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### Infectious Behaviour: Imputing Subjectivity to HIV Transmission

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#### Recommended Citation

Barry D Adam. 2006. "Infectious behaviour: Imputing subjectivity to HIV transmission" *Social Theory and Health* 4:168-179.

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**Infectious Behaviour:**  
**Imputing subjectivity to HIV transmission<sup>1</sup>**

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<sup>1</sup> Earlier versions of this paper have been presented to the Reframing Infectious Diseases conference, Institute for the Humanities, University of Michigan at Ann Arbor; the York Summer Seminar in Social & Cultural Theory, York University, Toronto; and the World Congress for Sexual Health, Montréal.

## Abstract

This paper examines the sometimes implicit models of human behaviour circulating in science, government, and media that assign agency to HIV transmission, and contrasts these institutional ideas with the narratives of people at risk as they go about their everyday lives. Three kinds of risk talk, arising from interviews, show the limitations and paradoxes of leading constructions of the subjectivity of HIV transmission. The first shows a lack of fit, when the social conditions and presumptions that hold up the leading discourses are missing, and so choices and actions correspondingly follow alternative logics. The second type concerns “semiotic snares” that lead risk calculators to increase their vulnerability to transmission, and the third concerns the explicit use of discourses of individual responsibility to postulate a sexual marketplace governed by the principle, “buyer beware.” The conclusion considers how people are both influenced by, and slip away from, the “calculating, rational, self-interested subject,” that Barry Smart identifies as the paradigmatic subject of contemporary neoliberalism.

How and why diseases like HIV propagate is a major preoccupation of our era. Since its first identification in 1981, AIDS has stimulated a wide range of public actors, especially governments, mass media, churches, and medical authorities, to generate narratives that position people on either side of a fault line separating the infected from the vulnerable uninfected, a distinction almost always freighted with moral and legal significance. In the comparatively short history of AIDS, there has scarcely been a nation or a community whose first reaction to AIDS was not to deny it and to blame it on someone else, typically a traditional antagonist, a subordinated population, or at least “other” people. Though the first wave of public panic has now passed, the binaries that separate self from other, observer from observed, responsible and irresponsible remain operative in making sense of HIV transmission. This paper seeks to explore the dissonances between the leading discourses circulating in our society concerning the agency of HIV transmission, and the people who deal with HIV risk in their everyday lives.

This paper argues that leading discourses instantiate a subject of HIV transmission consistent with dominant constructions of Western individualism and that this subject circulates through the predominant paradigms of health research, and certainly in the major scholarly journals in AIDS. People navigating HIV risk respond to these dominant narratives, becoming caught up in them, accommodating themselves to them, or slipping away from the discourses that would hail them as the subjects of

HIV transmission. Out of the disjunctures between the subjects of HIV transmission constructed by leading discourses, and the experiences, expressions, practical moral reasoning, and evolving cultures of people at risk, arise a series of problems that can ironically heighten the possibility of infection by constructing subject images that are not recognizable by, and do not resonate with, those most at risk. The continuing deployment and reproduction of these dominant discourses of HIV subjectivity mean that public policy, ostensibly intended to enhance the health of populations, as often populates its narratives with HIV subjects abstracted and reified away the everyday lives of people who encounter the human immunodeficiency virus.

The “calculating, rational, self-interested subject” that Barry Smart (2003, p. 7) identifies as the paradigmatic subject of contemporary neoliberalism is the subject favoured by the marketplace discourses of business and its neoliberal counterparts in government (Habermas, 1987). The contract-making citizen presumed by liberal democracies and the choice-making consumer of the capitalist marketplace circulate through the “health belief models” and “theories of reasoned action” that take up so much attention in health research and promotion. From defensive driving to smoking cessation, the rational man—and it is often a gendered conception—avoids perils to health because he seeks naturally to maximize his own longevity and well being while avoiding risk. In the marketplace of life, the rational actor is a conscious, informed calculator of risk and gain. The health belief model, as Deborah Lupton (1999, p. 21)

remarks, “represents human action as volitional and rational, invariably categorizing risk avoidance as rational and risk-taking as irrational.” Health consumers are “portrayed as free actors who are constrained only by their ignorance about the threat to which they may be exposed or their lack of self-efficacy” (Lupton, 1999, p. 23).

