselors bracketing are a product of circulation power between the them which injects a degree of unpredictability within the regularity of clinical interactions. In this way CA offers us a chance to examine in great detail decentered microphysics of institutional power relations (Drew & Heritage, 1992; Foucault, 1978).

III. Responses to confessional interaction

Using the methods I have just outlined, the remainder of this chapter examines three confessional exchanges in terms of their pragmatic function as a social act within the counseling session. I contrast confessional interactions from three different counseling sessions taped by three different counselors. The excerpts were chosen because they all pivot around a confessional statement by the client that incorporates a variant of the phrase "that was stupid." While the confessional statements are strikingly similar, the counselor's reactions to them diverge in important ways thereby illuminating fundamental differences in their counseling styles.

Example One: Confession and Counter confession

In the first excerpt the client is a 24 year old Persian heterosexual male who is getting tested because of an incident of unprotected sex one month previous.[5] What is striking about the sequence is the number of overlaps, repairs, and retreats from any implication of judgment on the part of the counselor. This counselor uses humor throughout the session and is very careful in explaining why he needs to ask such questions. This counselor's style is similar to the casuists, Jesuit priests that engaged in endless hairsplitting in interpreting the severity of sins reminiscent of defense lawyers. At a number of points in the session, particularly in reaction to the confessional statement (line 29ff) he tells the client how he -- the client -- feels remorse thereby deflecting any imputation of guilt.

Extract 7:12 (BFC)

```
 1   C:   Okay. How bout alcohol?
 2   P:   (.) I drink sometimes=
 3        (suspicious)
 4   C:   =Okay. In the context of ssexx. I bring it
up
          because (.) and I mean you're you sound
 5
 6   P:   I remember cause last time and that was a big
 7        factoHr th
 8   C:   See?
 9   P:   tHhat I had drunk.
10   C:   And you're aware of that.
11   P:   Yes, defin absolutely.
12   C:   Were there condoms around, or just you were
13        encouraged, or we don't need to do this? or
14        what was going on
15   P:   Nnn there was no condoms around actually,
16        otherwise I would have used it [and I just
17   C:                                  [Okay
18   P:   you know I just felt kind of uncomfortable to
19        bring this up (.) you [know? so let's wait and
20   C:                         [And so you had some,
21        now you have got anxiety and you came in a
22        month later for
23   P:   Yeah HHHH
```

The extract picks up just after it is established that the client has no history of injection drug use. The counselor then probes about alcohol and at first receives a wary response from the client whose tone of voice appears suspicious. The counselor immediately places the question in the context of risk assessment by emphasizing the word “ssexx”. The client’s initial suspicions dissipate as indicated by the way he provides a series of answers to questions that were never asked but merely implied by the context of the initial question. This offer of self-incriminating information by the client reveals that a high level of trust and cooperation has been established by the counselor at this point in the session.

Very skillfully, the counselor has helped the client see the role of alcohol in blunting his capacity for judgment (line 7). The counselor's next question proposes that he was further pressured to have unsafe sex by his partner (lines 9-10), further distancing the client from responsibility for his actions given the influence of alcohol and pressure from his partner. This casuistry is necessary in order to maintain the level of cooperation and trust that has been tentatively established.

With this probe, the counselor is also offering the client a number of face saving options, suggesting three preferred accounts for his lapse. Like the "good cop" approach to an interrogation, we see that this strategy works when the client reveals other factors that may have contributed to his lapse. Following the counselor’s lead the client admits that the lapse was due to a problem of logistics and not one of intention: “actually there were no condoms or I would have used it.” This is immediately accepted by the counselor with “Okay” (17). Instead of leaving it at that, the client then makes another confession in line 18, admitting that he also felt uncomfortable bringing up the topic of condoms. This admission contradicts the image offered in line 16 that he intended to use a condom, now suggesting even, that, had there been one available, he would have felt a certain situational discomfort in breaking the momentum of the sexual encounter. Up to this point the counselor has skillfully offered accounts to the client in order to elicit the truth behind his failure to wear a condom. This casuistic mode is soon replaced however by a more confrontational one.

Extract 7:13 (BFC)

```
20   C:                            [And so you had some,
21        now you have got anxiety and you came in a
22        month later for
23   P:   Yeah HHHH
24   C:   So you're uncomf. you're GOING TO BE
25        UNCOMFORTABLE FOR FIVE MONTHS, NOW!
26   P:   Yeah that's true
27   C:   So there's a tradeoff.
28   P:   That was real stupid of me to do [(I usually
29   C:                                     [No it's not
30   P:   don't but
31   C:   stupid. It's not stupid. It's just I I people
32        say that (.) It's human. Okay. It just it
33        happens. You just need to know that it
34        happened, that you're anxious as a result, and
35        you're going to try to make it not happen
36        again, but [I wouldn't
37   P:              [(It's true)
38   C:   I wouldn't say it's stupid. I mean      I just
```

