Inessential Theory:

Culture and AIDS Risk Governance

Adam M. Geary

Assistant Professor of Gender and Women's Studies - University of Arizona

ageary@email.arizona.edu · http://gws.arizona.edu

Abstract:

This paper takes as its problem the fact that while there has long been a vigorous critique of the category of culture in AIDS ethnography and epidemiology, culture has continued to serve as a crucial conceptual frame for AIDS behavioral sciences. It argues that the tenacity of the culture-concept in AIDS prevention is due not to its representational adequacy or theoretical sophistication but to its utility for the social governance of behavior. The concept of culture is compelling and powerful in AIDS prevention because it links HIV risk with a pragmatics of behavioral intervention, without, in fact, providing a vigorous or compelling theoretical justification. This link is fundamentally discursive rather than theoretical, and originates, not from the analysis of risk, but from the rationality of advanced-liberal governance (governmentality) that drives AIDS-prevention interventions: a rationality marked by indirect governance, individual and small-group "empowerment," and the cultivation of "active" subjectivity.

Keywords: AIDS-prevention, governmentality, theory of culture, behavioralism, advanced liberalism.

Resumen:

Teoría no constitutiva: cultura y gobernanza del riesgo en el SIDA

Este artículo toma como problema el que, mientras ha habido por largo tiempo una vigorosa crítica de la categoría "cultura" en la etnografía y epidemiología del SIDA, la cultura ha continuado siendo el marco conceptual crucial para el abordaje del SIDA desde las ciencias de la conducta.

Se discute que la tenacidad del concepto de cultura en la prevención del SIDA se debe no a su adecuación representacional o a su sofisticación teórica sino a su utilidad para la gobernanza social de la conducta. El concepto de conducta es convincente y poderoso en la prevención del SIDA porque enlaza el riesgo de HIV con una pragmática de intervención conductual sin, de hecho, proveer una justificación teórica convincente y vigorosa. Esta relación es fundamentalmente discursiva más que teórica y se origina, no en el análisis del riesgo, sino desde la racionalidad de una avanzada gobernanza liberal (gubernamentalidad) que guía las intervenciones en la prevención del SIDA: una racionalidad marcada por la gobernanza indirecta, el "empoderamiento" individual o de pequeños grupos y la promoción de una subjetividad "activa".

Palabras claves: prevención del SIDA, gubernamentalidad, teoría de la cultura, conductismo, liberalismo avanzado.

Introduction

This paper attempts to understand, within the context of AIDS-prevention knowledge and professional practice, a statement like the following:

"There is, however, no single definition of culture that is universally accepted by social scientists. Moreover, resolving this definitional quandary is neither critical nor essential to advancing our ability to explicate the meaning and significance of a culturally anchored methodology." (Hughes, Seidman & Williams, 1993, p. 688)

What does it mean that a methodology of "culturally anchored" professional interventions for AIDS prevention need not reference itself to a theoretical description of culture or cultural process? It surely is not the case that this is the first instance of a practical methodology – in the health sciences or other social and behavioral sciences – that takes place in advance of, or without a, justifying theoretical account. But it does call into question the force and direction of the critique of culture and culturalism in the medical anthropology of AIDS and other public-health sciences. If the methodology of cultural interventions does not rely upon a theoretical representation or account, then what are the stakes of representational critiques of culture in AIDS discourse and research?

Critical medical anthropologists have long argued that the representations of culture and cultural processes in AIDS-prevention sciences are too self-referential and enclosed—what they call "medical culturalism"—rather than properly conceived within a larger set of social processes that are political and economic (see esp. Singer, 1994; Glick Schiller, Crystal & Lewellen, 1994; Glick Schiller, 1992; on "medical culturalism" as a critical category, see Singer, Davison & Gerdes, 1988). Arguing for the latter, these medical anthropologists have insisted that AIDS ethnography and other prevention research must expand its domain of analysis to larger structural forces dealing with wealth, social stratification, and economies of health. They argue that the failure to analyze culture and behavior within these larger, social processes has mis-identified the real vectors of risk by equating HIV risk with stereotypes of its current victims. This has not only produced flawed public health, it has tended to blame those who have suffered most from the AIDS epidemic for their own suffering, rather than understand the distribution of suffering as a consequence of the unequal distribution of power, resources, and risk. It is, in sum, a form of victim-blaming.

