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Title Mixed Messages: Religious Perspectives on Human Sexuality and Their Impact on Beliefs and Practices

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Background This presentation, given at the 2009 International Meeting of the African Religious Health Assets Programme, presents findings from research carried out by Dr. Blevins and ARHAP colleagues, Paul Germond and Tessa Doods (University of the Witwatersrand) about the influence of religion on adolescent sexual health. This research drew on and expanded the formative research on religious health assets carried out by ARHAP and IHP; it also serves as a key source for IHP's current work on sexual and reproductive health among HIV-positive adolescents in Nairobi.

This paper represents a bit of an experiment in combining disparate fields of scholarly inquiry. It brings together some emerging insights and lines of inquiry from a research project based on a public health model with an analysis and interpretation derived from postmodern theory and cultural history. I believe that both fields offer important perspectives to the other. Public health models which focus on outcome-driven, evidence-based, concrete programs help to keep the critical/theoretical branches of the academy from moving ever further into esoteric abstractions; they provide, in short, a pragmatic, action-focused “so what” to the critical analyses of contemporary fields of thought in the humanities. On the other hand, those critical analyses of the humanities disciplines—in this instance cultural theory, history, and critical theory—provide some theoretical framework to understand, analyze, and interpret complex phenomena that shape our perspective and influence our thinking in ways we might not readily grasp; they provide, in short, a critical “yes, but” to public health models and programs.

The intersections (and disjunctions?) between these diverse fields are best examined not in abstractions but in specific contexts. This paper will explore the context of religion and sexuality, demonstrating the importance of religion in regard to sexual beliefs, practices, and norms that play important roles in the prevention of HIV and sexually transmitted infections (STIs). Specifically, this paper will summarize the findings of various workshops conducted in South Africa and the United States that map the effects of religion on adolescent sexuality. The paper argues that religion fills a double function in regard to sexuality: for those who are able to adhere to religious norms in regard to sexual belief and practice, religion helps lessen the risk of

infection from HIV or STIs, but for those unable to adhere, religion contributes to stigma which contributes to increased risk of infection. In exploring this double function of religion, this paper will not only present data from the workshops to offer examples but also develop an argument based on a cultural historical analysis in order to understand the implications of this double function and to begin to articulate alternatives.

The Workshops

Background

In June 2008, Professors Paul Germond (WITS) and Tessa Dooms (North West University) co-facilitated the first in a series of workshops designed to explore the intersections between religion and adolescent sexual health. The first workshops, entitled *Participant Inquiry into Religion and Adolescent Sexual Health* (PIRASH) were held in Potchefstroom but they had their genesis in the long-standing work of ARHAP over the past decade. The PIRASH workshops utilized a similar structure to ARHAP's PIRHANA model—they were interactive, focused on relevant concerns, and grounded in the practices of appreciative inquiry in that they endeavored to lift up the particular strengths and assets that communities intrinsically possess in order to better address the sexual health of their young people rather than to prescribe a singular “solution” from a group of outside experts.

ARHAP has a long, collaborative history with Emory University in Atlanta, GA USA, a university where I serve on the faculty in theology, public health, and medicine. I had the good fortune to assist in those first workshops in Potchefstroom and Laura Ellis, an Emory graduate student in public health, spent three months working with Paul and Tessa on the workshop curricula and helping them offer a second series in Eldorado Park just outside of Johannesburg. In December 2008, I secured grant funding to bring Paul and Tessa to Atlanta to offer an initial pilot series of workshops and to train a group of US facilitators to continue to offer the workshops. As of July 2009 a total of three series of workshops have been offered to over 150 participants and more are planned, both in South Africa and in the US.

Like all of the collaborative work between Emory and ARHAP, the work undertaken in PIRASH is grounded in the following assumptions: 1) religious entities are important intrinsic resources for the health and wellness of communities; 2) existing public health research into community-based assets does not pay adequate attention to these religious entities; and 3) any work to identify and understand these religious entities must begin by “mapping” the social demographics and relationships in communities by means of on-the-ground research that elicits the knowledge, insights, and wisdom of the community rather than imparting outsider knowledge derived from a group of so-called experts. Guided by these assumptions, the workshops elicited from participants their own understanding of the role that religion plays (for good or for ill—the protocol does not assume that all religious practices or perspectives encourage sexual health) in the sexual health of young people. Specifically, the workshops were designed to provide data to increase understanding of the following:

- 1) What are the positive and negative *effects* of religious expression and are those effects related?