39 know what I've done in my life and I
40 P: (laughs)
41 C: You know. And I think counselors are among the
42 bigger offenders in that sort of stuff because
43 we hear so much and we give results and we
44 look at stuff >and da da<. So I don't know
45 that behavior is like that and behaviors is
46 like that if it becomes destructive and repetitive
47 and things like that. And I hear you tell (.) me
48 that you knew it was alcohol and you knew that led to
49 it. So the next time you do that keep a couple
50 condoms in your pocket to do that sort of
51 thing. I mean obviously from what you from what
52 I'm hearing (.) you're *comfortable* with condoms
53 P: Oh yes

In extract 7:13 the balance of power now shifts to the counselor who with the confession in lines 18-19, has been given a degree of contritional leverage. The counselor seizes this opportunity, in fact interrupts the client mid-sentence, to drive home the point that one moment of discomfort about using condoms has turned into five months of anxiety and the need for a second test to close the window period. This assertion changes the tone of the interaction and the client is prompted in line 28 to show a greater degree of contrition. Unlike the earlier confession in line 18, this one is much stronger as can be gauged from the counselors abrupt change to a conciliatory tone following line 29.

The counselor spends the next three turns attempting to repair the effects of his remark in lines 24-5 and 27. His reaction to the client’s confession (28) is so marked that the counselor offers no less than three counter-confessions (40-43). First he points out that we are all guilty of such peccadilloes and that to do so is “human.” Then he offers a personal confession: “I mean I just know what I’ve done in my life...” Finally he suggests that counselors are “among the worst offenders.”

The juridical undercurrent of the client’s guilt is highlighted in lines 47-52 as the counselor begins to sound more like a defense attorney preparing his client for a deposition than a counselor confronting HIV risk. He tells the client not only how he is feeling but also what the client knows (lines 32-35, 47-52). The significance of the confession as a pivotal moment in this session can be seen when we compare what the client says about his comfort with condoms in line 17 and what the counselor concludes in lines 51-52. The confession has changed the interaction to one in which the counselor probed and provided insight into the context of the client's risk to one in which spurious account is offered "I mean obviously from what you from what I'm hearing (.) you're *comfortable* with condoms." Sensing, perhaps, a common interest in moving the session along, the client agrees, "Oh yes" (line 53) In this way interactional symmetry has been restored; the sinful penitent has been absolved and redeemed into the confessional community.

Example Three: Justifications in response to confession

The next example presents a counselor who appears unwilling to follow up on the leads offered by her client's confession. The client is a 23 year old, bisexual, white male who reports "erratic" behavior as his reason for testing. The confessional statement (lines 2-6) comes late in the session -- after the risk assessment questions have been asked -- and in response to the "reason for testing" question.

Extract 7:14 (BFC)

```
 1   C:   (3) And reason you wanna be tested at this
 2        time?
 3   P:   hhhhh Ahh (1.3) I've done a lot of stupid
 4        things and I'm I'm kinda I'm kinda worried about
 5        my (.) status right now.
 6   C:   When you say stupid things, what do you mean?
 7   P:   WELL, (.) drinking and having sex with people (.)
 8        unprotected, and it's (.) it's been stupid. I mean
 9        I've gotten (.) I think (.) my behavior (.) over
10        the last (.) probably six months has gotten pretty
11        erratic.
12   C:   Right, oh reall M hm
13   P:   And I I drink a lot more than I used to and I go
14        out and have more fun than I used to and it's funny
15        cause it clicks in my head (1) grab a condom (.)
16        but I just it it just goes.
17   C:   Your, your actually your not really thinking about
18        it at that in those moments you know when it's
19        happening (.) sort of like it's there and you know
```

```
20         it (.) but who's going to stop and pull [through the
21   P:                                            [exactly
22   C:    through the pro yeah. And that can be a problem,
23         you know cause if you don't know your partners
24   P:    yeah
25   C:    you know and that leaves (.) you up
26         [to possibilities that could be disastrous for a
27   P:    [hhhhhhhhhhhhhh
28   C:    lot of people. But I mean you know, if you've done
29         this test before you kind of know ah what to
30         anticipate.  I mean there's not much I can do about
31         you know the anxiety level, if you're going to go
32         through that.
```

Even more pronounced than in extract 7:13, extract 7:14 is marked by abrupt changes in topic. Following a confessional statement (lines 3-4) the counselor requests him to specify what he means by “stupid things,” the client responds with another confession vaguely by labeling his behavior (drinking, unsafe sex) over the last six months as “erratic.” This could be seen as an invitation to explore what has changed in the client’s life in the last six months, since the term “erratic” suggests that he has changed and no longer recognizes his behavior as normal.

The counselor’s response in line 12 is confusing. Searching for the appropriate response token, she repairs her initial neutral response of “Right” to a more concerned sounding “oh really” and then again repairs this to a more neutral signal to continue, “m hm.” The client then goes on to describe his problem as cognitive: as soon as he gets the idea to use a condom, the thought “just goes” (line 16). Without hesitation or further probing, the counselor provides the client with a justification for his lack of cognition in the moments before sex (lines 17-22). This comment is accepted as a truism by the client who agrees emphatically in line 21.