The health belief model as applied to HIV research has attracted some critics, especially among qualitative researchers who seek to give voice to the subjects of scientific research. The “audience of thoughtful, actuarial subjects, gathering data and acting on the basis of ‘fact’” (Davis, 2002, p. 281), that is postulated by health science, fails to account for a range of considerations associated with vulnerability to HIV that arise in the speech of people at risk. A paradigm of human action that relies on a set of implicitly individual decision makers assessing risk misses the “social/cultural context of human interaction” (Wright, 1998, p. 10) that shapes the perception of risk, its apparent inevitability, and sometimes hard choices caught in double binds. It is an approach that adopts a singular idea of rationality, misses competing rationalities, and diminishes the role of emotion (Boulton, McLean, Fitzpatrick & Hart, 1995). Nevertheless, because HIV transmission still occurs, the instantiation of a rational subject generates its binary opposition, the prevention failure, who must manifest some variant of the irrational. Typically the irrational takes the form of “individuals’ deficits in knowledge, perceptions of risk, motivation, intentions and/or skills” or preset psychological variables of “low self-esteem, sexual identity problems, or general sexual

impulsivity” (Díaz & Ayala, 1999, p. 278). If the rational ends of HIV avoidance fail in practice, then it “must be” because of a host of irrational intervening factors: complacent AIDS optimists, reason-impaired drug users, personality-defective sensation seekers, and so on.

These relatively restrained visions of irrationality in science give way to the panic icons of the popular imagination: demon infectors and irredeemable others (Treichler, 1999; Cole, 1996), AIDS carriers maliciously preying on the innocent (Patton, 1990), barebackers and their mirror image, bug chasers, nearly always reported third hand or as seen on the internet (Gauthier & Forsyth, 1999). There seems an insatiable appetite in the press and popular culture for a Bakhtinian carnival of transgression and excess among monster AIDS transmitters (Graydon, 2003)—fascinating, but so hard to find in the narratives of people recounting actual incidences of unprotected sex and sero-conversion.

Current social theorists of risk, such as Ulrich Beck and Anthony Giddens, view these discourses of competitive, rationalist, and implicitly male individuals ensconced in Western liberalism and law, less as a theory of what is, than as disciplinary forces shaping the inhabitants of advanced, industrial societies. “A crucial aspect of governmentality as it is expressed in neo-liberal states is that the regulation and disciplining of citizens is directed at the autonomous, self-regulated individual” (Lupton, 1999, p. 88). When people are demonstrably not the rational risk-avoiders

postulated by the dominant discourses, then they must be encouraged or pressed toward “responsibility.” According to the Supreme Court of Canada in the *Cuerrier* decision, HIV-positive people—almost always men in the cases that have reached the courts—must disclose their sero-status in the implicitly contractual interaction of a sexual encounter, permitting the other to act as a rational risk avoider, or else face imprisonment. AIDS service organizations, as hybrid institutions of civil society and government, are to act as agents of “responsibilization,” calling upon people at risk to re-make their sexuality. Not long before the emergence of HIV disease, homosexuality had been beyond the pale of sexual respectability; now it is to be refashioned into a model for good citizenship—tamed, “responsible,” and governed by the safe sex ethic.

### **Listening to people at risk**

Listening to narratives of social and sexual interaction, including moments of potential or actual transmission (Adam, *Husbands*, Murray & Maxwell, 2005b; Adam, Sears & Schellenberg, 2000; Adam & Sears, 1996) reveals a world slipping away from, exceeding, and subverting these discourses, and offers glimpses of little traditions, hybrid subjectivities, and subjugated voices that, at times, escape or re-work the leading discourses. People navigating risk in everyday life construct illness in their talk, drawing on, resisting, or combining discourses available to them (Smith, Flowers &

Osborn, 1997), making choices in a much more complex social environment than that allowed by leading paradigms. In this section, I would like to address three kinds of risk talk arising from interviews that show the limitations and paradoxes of the subject of HIV transmission as rational individual.<sup>1</sup> The first of these show instances of lack of fit, when the social conditions and presumptions that hold up the leading discourses are missing, and so choices and actions correspondingly follow alternative logics. The second and third explore instances where responsabilizing trends paradoxically create conditions that may *facilitate* rather than avoid risk. The second type concerns semiotic snares that lead risk calculators to increase their vulnerability to transmission, and the third concerns the explicit use of discourses of individual responsibility to postulate a sexual marketplace governed by the principle, “buyer beware.” As Ken Plummer (2003) advises, by attending to the “grounded everyday moralities,” “life stories, autobiographies and narratives,” and “the local and the situational” in moral reasoning, quite another view of disease transmission comes into sight, than that allowed by most health science.