Although this critique of the representation of culture is well-articulated and of long standing (and, indeed, devastating), it has had only limited success outside of certain

segments of AIDS anthropology. "Culture" has continued to serve as a powerful rubric in the production of social, behavioral, and psychological prevention interventions, especially in their "culturally sensitive" form (Wilson & Miller, 2003, Vinh-Thomas, Bunch & Card, 2003).[1] Indeed, Nina Glick Schiller (1992) noted as far back as 1992 that the critique of medical culturalism failed to translate from medical anthropologists analyzing the conditions of risk to those behavioral scientists who were developing programs for risk reduction. To note this date is to note, on the one hand, that the critique of culture in AIDS science arose at the very same time -or nearly so- as its emergence as a dominant analytical category in that science, which Richard Parker (2001) places in the early 1990s. On the other hand, and more central to the analysis of this essay, this observation calls into question the relationship between medical anthropology and public health programming, and thus the status of theoretical critique in the production of health, more broadly. How do we understand the tenacity of an analytical rubric given that it has, nearly from inception, been the object of vigorous and compelling critique?

While much of the research presented in this study comes from the 1990s and early 2000s, the rubric of culture in AIDS-prevention discourse continues to exert its influence (e.g., Latkin, Weeks, Glasman, Galletly & Albarracin, 2010; Green & Herling Ruark, 2011). Just this year (2011), the culturalist account received a new articulation from the former director of the AIDS Prevention Research Project at the Harvard University Center for Population and Development Studies (Green & Herling Ruark, 2011), and while the current UNAIDS strategy statement eschews direct use of the word "culture," due to the new "get tough" policies imposed by the major donor countries (primarily the U.S.), the cultural gets smuggled into the document within the concepts of "belief" and "norm" (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2010). Thus, in declaring that "[t]here must be no more denial of the harmful social, sexual and gender norms that drive vulnerability" (p. 34), UNAIDS clearly returns the problem of vulnerability to HIV infection, and thus, the problem of intervention, back to the rubric of culture; it simply declares that the UN programs will no longer be "sensitive" to those cultures in their risk-reduction programming.

In this essay I argue that the tenacity of "culture" in AIDS-prevention public health has been due not to its representational adequacy or theoretical sophistication but to its utility for the social governance of behavior. The concept of culture has been compelling and powerful in AIDS prevention because it links HIV risk with a pragmatics of behavioral intervention, without, in fact, providing a vigorous or compelling theoretical justification for that link. This link is, I

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[1] For a critique of the discourse of "cultural competence" in international AIDS-prevention programming, see Pigg, 2002. For a political history of the "culturally appropriate" in healthcare delivery, see Shaw, 2005.

maintain, fundamentally discursive rather than theoretical, and originates, not from the analysis of risk, but from the pragmatic logic of intervention. This is to suggest that culture has been primarily neither a category of epidemiological knowledge nor its theorization, but rather a figure through which has been relayed the rationality for governing individuals and behaviors that drives AIDS-prevention interventions (Foucault, 2000; Gordon, 1991). This governing rationality is marked by strategies of limited intervention, individual and small-group "empowerment," and the cultivation of "active" subjectivity, which together Nikolas Rose (1999) has described as an "advanced liberal" governing rationality (see also Cruikshank, 1999; Dean, 1995). Thus, the failure of the critique of medical culturalism to interrupt the use of culture in AIDS-prevention programming can be attributed, not to hegemonic ideology or victim-blaming, as proposed by its critics, but to the mis-direction of their critique. The critique of medical culturalism has taken place in relation to a *theory of epidemiological representation*, as though prevention proceeds from the representation of risk.   These critics argue that medical culturalism misrepresents both the structural formation of risk (epidemiology) and the social forces shaping behavior (ethnography), both of which, in turn, mis-direct the organization of prevention interventions. But as I demonstrate, the notion of culture may refer to epidemiology and ethnography only tangentially; its submerged but primary function is to authorize a *pragmatics of governance* oriented toward "empowering" and "activating" subjects of behaviors. Thus, the deconstruction of culture that it takes place "in theory"—i.e., within the theoretical analysis of risk and behavior—, *misses* the other location of culture in AIDS prevention where it is really doing its work as a category of thought: in the pragmatics of behavior modification.[2] Indeed, as I demonstrate, culture becomes compelling in AIDS-prevention thought and practice precisely at the point in which *behavior modification* is asserted as the agenda of prevention intervention.