- 2) What kinds of community structures need to be mobilized or created to maximize the positive effects of religious belief and address the negative effects?

Content of the Workshops

The workshop series consists of two separate, day-long workshops—one for young people between the ages of 16-23 and one for religious and community leaders. The young people’s workshop consists of six modules:

Ranking of the sources of information on sex/uality

Objectives:

- ☐ *A participant driven ranking of the relative importance of the sources of information about sex/uality for the group*
- ☐ *A reflective discussion on the significance of these sources of information for the participants*

Key question:

- ☐ *What are the three most influential sources of information about sex for young people?*

Indexing messages about sex/uality

Objectives:

- ☐ *A participant driven ranking of the relative importance of the messages about sex/uality the group receives from:*
 - *The sources of information ranked in Exercise 1, and*
 - *the Religious Group they are members of*
- ☐ *A reflective discussion on the significance of these messages for the participants*

Key questions:

- ☐ *What is the single most important message about sex that you get from each of the three sources named in module 1?*
- ☐ *What are the three most important messages of your religious organisation about sex?*

Perceptions of sexual norms & practices among the group

Objectives:

- ☐ *A participant driven matrix of the:*
 - *Participants’ own **conceptions** of sex/uality*
 - *Participants’ **perceptions** of peer group sexual practices*
- ☐ *A reflective discussion on the meaning and significance of these Conceptions and Perceptions*

Key questions: Participants were asked a series of propositions about sex. As each proposition was read aloud, each participant moved to a certain section of the room marked by “Agree,” “Disagree,” or “Uncertain.” The propositions were:

1. Sex before marriage is breaking the rules.
2. Kissing is sex.
3. Masturbation is healthy.
4. Seeing a person of the opposite sex naked is a sin.
5. Teenagers in my religious community are sexually active.
6. A person who never gets married must never have sex.
7. Teenagers in my community think you must be a virgin when you get married.
8. Oral sex is a sin.
9. Religion has unrealistic expectations about sex for 21 st century teenagers.
10. Religious institutions should teach about condomisation.
11. Once I have sex with someone I must marry that person.
12. Drinking leads to sex in my community.
13. It is healthy to think about sex.
14. If I am in a loving, committed relationship it is OK to have sex.
15. Having sex with a person of the same sex is permissible.
16. It is wrong for a white person and a black person to have sex.
17. Rules about sex for girls and guys should be different.
18. AIDS is a punishment for sexual sin.
19. It is more important for a girl to be a virgin when she gets married than it is for a guy.
20. We should thank God for an orgasm.
21. I do not know what makes a good marriage.
22. My religion teaches me that sex is bad.

* The series of propositions changed slightly for each of the workshop in order to respond to critical questions that had arisen in earlier workshops.

Creating a continuum of sexual acts

Objectives:

- ☐ *A participant driven brainstorm of their understandings about what constitutes sex*
- ☐ *A participant driven continuum which charts the sexual activity from least to most sexual*
- ☐ *A participant driven discussion about the point on the continuum at which “sex” starts*

Key questions:

- ☐ *Give three examples of a sexual act*
- ☐ *Rank these sexual acts on a continuum from least sexual to most sexual [note: the group determines what constitutes “least sexual” and “most sexual”]*
- ☐ *Plot on the continuum of the sexual acts the point at which “sex” begins.*

Characteristics which constitute a healthy sexual life

Objectives:

- ☐ *A participant driven list of their understandings about what constitutes a healthy sexual life for a young person*
- ☐ *A participant driven bar graph which ranks participants' views*

Key questions:

- ☐ *Write down three things which constitute a healthy sexual life*
- ☐ *Of the things named by the group, which are the top two for you?*

Strategies for young people to achieve a healthy sexual life

Objective:

- ☐ *A participant driven list of strategies for young people to achieve a healthy sexual life.*

Key questions:

- ☐ *Name one concrete example for each of the top three characteristics named in module five*
- ☐ *What are three concrete suggestions (strategies) that would help a young person achieve a healthy sexual life?*

The second workshop is designed for a broad cross-section of community leaders and clinical providers in regard to sexual well-being in young adults—high school educators/administrators, college faculty and health services staff, medical providers, religious leaders, and social service providers—and consists of seven modules:

Mapping Assets

Objectives:

- ☐ *It locates the rest of the workshop in the real-life context of the community*
- ☐ *It provides the facilitator with insights into community life that can be used in the next exercises*
- ☐ *It identifies perceptions of health and key religious 'assets' that exist in the community*

Key question:

- ☐ *Draw a map of the local community locating on it everything that has an impact, in whatever way, on the sexual health of young people*

Contribution of religion to sexual health of young people

Objectives:

- ☐ *A participant driven list of the key ways in which religion contributes to sexual health*
- ☐ *A reflective significance of these factors for the participants*

Key question:

- ☐ *If you were asked to identify the three most important ways that religion positively contributes to the sexual well-being of young people in your community – what would you say?*

Continuum of sexual acts

Objectives:

- ☐ *A participant driven brainstorm of their understandings about what constitutes sex*
- ☐ *A participant driven continuum which charts the sexual activity from least to most sexual*
- ☐ *A participant driven discussion about the point on the continuum at which “sex” starts*

Key questions:

- ☐ *Give three examples of a sexual act*
- ☐ *Rank these sexual acts on a continuum from least sexual to most sexual [note: the group determines what constitutes “least sexual” and “most sexual”]*
- ☐ *Plot on the continuum of the sexual acts the point at which “sex” begins.*

Spiderweb: Existing networks

- ☐ *As the group leaves the room for lunch they are to go to the spiderweb sheet that is on the wall and to draw lines with directional arrows from their organisation to any other organisation with which they have some kind of relationship*

What constitutes a healthy sexual life?

Objectives:

- ☐ *A participant driven list of their understandings about what constitutes a healthy sexual life for a young person*
- ☐ *A participant driven bar graph which ranks participants’ views*

Key question:

- ☐ *Write down three characteristics that you believe constitute a healthy sexual life for a young person.*

Strategies for building a healthy sexual life

Objective:

- ☐ *A participant driven list of strategies to help young people live healthy sexual lives*

Key question:

- ☐ *What are the assets which exist in the community to help young people live healthy sexual lives?*
- ☐ *Write down three obstacles to YP sexual health that exist in the community.*
- ☐ *Write down four possible (concrete/realistic) strategies to help young people live a healthy sexual life that you can think of*

Spiderweb, revisited

- Participants are now asked to go to the second Spiderweb sheet and to draw directional arrows from their organisation to other organisations with which they now would like to establish some form of relationship

Findings from the Workshops

While there is not sufficient space in this paper to present all the data collected from these modulesⁱ, the summary of findings below demonstrates the complexities and contradictions that are part of our thinking in regard to religion and sexuality.

The first module of the Young People's workshops asked participants to name the sources from which they receive messages regarding sexuality. The participants listed a total of 36 distinct sources; religion was listed but it was never ranked as a predominant source (one group failed to list it at all). As a follow-up, workshop facilitators asked young people to name the predominant religious messages regarding sexuality that they received and then to rank them. The results are found in Table 1. Beginning with the Atlanta workshops, community leaders were asked to do the same, with the results listed in Table 2.

Table 1: Predominant Religious Messages Regarding Sexuality as Named and Ranked by Young People

Location	Messages about Sex	# of Responses
Poth	No sex before marriage	13
	Abstain	6
	We are created in the image of God so our bodies are good.	6
Eldorado Park	Be faithful	10
	Sex before marriage is a sin	10
	Abstain	7
Atlanta	Sex is a gift	12
	Wait for marriage, sex is for marriage	5
	God made me sexual, so it is okay to be straight or gay	3

Table 2: Predominant Messages Regarding Sexuality as Named and Ranked by Community Leaders

Location	Religious Messages About Sex	Responses
Atlanta	Sex is for marriage	20
	Silence	7
	Heterosexuality is God's norm	4

This question is raised early on the workshop and it demonstrates the multiplicity and complexity of religious messages that young people negotiate. Those messages present prohibitions (abstain) and expand possibilities (it's okay to be straight *or* gay because God made us to be sexual). They speak of the gift of sexuality and they exhort us to delay any expression (wait for marriage). In short, these messages offer differing perspectives that stand in tension with one

another; these multiple messages are internalized by young people in a context in which they already receive an inordinate, contradictory number of other messages regarding sexuality from a dizzying array of source over the course of their daily lives.

When we examine the responses from community leaders to the same question, the complexity multiplies. The responses from the Atlanta leaders (Atlanta was the only site at which this question was asked of community leaders following a change in the curriculum) in some ways mirrors the predominant message identified by the young people: “sex is for marriage.” The second most common response of community leaders, however, was silence—religion, in effect, is silent in offering messages to young people in regard to their sexuality. The third most common response stands in direct contradiction to one given by young people in: community leaders named heterosexuality as the singular norm of religious belief whereas young people affirmed a variety of sexual orientations as reflecting God’s good gift of sexuality.