As an account for his lapse, the statement makes sense because it reflects the dominant view that sexual desire and reason are mutually exclusive modes of cognition. Overwhelming sexual desire has become an increasingly popular justification for sexual “relapse” as it is suggestively termed in the ever more accountable and litigious discourse of AIDS risk.

> The body and its inner workings enjoy something of the status of the sociological stranger as conceived by Simmel, namely, they are ever with us but mysterious. Hence, biological drives may be credited with influencing or causing at least

> some of the behavior for which actors wish to relieve themselves of full responsibility (Scott & Lyman, 1968).

In this way the client is excused for not using the condom since he could not have had the presence of mind “in those moments.” The use of a biological justification can also produce a context of empathy and shared interpretation. In this way the client’s strategy to show contrition has worked, in the sense that it signaled the counselor to absolve him of responsibility for his “erratic behavior.”. However, by not to exploring the emotional and social context in which these risk behaviors take place the counselor has missed the opportunity to provide the client with new insights that would enable him to cope with the same situation differently.

Much like the example of the Casuist, the balance of power has shifted as the client’s confession makes him more vulnerable. Having set up a contritional tone by offering sympathetic accounts for the client to identify with, the counselor’s empathic tone changes abruptly in line 22 when she states explicitly that “that can be a problem.” The following statement (23) also contains a veiled question: the counselor was assuming that the client had sex with anonymous partners which is confirmed by the client’s “yeah” (24). When the admonishment finally comes in lines 25-26 its impact is lessened by the counselor’s use of euphemisms (26). The gloss “possibilities” is used instead of “HIV transmission” and “disastrous consequences” stands in for “death from AIDS.”

The impact of this admonition is clear from the client’s long audible exhalation in line 27 -- a non-verbal expression of either contrition or frustration with the counselor. We know that the exhale worked because the counselor abruptly changes the topic in line 28 from a discussion of past risks to how the client will cope in the immediate future. This advice is canned, since it does not follow from the previous discussion and it appears frequently in this counselor’s other transcripts with other clients. The counselor assumes how the client will feel, states she can offer no help, then further qualifies her assertion with “if you’re going to go through that.” Such overly-qualified advice could easily be dismissed by the client since it never made relevant to his particular situation. This does not mean that such statements do not have a function.

Generalized advice sequences such as this are convenient ways to veer away from difficult topics that the counselor is unwilling to pursue further.

The generalization that one cannot think during sex and the potential consequences serve to reinforce the ideology of individual ethical responsibility to control risky behavior. However the counselor's vision of individual responsibility for risk behavior rests upon a paradox. Although, you cannot possibly think during sex, by not thinking if you don't you will infect yourself and others. By focusing on the cognitive processes of the individual, removed from their social and emotional context, the broader social context of the client's drinking and casual sex are left unproblematized. As I noted in my discussion of the adjacency pair structure, this interaction is relatively free of friction. The confessional statement is accorded a absolution and admonishment -- "I realize you can't help it, but don't do that again." In this way the preference structure which requires that a confession be absolved has been preserved and as a result the interaction proceeds smoothly.

While the counselor could be faulted for not following up with more probes, the institutional constraints under which she works must also be considered. The potential to explore these issues in a meaningful way is limited by the rapid turn around of clients that results from the large volume of tests provided. At this particular clinic, each counselor is expected to see twelve to sixteen clients in less than four hours. This allows, on average, only twenty minutes per pre-test client, most of which is devoted to paper work and an explanation of the legal, biomedical and laboratory aspects of the test.

To characterize HIV test sessions as a form of counseling severely strains the definition of the term (Silverman, 1997). When a person enters into a counseling relationship we assumes at the very least that they have a problem. As we saw in chapter five, clients generally present their reason for testing as unproblematic, that is "to know," "to do the right thing." Because the risk assessment form in turn emphasizes risk as the motivation for testing, it takes a concerted effort to orient the session to other possible motivations for seeking the test.

Confessional interaction effectively closes down avenues for counseling by enjoining an absolution and thereby depicts the problem as existing only in the past, i.e. Goffman’s splitting of the self. The term counseling is also strained by the fact that clients often do not even expect to be counseled at all.

Extract 7:15 (Client Interviews)

> I thought I would just go and get my blood, I thought it would be like an assembly line kind of procedure (white female college graduate, 22, heterosexual).
>
> Well, I actually didn’t realize that they were going to ask me questions (white female college student, 19, heterosexual).

The counselor’s questions must often seem like an intrusive bureaucratic hurdle necessary to get the serologic test, which is after all, the primary reason they came to the clinic.