Culture as a domain of Governance

        To track the tenacity of "culture" in AIDS prevention, I offer two studies concerning the structural determinants of risk. These two papers take as their explicit problem the large,

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[2] My understanding of what deconstruction does, and does not do, is inspired especially by de Lauretis (1987) and Goslinga (2006). De Lauretis argues that feminist theory does not simply deconstruct gender; it is a technology of gender, and therefore one of the ways that gender comes to enter experience. Goslinga, in turn, argues that the deconstructive critique of anthropology has taken place thus far in writing and theory but has left the *practice* of ethnography more-or-less unchallenged. Her brilliant dissertation tackles this problem head-on. See also Hunter (1988) on the relationships among literary theory and the techniques and logics of literary interpretation.

historical forces that determine HIV-transmission risk, forces that must be accounted for in AIDS-prevention programming. The first study situates the problem of AIDS prevention within the political economy of laboring in southern African gold mines (Campbell & Williams, 1999[3]), and the second addresses the experience of Ethiopian and Soviet immigration to Israel as an interlocking set of social, cultural, and psychic dislocations (Soskolne & Shtarkshall, 2002). Each, therefore, begins by rejecting both the notion that risk behaviors are functions of individual psychology and the presumption that straightforward education is sufficient to transform the local experience of HIV risk. Individuals are, instead, situated within their local environments, environments traced by power hierarchies, cultural norms, economic inequalities, recent and ongoing histories of violence, oppression, and dislocation. AIDS prevention, both studies argue, requires understanding the specific network of local forces in which individuals find themselves, as these specific networks structure transmission-risk related behaviors. Behavioral transformation requires transformations in local force networks.

Both studies demonstrate a tension between the structural analysis of HIV risk and a commitment to behavior change as the primary means of intervention in that risk. This is evident in the discursive slide in the arguments from structural determinants of risk, to structural determinants of behavior, to interventions within local economies of meaning in order to modify behavior. Thus, Campbell & Williams (1999), in discussing AIDS prevention for southern African miners, move from:

"the HIV/AIDS epidemic in southern African [*sic*] is a social and development problem" (p. 1626)

to:

"In relation to HIV/AIDS, both physical health as well as psychology (particularly in relation to sexuality) cannot be understood independently of the *social dimension,* incorporating a range of cultural, economic, sociological and normative factors, all of which need to be taken into account in attempts to manage the epidemic." (p. 1632, emphasis in original)

and, finally:

"Furthermore community-based peer education programmes are designed in explicit

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[3] This analysis is elaborated in Campbell, 2003.

opposition to information-based education programmes — aiming to provide the enabling conditions for the renegotiation of sexual cultures at the collective level rather than attempting to persuade people to make an individual decision to change their behaviour by providing them with information about health risks." (p. 1637)

From an analysis of HIV/AIDS risk as a strict function of the structural, the argument moves to subjects of risk behavior being functions of the structural, and finally to community-based empowerment strategies aimed at local sexual cultures. Thus, as the analysis moves from the conditions of risk to the question of intervention, a discourse of culture appears where it had first been absent. Soskolne & Shtarkshall's study of Israeli immigration repeats this discursive slide. Their analysis begins by asserting that "the movement of individuals and populations [is] an important factor in the spread of the virus [HIV]" (p. 1297), which would seem to suggest a structural analysis of risk. Immediately, however, the question of "the dynamic and complex links between migration and the spread of HIV" are framed in terms of "the understanding of HIV-risk behaviours" (p. 1298). Within the space of three paragraphs, the analysis has, like Campbell & Williams's, moved from the structure of risk to a theory of behavior. The study concludes with an outline for a prevention program that includes cultural interventions aimed at transforming behaviors.

The discursive slide in these studies from structure to behavior is formalized in their representation as charts. In these charts, an intermediate zone—described, in both cases, as "psychosocial mediators"—appears between the social or structural conditions of life and those behaviors that require guided modification.[4] These psychosocial mediators constitute a network of processes connecting individuals with the structural conditions of their lives (Campbell & Williams, 1999, p. 1684), conditions over which these subjects (and, it should be said, AIDS experts, as well) have rather limited control. Psychosocial mediators include such things as beliefs, stresses, norms, resources, knowledges, identities, and feelings of efficacy. These psychosocial mediators have been organized as "culture" in AIDS-prevention interventions.

Using terms like "Structural macro-level factors" and "Behavioral Pathways" these charts gesture toward a theoretical and universalistic analysis of structural and cultural existence, but we really must understand them as being profoundly determined by what we might call "the will to intervene," representing "reality" in such a way as to enable a multi-leveled set of AIDS-prevention interventions. In these charts, the "social," "structural," or "macro" level represents the demography of AIDS risk, which, in turn, can be analyzed and

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[4] The term "psychosocial mediators" is used widely to refer to cultural processes; e.g. Adler, 2006; Ortiz-Torres, Serrano-Garcia & Torres-Burgos, 2000; Díaz, 1998; DiClemente & Wingood, 1997.

acted upon through various sorts of state, semi-state, and otherwise governmental programs keyed to issues of wealth distribution, social inclusion and marginalization, labor reform, health infrastructure, etc. This level of "reality," as represented in the charts, is concerned with the broad distribution of security and risk in societies, but it is also conceived as a second-order cause (mediated by the psychosocial/cultural) of risk behaviors.

