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Oster, Candice; Cheek, Julianne

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Governing the contagious body: genital herpes, contagion and technologies of the self

Candice Oster and Julianne Cheek

*University of South Australia and University of Oslo/University
of South Australia*

ABSTRACT Genital herpes is a prevalent sexually transmitted viral infection. While genital herpes is not life-threatening, it can cause physical discomfort and psychosocial difficulties, and may increase the risk of contracting HIV. Given that genital herpes cannot be cured, both the condition itself, and the possibility of passing it on to others, becomes a part of the everyday reality of those individuals diagnosed with genital herpes. In this article we explore the ways in which people with genital herpes attending the Sexually Transmitted Infections (STI) clinic govern their 'contagious bodies'. The discussion draws on the Foucauldian concept of governmentality, and uses Foucault's idea of ethics as a framework to identify the technologies of the self by which individuals with genital herpes govern their own thoughts and behaviours in relation to the contagiousness of the condition. Implications for practice and other ways of thinking about what happens in the STI clinic context are suggested.

KEYWORDS *contagion; genital herpes; governmentality; technologies of the self*

ADDRESS Dr Candice Oster, Department of Nursing and Midwifery, University of South Australia, City East Campus, North Terrace, Adelaide, 5000, South Australia. e-mail: candice@kranium.com]

Introduction – genital herpes and the contagious body

Genital herpes is a sexually transmitted viral infection that is highly prevalent around the world (Patel and Rompalo, 2005; Roberts, 2005). For example, it is estimated that around 17 per cent of sexually active people in the United States of America (Xu et al., 2006), and 12 per cent of sexually active Australians (Cunningham et al., 2006) have the condition. According

to the World Health Organization (WHO), the prevalence of genital herpes in developing countries varies from 2–74 per cent (World Health Organization, 2006). For example, the WHO reports that in rural areas of Costa Rica, Kenya and Mexico up to 40 per cent of women aged 15–19 are reported to have the condition. While genital herpes is not life-threatening, it can cause physical discomfort to varying degrees of severity, and may increase the risk of contracting HIV (Cunningham et al., 2006; Ooi and Dayan, 2002; Patel and Rompalo, 2005). It is also reported to have a serious impact on psychological and social functioning for many people (Green, 2004). Such impact is in large part related to the fact that genital herpes is incurable, the symptoms are recurrent and it is highly contagious, being easily transmitted to sexual partners (Hook and Leone, 2006).

Genital herpes has been predominantly researched from a medical perspective, with an emphasis on the development and testing of a vaccine (Bernstein et al., 2005; Rajcani and Furmanova, 2006), and the use of antiviral suppressive therapy (Sacks et al., 2005; Wald et al., 2006). There is, however, little understanding of how individuals who have been diagnosed with the condition manage their lives and their behaviours in relation to the contagiousness of the condition (Green, 2004). Given that genital herpes cannot be cured, both the condition itself, and the possibility of passing it on to others, becomes a part of the everyday reality of those individuals diagnosed with genital herpes. The discussion to follow focuses on, and explores, ways in which people with genital herpes govern their ‘contagious bodies’, and the role played by notions of risk, responsibility and morality in the ways in which they manage sexual relationships. This analysis is underpinned by the Foucauldian concept of governmentality, and in particular the notion of technologies of the self by which individuals govern their own thoughts and behaviours.

Governmentality and the regulation of the contagious body

Foucault’s (1991) theorization of governmentality provides a useful theoretical framework for the analysis of the regulation of the contagious body of people with genital herpes. Here governmentality refers to the link between government and thought, where ‘government’ is defined as ‘a form of activity aiming to shape, guide or affect the conduct of some person or persons’ (Gordon, 1991: 2). Such government occurs through the interrelationship between practices of domination, and the ways in which individuals take up or resist these practices. Contemporary governmentality thus operates in the ‘contact between the technologies of domination of others and those of the self’ (Foucault, 1988: 19), where individuals govern themselves as well as being governed by others. Governing and managing the contagious body involves technologies of the self by which people with genital herpes constitute their subjectivity and experience themselves;

and govern their own thoughts and behaviours in relation to the contagiousness of the condition. Foucault defines technologies of the self as those practices and techniques:

which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and ways of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality. (1988: 18)

This conceptualization of technologies of the self is particularly relevant in researching the role of the individual in relation to ‘diseases’ such as genital herpes, for it can provide a ‘useful tool for bridging the split between the “inside” and “outside” produced and reified in ... the medical model [of disease]’ (Lester, 1997: 479). Central to Foucault’s conceptualization of technologies of the self is his theorization of the enfolding of authority, whereby individuals are understood to constitute their subjectivity and govern their own thoughts and actions through the enfolding of external authority (Deleuze, 1999). Thus people with genital herpes form an interior domain that can then be acted on in accordance with the information and advice of experts. This enfolding of authority occurs through the ethical government of the self.