Divergent perspectives and high uncertainty among young peoples’ perceptions

Module Three of the Young People’s Workshop asks participants to respond to a series of propositions, stating whether they agree with the proposition, disagree with it, or are uncertain about what they believe in regard to the proposition. Table 3 reveals a high level of disparity among members of one or more of the groups for seven of the twenty-two propositions. In other words, there is no majority or even strong plurality of opinion in regard to these propositions.

Table 3 High Disparities in Conceptions of Sex and Sexuality or in Perceptions of Sexual Practices Among Young People Surveyed Across the Three Sites

Statement	Location	Agree	Disagree	Uncertain
1. Sex before marriage is breaking the rules.	ATL	6	6	0
	Potch	12	5	3
	Eldo	15	2	0
2. Masturbation is healthy.	ATL	8	1	3
	Potch	5	3	12
	Eldo	7	8	2
3. A person who never gets married must never have sex.	ATL	0	9	3
	Potch	4	8	8
	Eldo	1	13	3
4. Oral sex is a sin.	ATL	0	6	6
	Potch	8	3	9
	Eldo	8	5	4
5. Having sex with a person of the same sex is acceptable in my community.	ATL	3	4	5
	Potch	3	16	1
	Eldo	1	15	1
6. Religion has unrealistic expectations about sex for 21 st century young people.	ATL	11	0	1
	Potch	7	5	8
	Eldo	1	5	11
7. Having sex with a person of the same sex is acceptable in my community.	ATL	3	4	5
	Potch	3	16	1
	Eldo	1	15	1
8. It is more important for a young woman to be a virgin when she gets married than it is for a young man.	ATL	2	5	5
	Potch	8	10	2
	Eldo	11	6	0

Some of the propositions elicited a high level of uncertainty among participants regarding their own perceptions. Table 4 shows that the predominant response to the propositions was “uncertain” in at least one of the three sites for eleven of the twenty-two propositions. For two of those eleven propositions, “uncertain” was the predominant response in two sites. Participants from Atlanta demonstrated the highest level of uncertainty, with that response being predominant for seven propositions.

Table 4: High Levels of Uncertainty in Conceptions of Sex and Sexuality or in Perceptions of Sexual Practices Among Young People Surveyed Across the Three Sites

Statement	Location	Agree	Disagree	Uncertain
1. Masturbation is healthy.	ATL	8	1	3
	Potch	5	3	12
	Eldo	7	8	2
2. Looking at pornography is healthy.	ATL	0	4	8
	Potch	Participants were not asked this question.		
	Eldo	Participants were not asked this question.		
3. A person who never gets married must never have sex.	ATL	0	9	3
	Potch	4	8	8
	Eldo	1	13	3
4. Oral sex is a sin.	ATL	0	6	6
	Potch	8	3	9
	Eldo	8	5	4
5. Religion has unrealistic expectations about sex for 21 st century young people.	ATL	11	0	1
	Potch	7	5	8
	Eldo	1	5	11
6. Drinking leads to sex in my community.	ATL	2	5	5
	Potch	14	1	5
	Eldo	5	10	2
7. It is healthy to think about sex.	ATL	10	0	2
	Potch	8	4	8
	Eldo	11	3	2
8. Having sex with a person of the same sex is acceptable in my community.	ATL	3	4	5
	Potch	3	16	1
	Eldo	1	15	1
9. Drug use leads to sex in my community.	ATL	3	1	8
	Potch	Participants were not asked this question.		
	Eldo	Participants were not asked this question.		
10. It is more important for a young woman to be a virgin when she gets married than it is for a young man.	ATL	2	5	5
	Potch	8	10	2
	Eldo	11	6	0
11. My religion teaches me that sex is bad.	ATL	2	2	8
	Potch	Participants were not asked this question.		
	Eldo	1	12	4

There was a high discrepancy *between* the sites for some of the propositions, demonstrating divergent perceptions between the participants as a group as an aggregate in one site when compared to participants as a group as an aggregate in other sites. For twelve of the twenty-two propositions, at least two of the sites differed in their predominant response. Table 5 shows these discrepancies.