The Casuist (extracts 7:12-13) carefully regulates and adjusts the level of confessional discourse by alternating between confrontation and empathy. This style seeks to validate the client's intentions to do better and thereby promote self-efficacy. In the second example (extract 7:14), justifications and canned advice sequences are used to streamline a discussion of complex motivations and environmental pressures that shape risk behavior by reducing it to a cognitive problem of remembering to use a condom. As with the casuist, the clients use of a confession of remorse in order to invite absolution forces the counselor to ignore important disclosures of risky activity. As I illustrate with the final example, not all counselors are so accommodating.

Example Three: A Deviant Case

The final extract provides the deviant case that proves the rules regarding preference outlined above. The client is a 20 year old, Caucasian, heterosexual female who is getting tested because of a rumor that one of her past partners in high school has AIDS. I call this counselor's style "the Inquisitor" because of his solemn tone of voice and the very long silences as indicated by number of seconds in parentheses.

Extract 7:16 (BFC)

C: Okay. Do you and your partners engage in anal

receptive (.) sex? That's where he would put his penis in your anus.
P: Uh (.) I've done that a couple times (.) like three times and I don't think we ever used anything.
C: Okay. In the last year?
P: Yeah.
C: Okay. Are you okay?=
P: =Mm hm.
C: 'Cause you grabbed your stomach.
P: HHHH I'm just thinking.
C: What about?
P: Well (.) you go back over all the things that you've done(.) and (.) I don't really feel ashamed (.) I just feel kind of stupid.
C: Why stupid?
P: Because(4) I mean all those people are gone now (.) and they're not really part of my life anymore (.) and (I've really cared) that much for them (.) and and to get something like that from somebody (2) or to give it to someone (.) is kind of heavy.

What distinguishes this counselor's style from the preceding extracts is his use of long silences of four to ten seconds. These silences disrupt the flow of the interaction, and the tension they create demonstrates not just the normative imperative of the adjacency pair structure, but also mark a power struggle.

The first question on anal receptive sex is asked in a straightforward way and, without delay, receives a very complete answer that even anticipates the counselor's next question about condom use that is implied in the context of risk assessment. The client's body language, grabbing her stomach, suggests an emotional reaction to the question and perhaps her answer. The counselor confronts her about this and an elaborate confessional sequence follows. The interaction up to this point has placed her in a defensive position since, in a short space of time she has had to revisit all the things that she has done that have placed her at risk for HIV infection.

At first glance, the confession of contrition "I feel stupid," expresses the client's moral inferiority in relation to the counselor. Yet in another sense, the confession actually reverses the moral balance. In response to the counselor's interrogation and risk assessment, the confessant is also saying to the counselor, "I am in a vulnerable position, your questions have made me uncomfortable, and any more questions will constitute an abuse of your power over me."

Extract 7:17 (BFC)

24 C: What would that mean to you?
25 P: (5) I'm more concerned about whether or not I
26 could have ever given it to anyone.
27 C: Mm hm. .hhhhhh
28 P: (6) And it's like murder.
29 C: Why?
30 P: You're not pulling a trigger, but it (.) y
31 you've given what's going to kill them.
32 C: Or *may* kill them. It's a potentially fatal
33 disease. But there are many people that live
34 with it for many years, and research
35 continues (4) How about oral sex?
36 P: .hhhh. mmh.
37 C: When my partner and I engage in oral sex, does
38 my partner wear a condom never...?
39 P: Never.
40 C: Okay. (8) Does he ever ejaculate in your
41 mouth?
42 P: Yes.
43 C: Do you swallow or spit it out?
44 P: (5) With different people different things.

The counselor adeptly explores the issues raised using an open-ended question: "What would that mean to you?" In the next sequence the client again emphasizes her contrition through her dramatic characterization of unsafe sex as murder. By expressing concern for the welfare of her partners rather than for herself she has highlighted her altruism. This reveals the ideological undercurrent of individual ethical responsibility for safe sexual behavior that has continually placed her on the defensive. By emphasizing her contrition, the client can now reasonably expect a sympathetic response from the counselor. The counselor refrains from expressing sympathy or employing casuistry to excuse her behavior and thereby help her save face in the interaction. The counselor's inhalation in line 27 suggests an aborted attempt to provide some form of reassurance[6] during this very long pause.

The client further elaborates on her state of guilt by extending the legalistic metaphor that she could be guilty of "murder" and "pulling the trigger." The growing discomfort of the client can be heard in her increasingly breathy voice and audible inhalations. Perhaps sensing that they were headed down the wrong path, the counselor then offers, in lines 32-35, a rather equivocal form of reassurance analogous to the justifications offered in extract 7:14: "although you infected all these partners, they might live to see a cure." This statement, while maybe offering little reassurance, at least allows the counselor to shift topics and defuse the juridical tone set up by the client's murder analogy.

After another pause, the counselor proceeds with the next question on the risk assessment form, this time concerning oral sex. After her failure to respond to the question as posed[7] he repeats the question using the risk assessment language and offering her a choice of preferred answers. This reposing of the questions nicely illustrates the normative imperative of the adjacency pair structure. The strain culminates in line 40 when after a five second pause her response to the question regarding semen in her mouth is vague and evasive.