### **Multiple sites of vulnerability and subjectivities of transmission**

There are numerous sites and interactional moments, when unprotected sex occurs and thus vulnerability to HIV transmission increases. They happen as a resolution to erectile difficulties encountered with condoms, through momentary lapses and trade-

offs, out of personal turmoil and depression, and as a byproduct of strategies of disclosure and intuiting safety (Adam et al., Forthcoming). To gain a sense of some of these moments, consider these self-reflective remarks drawn from interviews:

I had a monogamous relationship for 21 years with a man. This was before I was positive. And we had a wonderful relationship and he died of cancer in '89....After he died I was so angry and I was in such an incredible grief and loss response and that's when I overdosed on alcohol and sex and that's how I got infected in 1991. (60s, HIV+)

Or this:

When my self esteem is down...or if I'm depressed and just sort of, you know, feeling downtrodden by the world. It's just I...get into that 'I don't care' mode. (30s, HIV+)

HIV prevention messages implicitly exhort people to act safely now in order to preserve themselves for the future. To be effective, then, the prevention message calls on an autobiographical narrative that life is worth living, and that something done now makes sense because the future will be a desirable place in which to arrive. Yet depression and personal turmoil can pull away the underpinnings of this belief. If life does not seem like worth living now, and the future appears bleak as well, then self-preserving actions no longer make so much sense. These kinds of remarks are far from unusual; they recur in earlier research of mine (Adam et al., 2000) and of others

(Gilbart et al., 2000; Semple, Patterson & Grant, 2000; Calzavara et al., 2001). They point toward the kinds of presumptions and the constructions of consciousness that go into narratives of the rational, choice-making citizen of contemporary Western societies, and toward the not infrequent occasions in which these underpinnings give way.

People who feel disadvantaged by their age, race, (lack of) attractiveness, gender, neediness, etc. appear to be vulnerable to “trading off” safety for intimacy with a valued partner. Social hierarchies that prescribe who is more desirable and valuable in courting and sexual relationships create vulnerability. Interviews with middle-aged Québécoises women (Dedobbeleer & Morissette, 1998), aboriginal men in Australia (Bartos, McLeod & Nott, 1993), older gay men (Murray & Adam, 2001), Asian Americans (Choi et al., 1999), those who feel particularly dependent inside their relationships (Appleby, Miller & Rothspan, 1999, p. 89), and young gay men who feel less attractive than a prospective partner (Seal et al., 2000, p. 11) all report a common theme of feeling unable to assert safe sex lest a prospective or current partner be offended and lost. Consider this remark by a gay aboriginal man from a recent interview done in Toronto:

I’m always questioning why anybody would want to, you know, be with me at all, so. And maybe in terms of, you know, searching for that relationship, maybe that’s why I put myself in situations [of unprotected sex] where I don’t have to worry about those kind of hurt feelings or

whatever. (20s, HIV-)

There is a risk calculus here but it follows a rationality quite apart from health maximization and points to social locations and constructions of the self that “make sense” in their own way.

### **Semiotic snares**

Semiotic snares concern the “undertow” that accompanies many prevention messages, the ways in which prevention messages (presumably unwittingly) open new opportunities for HIV transmission, and the self-sabotaging effects that messages appear to have when taken up by their intended audiences. A semiotic snare is a message where a well-understood but unspoken subtext undermines the overt thrust of the message, and includes: self-negating propositions in AIDS education messages, unintended meanings that contradict overt messages, and safety messages that promote self-exemption, thereby allowing for more unsafe practices. These are public statements that overtly convey a rational message, and typically admonish people to behave in a way that conserves or enhances their health, but they are also messages with important latent content that undermines the overt message, and indeed sets its readers up for even greater exposure to risk. They are the reverse of self-fulfilling prophecies; rather they are self-negating prescriptions. In other words, prevention messages purveyed by public health and AIDS service organizations may, at times, reinforce discourses that

facilitate, rather than inhibit, HIV transmission.