The "psychosocial," "cultural," or "intermediate" level, in turn, is acted upon as the immediate context of risk behaviors. This intermediate level does not exclude the structural in that it connects structure and behavior, but it does count as a uniquely actionable domain for AIDS-prevention intervention. In this level of "reality," interventions are directed at all of the beliefs, norms, knowledges, and identities that constitute the milieu out of which risk behaviors are generated. Thus while Campbell & Williams do not explicitly identify the psychosocial mediators as "culture" in their chart (as Soskolne & Shtarkshall do), the psychosocial mediators become operational in their textual analysis precisely at that point in the third citation above in which they begin discussing community-based interventions in the "sexual cultures" local to southern African mines and mine workers. In other words, at the point in which their analysis moves from the structural demography of risk to the problem of transmission interruption through behavior modification, culture, in the form of psychosocial mediators, becomes the object and target of intervention.

Culture, as psychosocial mediators, appears in these studies as a unique domain of intervention, one sufficiently local to be manipulated by prevention experts. In other words, it is a tactically useful domain within a pragmatics of governing behaviors. Culture is attached to large structural forces, so it is not insensitive to the legacies and current effects of inequality and violence in shaping the experience of HIV risk. But it is also conceived as being local to groups, attached to particular experiences and histories within those large, structural forces. Indeed, culture is sufficiently local for experts to conceptualize it as a totality and intervene within it —as *a* culture, rather than culture in the abstract. For instance, Parker & Carballo (1990), writing on homosexual subcultures, state: "Investigation in [systems of health belief]...must constantly seek to strike a balance between a wider social and cultural context, on the one hand, and the particularities of the homosexual community or subculture, on the other" (p. 509-10). The question of culture is about striking this balance, suggesting that culture is not a category at all opposed to structural analysis, as intimated by the critics of medical culturalism, but is, in fact, conceived within a structural analysis. Culture is fundamentally the largest unit of structural forces influencing behavior that AIDS-prevention experts can conceive and intervene in with any hope of control. It is no surprise, then, that what counts as "social/structural," "cultural," or "psychological/individual"—the balance that is

struck— shifts in the literature from researcher to researcher, program to program, nation to nation, or culture to culture. The set of terms for each domain is dependent upon how researchers understand the forces impinging on behaviors and imagine interventions in relation to those forces.
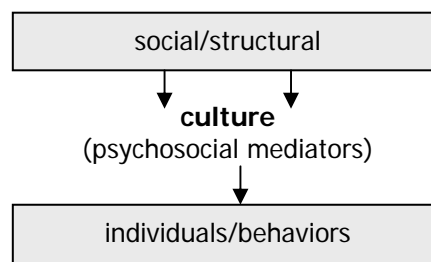
This reading of culture follows Ian Hacking's (1983) argument that the scientific practice of intervening is essential, and epistemologically prior, to scientific representation. Hacking argues that experimental natural science is not fundamentally theoretical. He claims that contrary to most philosophy of science, experimental science, in practice, does not work from theory to experiment, with experiment functioning as a process of verification or elaboration for scientific theories. Rather, theory more often happens after experimentation as an attempt to account for evidence and results. This is not to say that scientists do not formulate problems or have ideas prior to experimentation, nor even that these ideas are sometimes predicated on a working knowledge of theoretical science. But this admission is a significantly weaker and more limited claim than the one that states that natural science is theory-driven. The relationship between experimental interventions in the laboratory and sub-theoretical representations, in the form of ideas or problems, is intimate but limited, even practical. Hacking claims, "we represent and we intervene. We represent in order to intervene, and we intervene in the light of representations" (p. 31; on the relationship between experiment and theory, see esp. p. 149-66; see also, Lemke, 2001; Dean, 1996). In other words, representation is tied fundamentally to the formation of problems for experimental intervention.

Even the limited epistemological rigor Hacking attributes to representation in the natural sciences is probably too high for AIDS-prevention behavioral sciences, but his account of representations and theory-building does describe rather well the gesture toward theory in these charts and in AIDS-prevention research generally. The move to abstraction that these charts represent occurs in relation to already-existing prevention programs. As the authors make clear, these studies are attempts, retrospectively, to account for and rationalize prevention programs that are in progress, as well as historical programs, successes, and failures. Thus, the theoretical abstraction of these charts occurs in relation to the already-deployed pragmatics of AIDS-prevention intervention. This, in and of itself, is neither remarkable nor troubling. Theory is properly a move to abstraction in relation to a given problem or problems. What is troubling, however, is that these researchers take their theoretical gestures as *real* description of the world. In other words, failing to account for the problematic in relation to which the theoretical account is generated, AIDS scientists confuse their theoretical *constructions* for *realist descriptions.* In doing so, AIDS-prevention

practitioners obfuscate their own agency in inscribing their theoretical construction—culture—upon social experience (Bennett, 2003, 1992; Geary, 2004).