This series of adjacency pairs regarding oral sex (lines 35-44) can now be compared to the one concerning anal sex at the beginning of the extract (lines 1-8). What had begun as a cooperative dialogue, where questions were met with complete answers that anticipated the next question because the context was clear has now deteriorated into a refractory exchange in which answers are evasive and the motivations behind the questions are less clear. One explanation for this change lies in the confessional sequence that separates these extracts. The counselor does not honor the client's repeated confessions of ambivalence by offering the accountable offer reassurance and empathy. As a result the interaction became strained. As we see from the continuation, the interactional harmony continues to deteriorate.

Extract 7:18 (BFC)

45 C: Okay. All right. Now. You've told me that you
46 don't *inject* drugs, but are there any
47 recreational drugs that you use in conjunction
48 with sex? Like alcohol?

P: I drink some.

C: How about a little grass?

P: Yeah.

C: Cocaine?

P: Nnno.

C: Crack?

P: No.

C: Crank?

P: When I was a teenager.

C: Okay. Any other drug use?

P: Hallucinogenics, like LSD or mushrooms.

C: Okay. (10) How you feeling right now?

P: All right.

C: Okay

P: (3) Just keeping my fingers crossed. HHHH

C: You're real concerned, huh?

P: I'm not (.) I I don't think I should be concerned. Because I know it might sound foolish (.) but I came from a really small town and most of the people I've been with have (.) been (.) young and virgins. But you know it hasn't always been like that.

C: Mm hmm

P: So I just (.) I always thought I was pretty safe.

C: (5) Okay. Let me ask you just a couple more questions. Just so we can complete this form. Have you ever received money for sex?

P: No.

C: Have you ever received drugs for sex?

P: No.

C: Umm, do you share objects fingers, sex toys with your partners?

P: Sure.

C: Okay. Umm, do you work at a job where you run the risk of blood to blood exposure to HIV?

P: I don't...no.

C: Okay. All right. Other behavior or behavior resulting in blood to blood contact, or which allows blood contact with the mouth, vagina or anus? Here we'd be looking at anything like S/M, tatooing, piercing, any sort of rough sex, where, oh for instance you give your partner a love bite and it breaks the skin and you have his blood in your mouth or...

P: Ahh, well I'd say yes then.

C: To which part?

```
96   P:   (2) hmm
97   C:   To the little love bites that...
98   P:   hhhhhhh.Umm: well I've had sex when I've
99        menstruated
100  C:   Mm hm
101  P:   I don't think I ever put a costume on (1) or
102       anything like that (3)  So, I don't know I'm
103       not sure how to answer that.
```

The exchange on drug use, bloody sex, and prostitution that follows is based directly on the questions as they appear on the risk assessment form. The relationship of behaviors such as non-injection drug use, using sex toys, and having piercings and tattoos to HIV transmission is not explained. These questions can be seen as judgment of aspects of her lifestyle which have only a tangential relation to her risks for HIV infection. From the client's perspective, since this is *her* life being adjudicated, the sequence of questions probably does not appear so arbitrary. Note how the discussion by line 57 strays again from a discussion about the exchange of body fluids to one of sexual role playing. This suggests that, to her, the conversation has veered into a moralistic judgment of her lifestyle. The client’s increasingly evasive answers suggest her growing desire to distance herself from the insinuations of the questions, i.e. that she is anything but a “good” girl from a small town.

After the series of questions on drug use, a very long silence of ten seconds is followed by “How are you feeling right now” (line 60). This begs the question of how she should be feeling, suggesting that the disclosure of her history recreational drug use should be followed by an expression of contrition. At several points in the exchange the client cues the counselor to downplay her risk of contracting HIV (63,72). Consistent with his strategy throughout the session, the counselor denies her any reassurance and presses on with more questioning (73). Such cues make a response accountable and the counselor’s silences result in a antagonistic inquisitional context. Specifically, the rule that assessments demand agreement and that silence = disagreement is demonstrated in the tension that mounts throughout this session.

Silence and Accounts in Response to Confession

In comparing the three extracts, the use of long periods of silence by the counselor in Example Two in response to his client’s confessions can be contrasted with the tendency of the other two counselors to quickly offer acknowledgments in the form of justifications and counter-confessions. Given the juridical context of HIV testing, the Inquisitor illustrates clearly the potential for the counselor’s silence to act as a mirror for the client’s self-judgment, shame, and guilt about past sexual behavior.

In their study of confessions to capital crimes, Hepworth and Turner note just how difficult it is in practice for “suspects to exercise their legal ‘right to silence’” given the cultural assumption that the innocent have nothing to hide.

