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Celibacy, Sexual Exclusivity, and Illicit Drug Abstinence: Giving Up the Life as Taboo in AIDS Prevention

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Abstract. This article highlights social cognitions that seem to impede cost-effective approaches to AIDS prevention.

Previous IBPP articles on AIDS have focused on the political psychology of policy discourse. One key feature of this discourse comprises the development and employment of cost-effective criteria. Such criteria are said to arbitrate the differential attention merited by various primary prevention and secondary and tertiary intervention programs. Most commonly recommended of these prevention and treatment programs are (1) educating people about the viral strains leading to AIDS and about the behaviors most likely to bring people in contact with these strains; (2) obtaining and disseminating condoms and clean needles for people engaged in various sexual and illicit-drug related activities; (3) reducing the cost of drugs that prolong the lives and decrease the suffering of AIDS patients; (4) increasing the viability of local medical infrastructures; and (5) increasing biomedical research and development efforts for drugs that prevent, cure, or provide greater palliative benefits.

Then, there are recommendations to be celibate, to engage in sex only with one's marital or life partner, and to not use illicit drugs that require puncturing the skin with a needle. Of course, even these recommendations are not foolproof routes to an AIDS-free life. For example, blood transfusions still pose a risk and other illicit drugs can deleteriously affect the judgment of people who wish to avoid risky sexual behavior. Yet the recommendations to concentrate on not just education about risky behavior but on changing behavior finds much less support among policy authorities, policy advocates, and the mass-media talking heads that carry the policy discourse to citizens around the world.

Why is this? Some opponents of changing behavior wield the guidons of human rights and human sovereignty. These opponents assert that all people deserve to live the way they want to live--at least when it comes to sexual and drug-related behaviors. In fact, it is considered a human rights violation and a crime against the natural order of things for others to attempt to constrain these behaviors.

Other opponents of changing behavior employ a slightly different argument. They assert that all cultures and the social behaviors that partially constitute these cultures are morally, ethically, and, indeed, in all ways of equal value and deserve equal respect. Changing behavior then becomes an example of hegemony, imperialism, and oppression.

Still other opponents privilege their own political agendas and largely discount the biomedical consequences of these agendas. Such opponents include those espousing free love, free sex, and illicit drug use of all kinds and terming marriage, sexual exclusivity, celibacy, and drug abstinence as subjugating in the most noxious sense. Such opponents also include advocates of various stances on sexual orientations and gender identities, of hedonism as privileged ethical praxis, and of legalization of all drug use as the mark of a sane society. And such opponents include those who fear that supporting celibacy, sexual exclusivity, and illicit drugs abstinence unavoidably supports a specific religious or

political agenda created by primitive and ignorant religious fundamentalists who must be stopped at all costs. And such support must not be allowed to occur regardless of the biomedical consequences.

Finally, there are opponents who truly believe that celibacy, sexual exclusivity, and drug abstinence or limited drug use has been; is; and will be a minor, statistically deviant anomaly in aggregate human behavior. They might wish for policy initiatives in these directions, but they are hopeless about the likelihood of success.

One might argue that celibacy, sexual exclusivity, and drug abstinence are cost-effective approaches that just cannot or will not be. In the war of words about AIDS policy, it seems as if a number of social cognitions are proving as deadly as the disease. (See Atkin, L.C. (May 6, 2001). Letter to the editor. The New York Times, http://www.nytimes.com; Balch, S.H. (1985). The neutered civil servant: Eunuchs, celibates, abductees, and the maintenance of organization loyalty. Journal of Social and Biological Structures, 8, 313-328; Hall, M. (1996). Unsexing the couple. In M. Hall & E.D. Rothblum (Eds.). Couples therapy: Feminist perspectives (pp. 1-11). Haworth Press; Kiernan, K.E. (1988). Who remains celibate? Journal of Biosocial Science, 20, 253-263; Runkel, G. (1998). Sexual morality of Christianity. Journal of Sex and Marital Therapy, 24, 103-122; Siegel, K., & Raveis, V.H. (1993). AIDS-related reasons for gay men's adoption of celibacy. AIDS Education and Prevention, 5, 302-310; Waugh, A.C. (1986). Autocastration and biblical delusions in schizophrenia. British Journal of Psychiatry, 149, 656-658.) (Keywords: AIDS, Drugs, Sexuality, Social Cognition.)