Read in this way, the utility of charts to demonstrate the relation of the social/structural to individuals' behaviors appears as no coincidence at all. The organization of reality, in which culture serves as a mediator between the social and the psychic, replicates the textual dynamics of a chart. Like the chart, the organization of reality being produced in these studies is striated—between the social and the individual, there is culture. Reality appears here in chart form:

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┌─────────────────────────────┐
│       social/structural      │
└─────────────────────────────┘
             │        │
             ▼        ▼
          culture
     (psychosocial mediators)
                │
                ▼
┌─────────────────────────────┐
│      individuals/behaviors    │
└─────────────────────────────┘
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These charts have a truth effect in that they organize reality as a series of striations between structure and behavior, but this organization is determined within the desire to make behavioral interventions not only thinkable but actionable. As an expression of "the will to intervene" in HIV risk through behavior modification, these charts organize social life in such a way that strategies of AIDS prevention might be brought to bear upon transmission-risk behaviors. *Culture*, in this representation, stands as the specific, local domain—a network of interpersonal, symbolic, psychic, and institutional relations—through which subjects are made thinkable as targets of behavior modification.

Indirect Governance

In the preceding paragraphs, I somewhat casually conflated "behaviors" with "individuals." The charts, however, make no mention of individuals and situate the "psychosocial mediators" (i.e. culture) between the structural/social and behaviors. This representational relation is important for AIDS-prevention intervention for two reasons. First, behaviors are represented as expressions of the psychosocial mediators, of culture. As already diagnosed by the critics of medical culturalism, behaviors are represented within this logic as effects of culture, and therefore attached to "groups." Indeed, "culture" is the concept through

which the long-discredited "risk group" logic is smuggled in through "risk behavior" rhetoric to organize AIDS-prevention thought (Glick Schiller, 1992). In other words, in the first instance, the problem with culture in AIDS analysis is precisely the problem deconstructed by the critics of medical culturalism. I am not, in fact, in disagreement with their critique. However, it is important to notice, secondly, that while individuals, as authors of behaviors, are displaced in each of these charts, the "psychic" is retained and attributed to culture. These charts represent culture as an exteriorized psychic formation, common to a group and composed of beliefs, norms, knowledges, identities, and feelings. Indeed, culture appears as something like a structural preconscious, or the psychic content of a group's effort to generate meaning from, and act within, their conditions of social existence (e.g. Parker, Herdt & Carballo, 1991, p. 85).

The representation of culture as a sort of structural preconscious takes place in two registers, or along two lines of sight. The first line of sight is vertical, following the structural logic of the charts I have been discussing. The imaginary point of view is sympathetic to that of "the individual" and her/his relation to the cultural conditions in which s/he is constituted as a subject of behavior. I say it is "sympathetic" because rather than being the point of view of actual individuals and their perceived relation to their own cultures, it is a projection on the part of AIDS scientists of an abstracted relation between individuals and cultures as experienced by an abstracted individual. This point of view imagines itself as the "underdog". Given that culture appears in AIDS prevention within the problematization of risk and behavior (i.e. given that culture appears within the effort to account for behavior as *danger*), culture is represented as danger here in terms of relation (Foucault 1994). From this point of view, the relation between individuals and culture is potentially overwhelming of individual self-control, and thus culture is potentially dangerous. The response to this representation is to reform the quality of the relationship between individuals and their cultures.

Before I proceed to analyze this representation of culture and danger, however, I would like to explore the second line of sight because it is concerned with the nature of preconscious cultural meaning and thus important for understanding the quality of the relationship between individuals and their cultures. The imaginary point of view for the second representation of culture is that of the neutral, AIDS-prevention scientist and is situated more-or-less horizontally, at eye level with the cultural formation. The object of analysis here is the specific ways that the cultural preconscious generates risk behaviors, or behavior-as-danger. Where the earlier line of sight produced a structural theory of reality in which culture served as a "mediator" between "macro" forces and individuals' behaviors as represented in the charts, this line of sight produces what might be called a *protocol for reading* individual cultures as

preconscious processes.[5]

In response to the intense auto-criticism in anthropology (including AIDS anthropology) over the descriptive adequacy and colonial history of the culture-concept, prevention researchers, being very practical people, have opted for a simple description of culture based on a set of agreed-upon characteristics. Ortiz-Torres, Serrano-Garcia & Torres-Burgos (2000), in discussing research and interventions for Dominican and Puerto Rican women, draw on a body of research to assert that points of theoretical agreement