Analysing the ethical self-government of people with genital herpes

There are four aspects to an analysis of the ethical self-government of people with genital herpes, namely *ontology*, *ascetics*, *deontology* and *telos* (Davidson, 1994; Dean, 1999; Foucault, 1992). These are the ‘four folds of subjectivation’ (Deleuze, 1999: 104). *Ontology* refers to the part of the person or his or her behaviour that is concerned with moral conduct, the *ethical substance* (for example sexuality, feelings, intentions or desire). This is that part of the person with genital herpes that will be ‘worked over by ethics’ (Foucault, 1997: 263). *Ascetics* forms the second aspect of Foucauldian ethics. This is the *self-forming activity*, the activity by which people with genital herpes can change themselves (such as moderating acts or eliminating desire). The third aspect of ethics, namely *deontology*, refers to the *mode of subjection*, or ‘the way in which people are invited or incited to recognize their moral obligations’ (Foucault, 1997: 264) (for example, divine law, natural law or rational rule). Finally, *telos* is the end point of ethics; that is, ‘the kind of being to which we aspire when we behave in a moral way’ (Foucault, 1997: 265) (such as a pure, immortal, free or self-mastering being).

These four aspects of ethics were used to analyse the interviews and brochures that comprised the texts for analysis in the study reported here. Through this analysis we were able to explore the ways in which people with genital herpes are governed, and govern themselves, within the context of the Sexually Transmitted Infections (STI) clinic. The focus of the study was

on what Foucault (1992) calls 'problematizations'. These are 'the everyday practices where conduct has become problematic to others or oneself' and the attempts to 'render these problems intelligible and, at the same time, manageable' (Rose, 1998: 26). The STI clinic is an important local context and site in which people with genital herpes are problematized and regulated, for it is here that they are diagnosed, and therefore 'named' as people with genital herpes and, potentially, as 'contagious bodies'.

In the study, interviews were conducted with 13 people with genital herpes and 10 doctors and nurses, who were recruited from two STI clinics located in one state in Australia. While there has been a tendency in the governmentality literature to draw on documents rather than research participants as sources of data (O'Malley et al., 1997; Petersen, 2003; Stenson, 1998), the use of interviews enabled us to explore what Stenson has called 'the messiness of human practices' (1998: 350). This was of particular importance, given our interest in exploring how people with genital herpes govern themselves in relation to the contagiousness of genital herpes. Two information brochures on genital herpes were also collected from the STI clinics. These clinics were purposefully selected as 'information rich sites' (Patton, 2002: 230) on the basis that they are the two principal local organizations that specialize in providing a variety of services in relation to sexual health to the community. Recruiting participants from such locales is a fairly common practice in STI research (Duncan et al., 2001; Pryce, 2000).

Formal ethical approval was gained from the university in which the research was conducted, and from the two participating STI clinics. The basic ethical values of integrity, respect for persons, beneficence and justice, as set out by the Australian National Health and Medical Research Council's National Statement on Ethical Conduct in Research Involving Humans (National Health and Medical Research Council, 1999), were attended to in this research. In the discussion to follow, all names of the participants have been changed and identifying information removed to ensure confidentiality and anonymity.

As stated previously, the texts were analysed using Foucault's (1997) ethics as a framework for analysis, in order to explore the technologies of the self by which people with genital herpes govern their contagious bodies. Such an approach allows us to scrutinize the ways in which the contagiousness of genital herpes is thought about and addressed within the STI clinic context. Through this critical process we hope to 'remove the taken-for-granted character of these practices' (Dean, 1999: 36), and highlight some of the (unintended) consequences of the technologies by which people with genital herpes govern themselves in relation to the contagiousness of the condition.

We begin the discussion with an exploration of the role played by notions of risk, responsibility and morality in the ways in which the STI clinics address the issue of the contagiousness of genital herpes. This is followed

by a discussion of the ways in which people with genital herpes enfold the authority of the clinics in relation to the ethical self-government of their contagious bodies.