> The crucial problem is not so much why people confess, but how do they remain silent?...Confession is a double bind. If I confess, or at least make a statement, then I may directly or indirectly accept responsibility for an action. If I do not confess, I may by implication suggest that I am not entirely innocent. Given the appropriate social circumstances, it is not that we all suffer from a compulsion to confess, but rather that we are subject to powerful norms not to remain silent (Hepworth and Turner, 1982:14).

The insidious power of testing rituals violates the main premise on which social interaction is possible. As Goffman’s notion of “face” and “acting” illustrate, social intercourse pivots on the ability to control appearances and thereby control the truth about the self.

> To the claim that only those with something to hide need fear drug, lie detector, and other authenticity tests, the proper response is that everyone has something to hide. This does not mean that there is a little crook in all of us. It recognizes rather that social interaction consists largely of a series of dramaturgical performances in which people don many masks in an effort to present themselves artfully-concealing certain elements of the self while highlighting and tinting others. The aim is to exercise some control over social situations by influencing others' perception of the self and thereby of the situation. As a family of technologies that extract and reveal information about the self in ways and for purposes that are beyond the control of the self, authenticity testing erodes this distinctive feature of social life. So far as the areas of knowledge covered by the test are concerned, this transforms the person from autonomous subject to passive object [Hanson, 1993 #81: 178].

As we saw in the example of the Inquisitor, this is equally true of confessions dealing with sexual themes.

Geoffrey Minson suggests that the compulsion to confess when confronted by silence can be present in both institutional and informal settings.

> Rituals of confession ... entail ... an obligation to avow one's sexuality in a certain patterned way. The existence of such regulative elements within consciousness raising groups or circles of friends, indicates that this is not necessarily a question of institutional location or sanctions....[we can locate] the origin of the subject in just those moments when the subject might appear least governed....when it is speaking as opposed to when it is silent. Power far from operating in the mode of repressive censorship, is most typical when it produces a multiplicity of things to say, when the one who is more silent is the more powerful (Minson, 1987).

The power effect of the confessor's silence upon the confessant's self-assessment can be illustrated in the transcript. Rather than play into the client's confessional strategy by absolving the client of responsibility, the counselor's silence compels the client to talk and thereby face her denial. Looking again at a portion of the previous extract, we see in extract 7:18 that silence in response to a sexual confession is arguably more powerful than words in constituting the subject as at risk.

Extract 7:19 (BFC)

```
63   P:   (3) Just keeping my fingers crossed. HHHH
64   C:   You're real concerned, huh?
65   P:   I'm not (.) I I don't think I should be
66        concerned. Because I know it might sound
67        foolish (.) but I came from a really small town
(.)
68        and most of the people I've been with
69        have (.) been (.) young and virgins. But you know
70        it hasn't always been like that.
71   C:   Mm hmm
72   P:   So I just (.) I always thought I was pretty safe.
73   C:   (5) Okay. Let me ask you just a couple more
74             questions. Just so we can complete this
form.
```

As the counselor remains mute in the face of her attempts to downplay her risk, we can see the progression from denial to acceptance of her risk in the above lines. She begins with an assertion in the present tense of her lack of risk (lines 65-66). Then she qualifies what follows in line 67 suggesting she is losing confidence and that she "sounds foolish," in relation to the mute authority of the counselor. The micropauses in line 69 suggest her eroding confidence in what she is saying. This is followed by another qualification that, on second thought, “it hasn’t always been like that” (line 70). The counselor signals her to continue (71) and her assertion of lack of risk is suddenly in the past tense (72). This change in tense, from “I don’t think I should be concerned” to “I always thought I was pretty safe” represents a complete about face. Line 72 is a strong cue for the counselor to reassure her. From the perspective of pragmatics it is a request for an accountable response. In this case, the preferred response, both in terms of the client and social convention, would either be some form of empathy or a validation of her assessment of her own relatively low risk. Instead, a grueling five second silence follows (73) and the counselor abruptly changes the topic and returns to the form (74).

The use of this type of marked silence after a confession reveals how the institutional context can determine the degree to which such non-responses are more or less accountable depending on the roles of the speakers. For example, silence is an established technique in psychotherapy (Brockbank, 1970; Cook, 1964). However, silence is perceived as highly problematic when it occurs in interactions between intimate friends or lovers (for example see [Gray, 1992 #1060]).

When used appropriately, silence represents an essential counseling tool, yet counselors too often use reassurance and ready fillers such as advice sequences to avoid uncomfortable moments of silence and the confrontational stance that silence represents. While psychological outcome measures suggest that silence is an effective therapeutic strategy, we must remain wary of the tendency of psychological research to be overly quantitative in its methods of analyzing discourse. For example Cook’s (1964) study attempted to correlate psychotherapy outcomes with the ratio of silence to speech. Cook finds that sessions with a higher percentage of silence had better outcomes. A related question is the degree to which silence becomes acceptable in longer term therapeutic relationships (where trust is established) versus short and intense one-time sessions like HIV testing. Like all quantitative outcome studies, Cook provides no concept of what exactly the connection is nor how therapists can use silence to help their patients.