> "establish culture (a) as an abstract, human-made idea; (b) as a context or setting within which behavior occurs, is shaped, and transformed; (c) as containing values, beliefs, attitudes, and languages that have emerged as adaptations; and (d) as important enough to be passed on to others." (p. 861)[6]

It is immediately clear that all questions of cultural formation and cultural dynamics are absent from this description. Nothing here suggests how it is, for instance, that cultures shape and transform behavior, nor do the authors at any point attempt to account for or theorize this process. Culture simply exists, and its simple existence is efficacious. Indeed, immediately after this description, the authors declare: "Stemming from these considerations, it is reasonable to assert that culture affects constructions of gender, power, and sexuality; defines possibilities and conditions for action; and influences conceptualizations of health and sickness" (p. 861). Nothing in their description of culture authorizes such assertions, given its superficiality; yet no justification for these claims is necessary, nor is it necessary to specify how it is that culture "affects constructions," "defines possibilities," or "influences conceptualizations." Culture simply does these things. That is what cultures do.

This description, like that of the representation of culture in chart form, does not provide a theory of AIDS prevention; it provides a reading protocol for projects of intervention aimed at behaviors. Specifically, it provides a protocol for reading behaviors as effects of group/cultural processes. "Behaviors," here, are descriptively inserted into a "context" of

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[5] These lines of sight correspond with the distinction Geertz (1983, esp. p. 57) makes between "experience-near" and "experience-distant," which he identifies with the person in the culture and the person viewing the culture from the outside, respectively. In my analysis, they provide a binocular vision for AIDS scientists rather than competing perspectives. Given that Geertz must imagine the position of the person in the culture in order to give her/him an "experience-near" perspective, however, it is unclear if there ever was a competing perspective.

[6] Variations of this formula may also be found in: Vinh-Thomas, Bunch & Card, 2003; Wilson & Miller, 2003; Lonner, 1994; Scheer, 1994; Brown, 1991; as well as the quotation from Hughes, Seidman & Williams (1993, p. 688) that appears at the head of this article.

"values, beliefs, attitudes, and languages." Behaviors, then, are not pure expressions of individual intentions or wills —neither rational nor irrational, pathological or perverse— but effects of a "setting" traversed by other social relations, like value formation, communication, and the construction of beliefs. Indeed, behaviors are strongly influenced by, even effects of, these processes. Given (again) that this representation is designed to enable interventions, it suggests that behavior modification must take place indirectly through the tactical modification of individual cultural processes within the overall environment of a culture. Behavior cannot be disciplined directly by interning or training individuals. It must be governed or acted upon indirectly through a local economy of cultural processes. This, of course, is precisely what AIDS experts do; they do not presume to modify cultures in their totality but target certain cultural "variables," "themes," "norms," "relations," "scripts," etc. In this instance, therefore, "culture" names a protocol for representing a set of elements and relations for possible AIDS-prevention interventions. This protocol describes behaviors, not as things-in-themselves requiring direct intervention and modification for AIDS prevention, but as "culture made manifest" (Houston-Hamilton & Day, 1998, p. 102), i.e., as symptoms of more fundamental processes that are social and complex. Along this line of sight, culture describes a strategic network of processes through which the *indirect governance of behaviors* is made thinkable and actionable.

        I would like to highlight that culture is represented here as neither a thing nor a substance but as a dense network of processes that have a referential coherence, an assemblage of "psychosocial mediators." Culture is like a behavior machine composed of a number of sub-functions, each of which may be tuned-up, re-tooled, tightened, or loosened, as necessary for AIDS-prevention behavior modification. In other words, individual cultural sub-functions may be "technologized" by AIDS-prevention strategies within the overall economy of a culture in order to transform behaviors. In this sense, the project of AIDS prevention becomes one of technologizing the environment around individuals, an environment conceived as the generative milieu of behaviors. This process of technologizing an environment I am calling indirect governance.

Active subjectivity

        By representing culture as a structural preconscious and figurally transferring psychic space into the cultural environment that surrounds individuals, AIDS prevention stages the danger of boundary confusion between inside and outside. This danger is exacerbated by the narrative of "enculturation," or the inscription of cultural meanings within individuals during

individual development. Not only does culture, conceived as psychosocial mediators, straddle the structural conditions of existence and individual psychic life —the outside and the inside—, it threatens to overwhelm the inside and individual with the outside and cultural. Individual agents of behavior are threatened by preconscious, group determination.