Table 5: High Disparities in Conceptions of Sex and Sexuality or in Perceptions of Sexual Practices *Between the Aggregate Responses of the Sites*

Statement	Location	Agree	Disagree	Uncertain
1. Sex before marriage is breaking the rules.	ATL	6	6	0
	Potch	12	5	3
	Eldo	15	2	0
2. Masturbation is healthy.	ATL	8	1	3
	Potch	5	3	12
	Eldo	7	8	2
3. A person who never gets married must never have sex.	ATL	0	9	3
	Potch	4	8	8
	Eldo	1	13	3
4. Oral sex is a sin.	ATL	0	6	6
	Potch	8	3	9
	Eldo	8	5	4
5. Religion has unrealistic expectations about sex for 21 st century young people.	ATL	11	0	1
	Potch	7	5	8
	Eldo	1	5	11
6. Drinking leads to sex in my community.	ATL	2	5	5
	Potch	14	1	5
	Eldo	5	10	2
7. If I am in a loving, committed relationship it is okay to have sex.	ATL	8	0	4
	Potch	13	7	0
	Eldo	5	10	2
8. Having sex with a person of the same sex is acceptable in my community.	ATL	3	4	5
	Potch	3	16	1
	Eldo	1	15	1
9. Sexually transmitted diseases are a punishment for sexual sin.	ATL	1	9	2
	Potch	10	3	7
	Eldo	5	9	3
9. Rules about sex for young women and young men should be different.	ATL	1	10	1
	Potch	1	12	6
	Eldo	9	6	2
10. It is more important for a young woman to be a virgin when she gets married than it is for a young man.	ATL	2	5	5
	Potch	8	10	2
	Eldo	11	6	0
11. My religion teaches me that sex is bad.	ATL	2	2	8
	Potch	Participants were not asked this question.		
	Eldo	1	12	4
12. It is wrong for white and black people to have sex.	ATL	Participants were not asked this question.		
	Potch	2	18	1
	Eldo	0	17	0

* Proposition phrased as “AIDS is a punishment for sexual sin.”

Finally, it is important to note that there was a consensus among participants in answering eight of the propositions. Table 6 shows the propositions for which there was consensus.

Table 6: General Consensus in Conceptions of Sex and Sexuality or in Perceptions of Sexual Practices Among Young People Surveyed Across the Three Sites

Statement	Location	Agree	Disagree	Uncertain
1. Kissing is sex.	ATL	0	12	0
	Potch	0	20	0
	Eldo	2	15	0
2. Young people involved in religious communities are sexually active.	ATL	11	0	1
	Potch	17	3	0
	Eldo	17	0	0
3. Young people in my community think you must be a virgin when you get married.	ATL	0	11	1
	Potch	2	12	6
	Eldo	3	9	5
4. Religious institutions should teach about contraceptives.	ATL	9	3	0
	Potch	9*	6*	5*
	Eldo	14*	3*	0*
5. Once I have sex with someone I must marry that person.	ATL	0	12	0
	Potch	5	9	6
	Eldo	5	9	3
6. It is healthy to think about sex.	ATL	10	0	2
	Potch	8	4	8
	Eldo	11	3	2
7. Seeing a person of the opposite sex naked is unhealthy	ATL	Participants were not asked this question.		
	Potch	3	12	5
	Eldo	2	15	0
8. It is wrong for white and black people to have sex.	ATL	Participants were not asked this question.		
	Potch	2	18	1
	Eldo	0	17	0

Consensus was not limited to these eight propositions. There was a high level of consensus among all participants, both community leaders and young people, across all three sites when participants were asked to name the characteristics of a healthy sexual life. The only divergence in responses came from community leaders in Atlanta. While all other participants named certain kinds of qualities to which one might aspire, two of the top three responses among community leaders in Atlanta were pragmatic and action-oriented: education and safe sex/getting tested for HIV.

Table 7: Characteristics of a Healthy Sexual Life as Described by all Participants Across All Sites

Location	Characteristics	Responses
Among Young People		
Atlanta	Respect	5
	Love	4
	Protection	4
Eldorado Park	Honesty	6
	Love	5
	Loyalty	5
Potch	Trust	8
	Love	6
	Mutuality	6
Among Community Leaders		
Potch	Faithfulness	7
	Communication	7
	Honesty	5
Eldorado Park	Communication	7
	Trust	5
	Accountability	4
Atlanta	Self love	15
	Knowledge / Education	12
	Safe Sex & Testing	4

Finally, if the responses of participants across the sites demonstrate the complexities and contradictions that arise when trying to reflect on the intersections among religion and sexuality, those complexities are also revealed in two conversations that erupted spontaneously at the workshops in Potchefstroom and Atlanta. In Potchefstroom, participants were completing the module on the predominant religious messages in regard to sexuality. As this module was ending, one participant raised her hand to ask a question, a question which resulted in a ten-minute conversation that revealed the young people's perplexity regarding sexuality and the religious education they had received in regard to reading the Bible (this conversation was only among Christians in the room; Muslim students did not participate):

I find it very strange. We are told to treat each other equally. We are told to be faithful. We are told to know the purpose of sex once we engage in sex. They contradict each other. Does anyone else feel that way?