Obviously it is the quality rather than the quantity of words should be a counselor’s primary concern. Therefore, the choice should not be between complete silence at the one extreme and leading questions or accounts at the other. Counselors should analyze the degree to which they use long silent pauses, more neutral requests for the client to continue such as “m hm,” and “yeah,” or quickly provide ready made accounts for their clients. As we have observed in the above transcripts, the first and third options can pose interactional problems. In analyzing transcripts of my own counseling sessions I noticed that my interactional style has evolved in response to my observations on silence. I have a tendency to provide many “m hm”s and “yeah”s to validate and encourage the client’s own narrative as I elicit it through open-ended questions.

We must remember that an absence of words does not necessarily imply a pause in the interaction. Non-verbal communication, unfortunately largely unavailable to us in audio transcripts, such as body gestures indicating an active listening posture and the degree of eye contact, are perhaps even more important than language in determining interactional symmetry (Gilmore, 1985). For example much of the silence observed during counseling sessions occurs when the counselor is writing on the form. But even these silences are accountable since many counselors are careful to fill these silences with frequent “okay”s, “allright”s, or they even repeat the client’s response as they write it down.

Implications for Practice

My analysis of three counseling extracts illustrates the implications of confessions on the context of the counseling interaction. Confessional statements can function in several ways to redress the imbalance of power in test counseling. For example, clients can use confessions to portray themselves as polluted and thereby obligate the counselor to absolve them. I have also shown that, given the ubiquity of adjacency pair structures, the normative response to a confessional statement is an absolution equivalent to “There, there, it’s okay, I’m glad you told me, just don’t do that again.” Once this pair is complete, it is difficult to pursue further discussion of the problem. A confessional statement can signal the counselor that they have made the client uncomfortable with a line of questioning. As we saw with the casuist’s counter confessions (extract 7:13) confessional statements can effectively reverse the balance of power in the counseling session.

Unlike Marxist or Freudian discourse analysis, CA reveals the fluidity of roles in interaction, based on a rather fragile “architecture of intersubjectivity.” This means that, even in the context of institutional roles -- such as waiter and customer, doctor and patient, counselor and client -- roles are not predetermined by institutional arrangements but are the result of the speakers' mutual interest in assuming those roles in order to accomplish a particular agendas. This mutual interest is sequentially accomplished and as a result continually open for contestation and renegotiation. Proof of the limited role of institutional structures in determining role formats lies in the fact that confessional interaction occurs in some counseling sessions while not in others.

While I agree with Silverman (1997) that counselors are better served by conversation analysis that avoids taking an evaluative stand on the merits of a particular counseling style, I feel strongly that confessional interaction is counterproductive to HIV prevention (see chapter six). By this I do not mean to suggest that confessional interaction is a symptom of bad counseling. It is more useful to attempt to understand its function within a particular interactional context. To the extent that accounts, confessions, and silence limit the potential scope of a counseling interaction they should be avoided. Any counseling style that promotes fear or anxiety is counterproductive in terms of prevention since fear breeds even more denial as a coping mechanism (Sobo, 1995). Clients are in a particularly vulnerable position during the moral inventory. Clients can no longer change the past and undo mistakes. This means that any discussion of past behaviors offers potential fuel for confessions. Rather than to admonish clients about the unchangeable and thereby destroy the client’s sense of self-efficacy, the task of the counselor is to help the client learn a positive lesson from past behaviors and envision a greater degree of control over future behavior.

Escaping the Confession Box

Confessional interaction can be defused quite simply by confronting the client with their confessional statements and the roles that they engender. For example, when the client says “I was stupid” or “I should really know better...,” counselors can respond with:

C: Time out, why do you think it's stupid?
P: Cause I knew better.
C: Well that's not stupidity. Stupidity is about ignorance. You're totally informed, you've demonstrated that by coming here today. Because the solution to stupidity would be education but you're already educated. If it’s not stupidity, what could it be?

C: From what you just said it sounds like you’re really beating yourself up about this. Is that really going to help?

C: I see a lot of people who use this test as a way to deal with their guilt. Do you know anyone that does?

C: Do you see yourself getting tested again?
P: Every six months.
C: Remember that it’s what you do between tests that protects you from getting infected, not the test itself. The test helps to relieve you of this anxiety, but unless you try to look at where the anxiety comes from, your relationships or whatever, you’ll be back in six months with the same of doubts about you status.

C: Do you have anything else to confess, my child?
P: No.
C: Well then say *three* Hail Mary’s and take *six* condoms!

This last example uses humor, often the best strategy to reframe the situation and help a tense client to loosen up and talk.