When the categories of epidemiological research, which identify HIV risk in terms of types of sex and demographic groups enter into personal strategies of navigating risk in societies, they necessarily operate as a hierarchy of risk and safety, and cannot but become imbricated with widespread cultural binaries of clean and unclean, guilt and innocence, moral and immoral. Perhaps most salient among these health messages is the promotion of monogamy, currently the best-funded HIV prevention program in the world, thanks to the Bush administration. One of the best studies that examines the meaning of relationships is Elisa Sobo's *Choosing Unsafe Sex*. Based on interviews with African American women in Cleveland, Sobo (1995, pp. 110-1, 115) found:

Condomlessness was directly described as 'a sign of trust' and of 'honesty' and 'commitment.'...The strength of the association between condoms and extraconjugal sex means that condom use denotes failure in a relationship...Women may 'take the risk' of condomless sex because condom use would undermine their claims to having chosen partners wisely.

One of the safest generalizations supported by HIV prevention research is that unsafe sex is much more common with steady partners, than casual partners (Connell, Davis & Dowsett, 1993; Thornton & Catalan, 1993; Ames, Atchinson & Rose, 1995; Remien,

Carballo Diéguez & Wagner, 1995; Buchanan, Poppen & Reisen, 1996; Myers, Godin, Lambert, Calzavara & Locker, 1996; Hoff, Coates, Barrett, Collette & Ekstrand, 1996; Flowers, Smith, Sheeran & Beail, 1997; Carballo-Diéguez, Remien, Dolezal & Wagner, 1997; Hays, Kegeles & Coates, 1997). As a result, romantic relationships turn up frequently in the conversations of HIV-positive people as the site where transmission occurred as monogamy offers no protection against partners who have acquired the virus perhaps some years earlier as the result of a shared needle or a “heat-of-the-moment” lapse in condom use. The “rationality” of risk minimization through monogamy, then, potentially has a boomerang effect of leading to practices that facilitate transmission.

Another example of a semiotic snare is the “know your partner” advice propagated by public health authorities, especially in the early years of the epidemic. It can be a contributor to unsafe practices by encouraging people to exempt themselves from the need for safe sex through “knowing” their partners by “reading signs” of their partner’s putative “safety” (Ames et al., 1995, pp. 65-66) or by giving permission for unprotected sex because the partner has become “known” over a period of weeks or years. Prevention messages are discourses not only “about” reality, but intended to shape reality. Listening to the ways in which these messages are received, processed, and applied in everyday lives, however, shows how messages can give warrant for actions that may heighten risk.

### **Risk management and neoliberal discourses in practice**

Then there are risk calculators who explicitly employ neoliberal rhetorics of responsibility to justify practices that heighten risk. “Barebackers,” that is those who have chosen consistently to abandon safe sex, have been constructed as ostensible rebels or deviants beset by too much “AIDS optimism,” “condom fatigue,” or safe sex “relapse.” Yet interviews with self-professed barebackers reveal, not so much rebellion or transgression as, something more prosaic and more consistent with the discourses of government and capital (Adam, Husbands, Murray & Maxwell, 2005). Not only does the responsabilization message resonate throughout their own accounts but the larger language of neoliberalism does as well, of which responsibility talk is a part. For the subset of men who have left safe sex behind, “raw” or “bareback” sex is justifiable through a rhetoric of individualism, personal responsibility, consenting adults, and contractual interaction. Used to being part of networks of men who are already HIV-positive, those who employ the language of barebacking typically presume that prospective partners will be “in the know,” that is, they will be fully knowledgeable about HIV risk, they will be adult men capable of making informed choices and of consenting after having weighed all relevant risks, and often enough they will be HIV-positive themselves:

I respect whatever the guy wants regardless of whether he’s positive or negative.

If he wants it wrapped, it's wrapped and if he doesn't, you know, that's fine too....If a guy asks me whether I fuck bare or wrapped I usually say, "Your call. Whichever way you want is okay with me." (50s, HIV+)

I was assuming that everyone is HIV positive and, you know, they have to protect themselves and the onus is on them, I would say. (30s, HIV+)

It must be stressed, against the panic icons of "barebackers" and "bug-chasers" circulating in the press and in popular discourse, that none of these practices nor the moral reasoning associated with them, overtly intend HIV transmission to happen. No one in the Toronto study expressed any willingness or acceptance of the idea of knowingly infecting a partner. When the premises of individual responsibility are knowingly absent, many express a strong reluctance to allow unprotected sex, nevertheless the assumption of mutually interacting rational actors opened the way for the belief that HIV-negative partners could be relied on to make the rational choice.