The protocol for reading cultures as the generative milieu of behavior that I analyzed above is directed at the "outside" existence of culture. This reading is attached to the project in AIDS prevention of technologizing cultural environments in order to produce behavior change (what I have described as indirect governance), and, we might say, it is concerned with the *immediate* threat of HIV transmission. This project aims to change specific behaviors by intervening in the environment from which those behaviors are said to be generated. But the representation of culture and the technologies of AIDS prevention are also directed at the "inside" existence of culture, at individuals and their potentially dangerous, structural relation to culture. This vertical and structural representation, to which I now return, is attached to a longer-term project, one of *empowering* individuals in relation to the conditions of their cultural constitution. This project is aimed neither at shoring up the inside/outside boundary nor at stabilizing the structural inequality between individuals and cultures. Rather it aims to activate and empower individuals, forming them as conscious *agents* of their cultures instead of passive *recipients* of culture. Here, culture serves as a figure for articulating "active subjectivity" as the companion plank in the program of social governance aimed at transforming behaviors and the conditions of risk.

The interplay between the twin projects of indirect governance and active subjectivity is captured in Rafael M. Díaz's influential study of Latino gay men and their efforts and difficulties with AIDS-prevention behavior change. In *Latino Gay Men and HIV: Culture, Sexuality, and Risk Behavior* (1998), one of the very few book-length efforts to both theorize behavior and develop a program of intervention, Díaz advances what he calls a "psycho-cultural model" of behavior and behavior change. The name of his model already signals the interplay between inside and outside, psyche and culture, and indeed, Díaz argues that theories of culture already presuppose its existence in the psyche. He writes: "When current conceptualizations of culture and enculturation are taken into account, the label *psycho*-cultural seems a bit redundant; the label 'cultural' would have sufficed" (p. 141). The prefix, he explains, is retained for emphasis.

The explicit assumptions of Díaz's model are worth reproducing in full (p. 140):

1. "The first assumption is that sociocultural factors are not external to the individual members of the culture but rather have become internalized as cognitive scripts

that guide and give personal meaning to sexual behavior.

2. Second, individuals have the capability to intend and perform new types of health-promoting behavior (such as condom use) in an executive, self-regulatory fashion, even if such behavior is at odds with cultural scripts or not particularly supported or reinforced by the immediate sociocultural context. However, the successful enactment of those intentions will depend on the strength of the individual's intentions, the individual's capacity to exercise self-regulation and self-determination in the specific domain (e.g., sexuality), and the level of support—or conversely, the presence of competing variables—that exist in the immediate personal or interpersonal situation.

3. Third, the model assumes that in the face of difficult and challenging situations, there can be a breakdown in self-regulatory, volitional processes. In the moments of volitional breakdown, cultural, cognitive, and sexual scripts, rather than self-formulated plans of action or personal intentions to engage in health-promoting behavior, will become the main regulators and determinants of sexual activity."

Both representations of culture as danger are at play in Díaz's model. On the one hand, a protocol for reading culture has already been deployed to identify certain meanings and behavior scripts as dangerous (in the sense of being not "health promoting") as well as possible points of empowerment. It has, therefore, generated a general program of indirect governance by technologizing the local cultural environment in order to promote specific behavior changes. The major focus of Díaz's argument, however, lies less on the modification of specific behaviors than on the relation of individuals, particularly Latino gay men, to the potentially overwhelming cultural environment(s) they find themselves acting within – i.e., the status of the subject of culture as it is conceived within the narrative of enculturation.

Díaz's psycho-cultural model is indicative of the cultural analysis of risk behaviors in AIDS-prevention science. Indeed, from inside the logic of culture, this all seems rather reasonable, even common-sense. Within this common-sense logic, the existence of culture is understood to be inscribed within individuals as meanings and behaviors during individual, moral development (i.e., individuals are enculturated developmentally). Individuals, however, may transform or modify the meanings and behaviors they inherit through enculturation, but to do so requires both dedicated individual effort and a context conducive to individual self-work. Finally, at moments of crisis, individuals are more likely to revert to primary cultural forms if the strategies of self-work and the conducive environment are weak and unable to counter the powerful effects of primary cultural inscription. Here, the cultural preconscious, in that it transcribes itself within individuals, is represented as a dangerous (or potentially dangerous)

imposition of group-think on individuals.[7] In response to this danger, AIDS prevention promotes what Díaz calls "executive, self-regulatory" self-formation for individuals, making them capable of transforming *for themselves* the cultural meaning and behavior scripts that put them at risk of HIV transmission. Work, one sees, is done to make cultural subjectivity *active.*