Conclusion

This chapter illustrates the potential of CA for training and evaluation of counselors. Interactional competence is a complex set of corporeal, cognitive and affective dispositions that is accomplished subconsciously and effortlessly. The value of CA for professionals who rely on talk-in-interaction to perform their service lies in the fact that it illuminates just those dispositions that make such interaction possible. While a counselor will consciously pursue a counseling strategy, the interactional means used to achieve that goal (shifts in intonation, silences, body gestures) are poorly understood as the essential tools and tricks of the trade. These embodied skills are largely absent from training offered to HIV test counselors which focus on abstract theories of cultural sensitivity, risk taking, and behavior change. These trainings do not adequately address the practical and performative elements of counseling. This denies us an appreciation for the diversity of counseling styles and interactional competencies. Once test counseling is understood as strategic interaction between two individuals in a shifting power relationship we are able to focus on ways that test counseling can best produce new insights that enable both clients and counselors to adapt more safely to sex and life in the age of AIDS.

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Notes

[1] In interviews and post-shift discussions, counselors expressed the importance of the client's truthfulness as the measure of their satisfaction with their performance as counselors. As we noted in our discussion of the counselors' agendas (chapter four), confessing the truth about one's sexuality in an HIV test counseling session is often linked to an outing discourse that seeks to liberate the client from the guilt they have internalized during a sex negative socialization process. This "will to truth" is not merely a byproduct of the epidemiological risk appraisal but is a symptom of a larger discourse on confessing the truth about the self through talk about sex (Foucault, 1979).

For a number of counselors at the Berkeley Free Clinic, the manner in which they enter data on the risk assessment form has become implicated in the political struggle for representation of sexual minorities. The epidemiological assumptions underlying the form often make it difficult to complete accurately for those clients that do not fit traditional risk categories, such as lesbians. For example counselors often differ over whether lesbian anal sex with fingers or sex toys should be considered insertive or receptive anal sex for the purposes of the form. Moreover, sexual vernaculars are often extremely polysemic and too little is known about the transmission risks of certain activities, such as lesbian fisting. Does the logic of the form allow for women to have insertive anal sex? This might seem a like simple question given the well known higher risk of penile-anal sex versus other types of anal penetration. Yet, counselors' positions on such questions are influenced by their antagonistic relationship to the state apparatus which they serve as data collectors. Counselors will enter receptive and insertive behaviors for women who have sex with women as a way to counter the perceived invisibility of the risk of woman to woman transmission in state prevention efforts. This queering of the state, here represented by the restrictive identity categories available on the form, illustrates how the risk assessment form gains symbolic meaning beyond its ostensible purpose for epidemiologic surveillance. However, the counselor's relationship to the form is not always so antagonistic.

[2] Thanks to Aaron Sheon for locating this reference.

[3] See also the preface to Foucault's translation of *My Secret Life* in which he suggests connections between Victorian autosexographies and Protestant confessional rituals (Anonymous, 1978; Macey, 1993:526, n. 22) ; See Coxon, (1988) for an example of the ways that the sexual diary is being reclaimed as a tool for sex research.

[4] A methodological confession is warranted at this point. My own experiences working as a test counselor alongside the counselors whose texts I analyzed in this chapter makes it difficult for me to live up to the strict empirical stance of CA. I indulge throughout in interpretations of the strategies of other counselors in terms of what I would have done in similar situations, even though this is precisely the type of recourse to intuition that CA tries to avoid (see Taylor and Cameron, 1987, pp 113-17). As an ethnographer, I feel that participant observation provides a rich source of insight into the workings of various interactional strategies many of which are difficult to discern from merely analyzing a transcript.

[5] The recentness of this client's last unprotected sex is highly significant since it is only one month into the six month window period used to by counselors to account for the time the body takes to develop antibodies to the virus. These remaining five months are what is being referred to in lines (23-24). The leverage the counselor deploys through the use of the window period can be interpreted as a form of delayed absolution. This places the onus on the client to prove himself worthy of a negative result by not having any unprotected sex over the next five months.

Any lapse would result in another delay and the continuation of his limbo status. While delayed absolution was strongly frowned upon by theologians who feared alienating the penitents, a form of deplayed absolution is routinely deployed in test counseling through the use of the six month window period. The behavioral implications of the window period are explored further in Chapter VI in the discussion of the periodization of sexual experience.

[6] This is an unprovable hunch, based on what I might have done in that situation. For example, had I been the counselor, it would have been tempting for me to try to reassure her at this point with information on the relatively lower incidence (by a ratio of 16 to 1) of female to male transmission, and thereby suggesting that it is unlikely that she could be guilty of transmitting it to other partners. However, it is debatable that the interactional benefits of a somewhat reassuring statement such as this, would not be outweighed by the risk of pandering to a potentially latent risk-denial mechanism. Such are the unconscious decisions that counselors make as they improvise their counseling strategy in subsequent to each of the client's responses.

[7] This phrase offers us a nice lesson in the importance of context in defining the conditional relevance of certain utterances. If we take this statement out of context, "How about oral sex?," we see how important it is to maintain the interactionally negotiated context of a clinical encounter. This might account for the emphatic way in which the preferred format of the response (to answer the specific question on the form) is spelled out in his repair in lines 37-38.