The question arises of the degree to which traditional HIV prevention messages and research paradigms themselves rely on, and reinforce, the "calculating, rational, self-interested subject and commercialized competitive individualism that is increasingly constitutive of thought and conduct in private and public life" (Smart, 2003, p. 7) of advanced capitalist societies. Interviews with those men who have abandoned safer sex practice show just how attuned their moral reasoning is with this neoliberal model of human subjectivity that constructs everyone as a self-interested

individual who must take responsibility for himself in a marketplace of risks.

### **Moving cultures and un-narrativized social consequences**

These multiple practical moralities in action generate moving cultures, that is, shared presumptions linked to social networks. Risk, responsibility, and subjectivity all reside inside cultural frameworks that evolve over time and shift with the communication networks that carry them. The health science search for health “determinants” among interchangeable individuals misses “the implicit and explicit rules and regulations imposed by the sexual cultures of specific communities as well as the economic and political power relations that underpin these sexual cultures” (Parker, 2001, p. 169). These moving cultures have practices that can result in indirect, cumulative, and unanticipated consequences that may escape the narratives of their members or come up in only fragmentary or partial ways. In his analysis of social movements, Charles Tilly (2002, p. 115) observes people

interacting repeatedly with others, renegotiating who they are, adjusting the boundaries they occupy, modifying their actions in rapid response to other people’s reactions, selecting among and altering available scripts, improvising new forms of joint action, speaking sentences no one has ever uttered before, yet responding predictably to their locations within webs

of social relations they themselves cannot map in detail.

Tilly argues that neither structural, phenomenological, nor discursive analyses fully capture the emergent nature of unintended and unforeseen social formations that have real consequences.

Among gay and bisexual men, Jeffrey Weeks (1995, p. 137) noted the growth of a sense of mutual responsibility among those most at risk. This was a direct result of the broadening of the arena of private space through the construction of sexualized communities where the possibilities of safer sexual behaviour could be easily discussed and developed (...). In practice, this meant the elaboration of sexual etiquette in which the individual actors could attempt not so much to eliminate all risk of coming into contact with HIV, but rather to seek a balance between risk and trust in sexual contacts by a pragmatic adoption of 'safer sex'.

The challenge for the social sciences and humanities is to document the evolution of this etiquette as an interactive set of heterogenous, uneven, and disparate strands. Even as semiotic snares and re-worked neoliberal discourses emerge in the speech of people talking about recent occasions in which un/protected sex occurs, often enough divergent discourses appear even in the same interview with one person. These divergent discourses include personal claims to civic spiritedness and community solidarity, romantic scripts and homoerotic themes of connecting to and caring for other

men, adventure and risk-taking scripts (Mutchler, 2000). Even among barebackers, who invoke neoliberal discourse most directly in the care of the self, there are clearly a host of competing discourses, little traditions, and counter-hegemonic trends in their speech such as allegiance to community and care for other men. Certainly the dominant rhetoric of Western competitive individualism is far from successfully totalizing. Men, and perhaps especially gay men, are exposed to the forces of neoliberal interaction, and gay men are perhaps exemplary practitioners of the “pure relationships” postulated by Anthony Giddens (1992) as most characteristic of contemporary advanced, industrial societies, where traditional structures of kinship and economic interdependence have yielded to “disembedded” human connections among atomized citizens in implicit, provisional contracts of mutual satisfaction. Yet the gay world is remarkable as a social site where men reconnect despite social forces that order inter-male behaviour, above all, as competitive and antagonistic (Adam, 1995, p. 13). In its diverse sites and relations, gay men embody both innovative alternatives, as well as take up some of the norms and discourses of masculine neoliberalism.

HIV is, in many ways, an opportunistic disease of men’s and women’s search for human connection, not simply the result of demographic or personality predispositions. People at risk for HIV might be seen as exemplary of the high modern subject of advanced, industrial societies attempting to find their way along a risk-prone trajectory,

constructing themselves as responsible self-governing individuals, and drawing on professional knowledge, where it exists, as a resource in practical everyday decision-making. But the weave of competing discourses and social locations that affect vulnerability to transmission show a more complex reality that must be engaged at multiple levels if health is to be achieved.

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Words: 4860

27 July 2005

Keywords: HIV transmission, subjectivity, neoliberal, health epistemology, risk

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Endnote

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1. Findings from these interviews are reported more extensively in **Adam BD, Husbands W, Murray J, Maxwell J** (2005a & b) and **Adam BD** (2005). The interviews, conducted in 2002-2003 in Toronto, explored the sites of vulnerability and precipitating events associated with un/safe sex among 102 high-risk gay and bisexual men and 50 men in couples.