When we say in the Bible that sex before marriage is a sin, where is that in the Bible?

And what about Solomon? Did he not have many, many wives and yet many say today that having more than one wife is a sin. Why was it not a sin for Solomon?

And if we keep saying that women who have babies when they're not married are sinful, aren't we saying bad things about Mary? Aren't we like the people who condemned the mother of God?

The contradictory messages are offered but we don't question it. We simply take it. Why don't we question it? If the meaning of sex is unclear, why don't we say "excuse me" and ask questions?

In Atlanta, participants had been asked to give concrete examples of “love” and “protection,” two items they had named as characteristics of a healthy sexual life. Once those examples had been shared, however, the group began to discuss what they meant by the terms (both Christian and Jewish participants contributed to this discussion):

In regard to love:

You can be in a loving relationship that's not monogamous.

It depends on what your values are.

But your values don't mean that love isn't there.

Right, but you need to fall in love with someone with similar values. It's kind of like picking friends

Is non-monogamy having more than one person you love at once or does it mean that you love one person and have sex outside that relationship

Just because you're monogamous, it doesn't mean you love them. And there are some polygamous relationships that are loving.

In regard to protection:

You said that fidelity was a concrete example of protection. I don't understand how being faithful is about protection. If you're faithful, you don't need protection.

But protection isn't just about acts, it's about qualities in the relationship—how you feel.

Religious teachings are confusing for me. The Bible is a guide. But sometimes, the message from the Bible is ignored. It's not ignored by us. It's ignored by our pastors. I don't get that.

Perspectives from Critical Theory and Cultural History

In securing funding for the PIRASH workshops to take place in Atlanta, I wrote a grant proposal that named two questions to be studied through the workshops:

- 1) What are the positive and negative *effects* of religious expression in regard to sexuality and are those effects related?
- 2) What kinds of community structures need to be mobilized or created to maximize the positive effects of religious belief and address the negative effects?

Those are, I believe, important questions that PIRASH helps us to begin to explore. However, I also find that the fields of critical theory and cultural history help to provide some important theoretical perspectives to begin such an exploration. In particular, I believe that the ideas of the French cultural historian Michel Foucault provide some insightful ways for thinking about the connections between religion and sexuality and for beginning to understand the ways in which the positive or protective effects of religion in regard to HIV/STI prevention are linked to the stigmatizing effects of religion in regard to HIV/STI prevention.

Foucault on Sexuality and Christian Religion

In the first volume of his unfinished multi-volume series, *A History of Sexuality*, Michel Foucault both describes and critiques what he sees to be the predominant claim regarding the study of human sexuality in the secular, modern West: “Western culture has, for too long, been constrained from an honest, fruitful discussion about and appreciation of our sexuality. We have been trapped by narrow-mindedness, prejudice, and religious superstitions. Sexuality has been the subject that was taboo, demanding our silence. Thankfully, we are beginning to cast off the mantles of those taboos and to begin to think and speak with clear-headed openness. We are moving into a sexual liberation in which we celebrate our authentic, sexual selves” (Foucault, 1990). Having summarized what he sees to be the predominant perspective on sexuality in the secular West, Foucault goes on to mount a rigorous critique of this claim, arguing that, on the contrary, sexuality has been and continues to be an aspect of our human lives with which we are obsessed. Rather than a pervasive silence regarding sexuality, Foucault argues that sexuality resides at the center of our concerns. We cannot, in other words, quit thinking about sexuality. We study it, seek to understand it, attempt to liberate its “true potential”, stake our identities upon it, and confide to our confessors (in the religious garb of priest or the secular garb of a psychotherapist) its function in our deepest dreams and desires. While we may have more freedom to speak about sex than did earlier societies (though Foucault argues that there are restrictions on us that were not part of many earlier cultures), this is merely a change in the mechanisms by which sexuality stakes a claim on us and not a change in sexuality’s function as a dimension of our lives imbued with tremendous power that compels us to believe that if we can merely unlock sexuality’s secrets, we can discover the truth about ourselves. Sexuality, then, is tied to our sense of self, our sense of who we are, in ways that few human activities or experiences are. Sexuality functions to help constitute identity or subjectivity. In this way, Foucault called it “the seismograph of our subjectivity” (Foucault, 1997).