Through the therapeutics of AIDS-prevention training, individuals and groups rework relations to their cultures. This process involves transforming not only the ideology of culture but also what I have elsewhere described as the ethical techniques for articulating oneself as a subject of that culture (Geary, 2007; see also, Guillory, 2002; Dean, 1995; Burchell, 1993; Foucault, 1990). Thus, culture is figurally redescribed in the discourses of AIDS prevention as the domain of aestheticized ethnic choices, where one cultivates oneself as the inheritor of an ethnic aesthetic, moving culture into the discourses of active choice and projects of the self from its prior position as the preconscious determinate of behaviors and meanings that put one at risk for HIV transmission (Benn Michaels, 1995; Chow, 2002; Strathern, 1992). But this new relation to culture is not simply an issue of representation and rediscription, of ideology. This relation is also established through practices of self-identification and self-cultivation that constitute one as an active subject in relation to culture. AIDS-prevention training involves a regime of micro-practices for confronting oneself as a subject at risk due to one's cultural constitution, for objectifying and alienating one's culture in order to be free of its control over the behaviors and meanings that are said to put one at risk, and for elaborating new, authoritative (what Díaz calls "executive") relations to culture. These micro-practices are relayed in and through prevention workshops and support groups, as well as guided journal writing, prevention activism, testing and test-site counseling. Through these practices individuals learn to establish a hyper-reflexivity in relation to their cultures, alienating it as a part of the self toward which one *acts*. This self-relation is, in turn, attached to the broad restructuring of social, domestic, and communal spaces in order to suppress certain behaviors and cultivate others in the name of active and responsible self-care. The immediate project of behavior change through indirect governance is, in this way, tied to the larger program of activating subjects in relation to their own behaviors.

As the critics of medical culturalism have already pointed out, the use of culture as an epidemiological descriptor for HIV risk tends to locate danger in culture. These researchers

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[7] The narrative of "relapse," or reverting to older and more dangerous behavior patterns, is itself implicated in a particular understanding of responsible AIDS-prevention practice. This narrative is currently under deployment in discussions of "AIDS optimism" and ongoing transmission rates among gay men; ex., Altman, 2000; Sullivan, Drake & Sanchez, 2006; Ven et al 2005; see Abelson, Rawstorne, Crawford, Mao, Prestage & Kippax, 2006, for a refutation. For an excellent critique of the "relapse" narrative in relation to gay men, see Race, 2003.

argue that this is victim blaming, pathologizing cultures rather than accounting for the unequal distribution of risk and misery between and among groups of people. This is surely true. But when we turn to the use of the culture-concept throughout the full deployment of AIDS prevention, it becomes clear that while certain cultural forms are pathologized, it is the condition of culture, of *being cultural*, that is being made pathological, or at least potentially so. Being cultural for AIDS-prevention thought is already to be potentially over-determined by culture and put at risk. In response to being cultural, AIDS prevention not only targets particular cultural forms, it targets the relation individuals assume toward culture.

It is especially in this sense of "being cultural" that I am advancing my claim regarding the location of culture as a category of social governance in AIDS prevention. One sees that the analysis of culture here has no specific relation to AIDS epidemiology or ethnography. The problem of being cultural is not primarily that specific cultural behaviors, meanings, or relationships are especially risky in relation to HIV transmission. The problem of being cultural is that it is tied to a representation of passive, dependent subjectivity, which in contemporary political thinking is that which must be overcome. As Barbara Cruikshank (1999) has argued, across the political spectrum, there is a common commitment to "active" subjectivity as the solution to social ills: active citizenship, consumerism, entrepreneurialism, and investment management are offered and accepted as cures for the problems of community crime, environmental degradation, social inequality, health care financing, and the strains coming to bear on the remnants of social welfare infrastructures. While there are important differences among these categories, there is also a common commitment—articulated from multiple social and political positions—to "activeness," which Cruikshank ties to the politics of "empowerment."

The representation of culture and enculturation is situated within this governmental logic where it exerts its power over AIDS-prevention thought. The concept of culture provides a narrative (not a theory) through which practitioners emplot the pragmatics of empowerment and active subjectivity in AIDS prevention, both for individuals and local communities. Indeed, to the degree that AIDS-prevention researchers conceive of interventions in terms of behavioral modification, they are insistently thrown back into a discourse of culture. I suggest that this happens because the figure of culture does not emerge from the (mis)representation of epidemiological or ethnographic data. It is generated from the rationality of social governance that animates AIDS-prevention interventions: a rationality aimed at transforming behaviors through indirect governance and active subjectivity. As long as this rationality of governance—marked by the triplet of behavior, indirect governance, and active subjectivity—remains free from critique, the deconstruction of culture in AIDS epidemiology and

ethnography will be unable to interrupt the persistent return of culture in the production of AIDS interventions. This, however, will require AIDS social scientists (and, indeed, the social and behavioral sciences broadly) to acknowledge that AIDS prevention and similar health formations are not simply "helping," or "working in the service of" others, but are themselves forms of governing: in particular, what Nikolas Rose (1999) calls "advanced liberal" forms of governing. Only then will AIDS-prevention scientists be able to heed Law and Urry's (2004) call for an ethical accounting of their place and power in the formation of worlds of experience.

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