Foucault died of AIDS in 1984 just as he was finishing the fourth volume of *The History of Sexuality*, which explored the connections between Christianity and sexuality. In accordance with the wishes of his estate, this volume has never been published and the unfinished manuscript is not available for viewing. While we do not know the full extent of Foucault’s argument in that unfinished volume, he did provide us with intriguing glimpses of his thought at this point through the shorter essays, media interviews, and public lectures he offered on the topic as he was working on the volume. In these other sources (Foucault, 1997a, 1997b, 1997c, 1997d, 1998b, 1999), Foucault lays out the connections between the Christian pastorate, human sexuality, and Western social sciences and secularism.

Foucault traces the ways in which Christian practices of self-examination and confession—the confession of actions understood to be sinful and the soul-searching reflection

on forbidden desires and unbidden dreams—were translated into the heart of cultural institutions, fields of knowledge, and practices of care in Western modernity. Foucault believed that the gradual erosion of the monolithic power of Christian churches in Europe during the Enlightenment was not a signal of the end of Christendom but the necessary precursor to a “Christianization-in-depth” (Bernauer, 1990) as the very same practices of confession and self-reflection ushered in the human sciences, most notably psychology, and complex practices of intervention into people’s lives “for their own good.”

The common connection between the Christian pastorate and the various institutions of Western modernity is an unquestioning belief in the certainty and fixity—the “givenness”—of the self. This strong desire to “know the self”, to uncover its deepest truths and reveal its essential essence is an invention of Western culture from the first centuries of the common era to the present. Prior to this time, in Greek and Roman cultures (an analysis of these cultures was the subject of the second and third volumes of *The History of Sexuality*), there was not a conception of a “true self.” There was, rather, a common understanding that a core ethical obligation of one’s life was to fashion one’s self well, to construct the self. Foucault opts for this kind of practice and argues that our sense of a core, central, certain “self” is pernicious because it covers the ways in which our subjectivity is constituted by complex, ever-present cultural systems and mechanisms and practices. For those of us in the modern West, some of the most powerful of those systems, mechanisms, and practices are found in our efforts to study and know and understand our sexuality.

Connecting Foucault’s Theory and the Workshops

As his *History of Sexuality* series developed, Michel Foucault laid out a complex argument regarding the connections between the Christian religion, sexuality, and identity in modern, Western cultures. I believe that his argument can help us interpret the PIRASH workshops. One of the research questions guiding the PIRASH project in Atlanta asks whether the positive effects of religion (understood in this instance as the ways in which participation in religious communities might lessen the likelihood of HIV/STI infection) and the negative effects of stigmatization might be related. Foucault helps us theorize those connections and spot their operation in the workshops.

On multiple occasions as these workshops were offered or as the research team was discussing the project or debriefing the workshops, someone involved would comment that young people today face many far more temptations than did their parents in regard to sexuality. This point of view tends to bemoan the seeming proliferation of sexual images, messages, and practices and assumes that adolescents in previous generations were “less sexual” than young people today. As evidence of this perspective in the context of the workshops, participants in the community leaders workshop are named as representatives of the ways in which young people from previous generations were able to negotiate/navigate adolescent sexuality. This evidence contains some glaring assumptions that are demonstrably false—namely, that the community leaders are indeed representative of their entire generation and that no one in that generation has contracted HIV or an STI.

Another description—one that follows from Foucault’s analysis—is possible. The kinds of choices young people have today in regard to sexuality differ in quantity and in terms of what is deemed to be culturally acceptable. They do not, however, differ in terms of the spectrum of possibilities. In other words, young people in previous generations have had to navigate/negotiate a bewildering number of multiple and contradictory messages and practices in regard to human sexuality. In the myriad social-cultural contexts that make up our contemporary lives, some young people agree to “play by the rules” (this agreement, by the way, need not be consciously considered alongside various options to “break the rules”; after all, culture acts on us in ways both immediately identifiable and unconscious) while others break those rules (again, either consciously or unconsciously).

The ramifications of this agreement to follow the rules or refusal/inability to adhere are tremendous if, as Foucault argued, sexuality is not merely a neutral experience but the “seismograph of our subjectivity.” Those ramifications, in other words, create social subjects—identities or “selves.” The good girl, the player, the clean-cut young man, the slut, the tomboy, the stud, “the girl you don’t bring home to mama”, Mr. Goodie-two-shoes, the sissy—the social identities go on and on. They are gendered identities (women pay a steeper price in the broader culture if they do not meet the norm; men, paradoxically, pay a price in some ways if they *do* meet it). They are identities with sexual orientations. They are racialized identities (add racial categories into concepts of sexually active adolescents and see if a recognizable cultural identity appears). From this point of view, the workshops provide us with a glimpse of socialization and social identification at work. They reveal the pressures on adolescents to navigate the confusions of sexuality. They offer a picture of upstanding adult leaders who found their own personal identity corresponding to the communal norm (the community leaders workshops have not generally had—with a few exceptions—individuals who inhabit marginalized sexual identities). The group missing is the adults who did not/do not adhere to the norms in order for us to understand the effects of stigma when the norms are not followed. Therefore, in subsequent Atlanta workshop series, we will offer a third workshop for adults who are sexually marginalized or who are HIV-positive in order to better understand the ways in which religion might contribute to stigmatization, marginalized identities, and/or HIV risk.

“So What” Or the Public Health Question Returns

Through this quick summary of workshops findings and theoretical formulations, the question rightfully central to many in the various fields of public health research and practice remains: so what? What do you do with this information or knowledge in order to effect some structural change? In the research in Atlanta, the workshops are intended to do that. They will be offered as one component in the comprehensive HIV prevention plan for the Atlanta metropolitan area. This plan, developed by the Atlanta AIDS Partnership Fund with input from nationally and internationally recognized experts in HIV disease (including Emory’s Jim Curran and Sandy Thurman), specifically names religious organizations as a site for formal, intentional, measurable, sustained interventions. What will those interventions look like?

They will be developed through intentional engagement with the communities affected, in the best tradition of ARHAP. They will focus on prevention, risk reduction, and linkage to services. They will be collaborative, bringing together religious bodies, community

organizations, government programs, educational institutions, and key constituents in communities most affected by the HIV pandemic in Atlanta. In this way, they will be models of our best efforts at quantifiable, evidence-based, measurable intervention. Public health researchers are front and center at developing this program and its constituent parts. But at least for the faith-based component, Foucault's ideas come back into the mix.

They enter back in through one of the programs of the faith-based component—namely, a series of community conversations with theologians and religious scholars as well as intensive educational sessions on theological and ethical perspectives in regard to HIV treatment and prevention for clergy and interested laypeople. The curriculum for these components is being developed with a critical eye to the failures of religious institutions in regard to HIV, the capacity of religious institutions to bring diverse members of communities together in the common cause of HIV prevention and advocacy, and an intentional effort to begin to discuss HIV prevention in complex, open ways. Finally, the curriculum is raising some critical questions in regard to sexuality—questions that religious institutions have been reluctant to ask: “Why do we insist on doctrinal uniformity in regard to sexual beliefs, norms, and practices?” “What is the cost of that insistence?” “What might be lost and what might be gained if we allowed for diverse perspectives in regard to human sexuality?”

In his research in Biblical scholarship, Ken Stone, a professor of Hebrew Bible at Chicago Theological Seminary, is exploring what new ways of thinking and what new kinds of practical theological perspectives and practices might arise if Christian communities actually allowed for doctrinal diversity instead of doctrinal conformity (Stone, 2005). I believe those kinds of critical questions are necessary to open up the conversation in religious settings and to have those who have been stigmatized because they did not meet the standards of the singular norm to actually have a say in what is created rather than being relegated to being a topic of a curriculum in which religious leaders speak about sexual others while conspiring to keep those others from actually speaking for themselves.

Finally, the Atlanta workshops will endeavor to provide “best practices” models of religious organizations that have found ways to address HIV and to allow for multiple points of view in regard to human sexuality. To that end, the program design leaders are working with the staff of the Metropolitan Interdenominational Church in Nashville, TN. Metropolitan is an outstanding example of a religious organization that addresses the needs of its local community while allowing for critical perspectives and diverse viewpoints. It runs a comprehensive program for substance abuse prevention and treatment, sponsors programs for African-American gay youth and adult men, and receives federal government funding in the United States (under Ryan White Part C) to operate an HIV primary care medical clinic.

Conclusion

As the comprehensive HIV prevention plan for Atlanta is developed, I believe that the kind of thinking exemplified by a public health perspective and a critical theoretical perspective is vital. This synthesis in thought allows us to think in fuller, multiple, complex ways about the social/cultural challenges that bedevil HIV prevention efforts, to imagine responses, and to risk implementing them.

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ⁱ Copies of the complete dataset are available upon request.