Risk, responsibility, morality and the authority of the STI clinic

Central to the authority of the STI clinic over the contagiousness of genital herpes, which people with genital herpes enfold in the government of their contagious bodies, are notions of risk, responsibility and morality. These notions constitute the basis for understandings of 'irresponsible', and conversely 'responsible', sexuality within the clinics.

The notion of 'risk' has assumed prominence in contemporary western society in relation to the governance of many aspects of human life, with a number of authors pointing to the growing focus in contemporary neo-liberal forms of governance on the calculation and management of various risks (Brown, 2000; Brownlie and Howson, 2006; Petersen, 1996; Rothstein et al., 2006). Health and illness in particular are increasingly governed through this focus on risk (Galvin, 2002), and this includes sexual health and the regulation of sexually transmitted infections (Brown, 2000; Lupton, 1993).

The emphasis on risk and risk management in neo-liberalism has foregrounded concerns about individuals taking personal responsibility for their health, including their sexual health and sexual health practices (Fraser, 2004; Galvin, 2002; Pryce, 2001). Thus individuals with genital herpes are expected to take responsibility for the risks associated with the contagiousness of the condition. Such an emphasis on personal responsibility can be seen in the following passage from a brochure on genital herpes from Clinic A. The passage reads:

When condoms are used properly, they stop transmission of the virus across the skin that they cover. *If you do not have any blisters or sores, it is an individual decision whether to use condoms when having sex.* (Brochure, Clinic A, emphasis added)

Emphasis on individuals taking responsibility for their sexual health functions as a form of moral regulation by which certain behaviours that are deemed responsible are identified as 'good', while irresponsible behaviour is seen as 'bad' (Galvin, 2002). In relation to governing the contagiousness of genital herpes, morally responsible choices are those relating to safe sex (including, for example, condom use, and limiting the number of sexual partners), while unsafe sex is considered irresponsible and therefore immoral (Rhodes and Cusick, 2002). This was evident in the interviews with the doctors and nurses working in the STI clinics. As the following extracts demonstrate, while people with genital herpes are ostensibly free to make any choice with regard to their sexual behaviour, choosing the

wrong (i.e. non-‘safe’) option renders them susceptible to what we have termed the moral proscription of ‘irresponsible sexuality’, where certain forms of (irresponsible) behaviour are proscribed by health professionals through moralistic reasoning. This is particularly the case with regard to disclosure. In the following extract, Dr Dawson discusses how people with genital herpes ‘need to’ discuss the condition with a sexual partner: ‘you certainly need to discuss it with your partner because how would you feel if your partner had the condition and didn’t trust you or discuss it with you?’ Doctor Callen also presented disclosure as a moral issue: ‘I mean, if you’re a moral person, I suppose you would have to tell the prospective partner that you have had herpes in the past and that they might get it.’ The moral proscription of ‘irresponsible sexuality’, and the emphasis on individuals with genital herpes taking personal responsibility for managing the risks of contagion, reflects the authority and expertise of the STI clinics over the contagiousness of the condition. If they are to be seen, and to see themselves, as ‘responsible citizens’, people with genital herpes are ‘obliged to consult with numerous experts ... on whose advice they are bound, although increasingly as a matter of their own freedom’ (Petersen, 1996: 54). It is through the consultation of experts with the STI clinic context that the participants with genital herpes enfold the authority of the clinics.

However, as Petersen points out, acting on the advice of experts is not always a simple matter, for ‘in the area of risk assessment there is much disagreement between experts about: what constitutes a risk; levels of risk; how to respond; and so on’ (1996: 54). This is certainly the case with genital herpes, and the participants with genital herpes often complained about conflicting and confusing information on transmission provided by ‘experts’. Within this ‘wasteland of unknowns’ as Barry, one of the participants with genital herpes, put it in his interview, the participants felt that they were not presented with clear-cut strategies for dealing with the contagiousness of genital herpes. Hence the participants had to make their own decisions about how to engage in responsible practices of risk management, and about what constitutes ‘responsible sexuality’ in the first place.

The people with genital herpes interviewed for this study described engaging in ongoing practices of gathering information to help them make informed and responsible decisions about the transmissibility of genital herpes. Once they had accessed the information, it was up to the individual to assess the information and then act on it as self-regulating individuals. As Felicity put it in her interview:

... so I think that’s really important to make sure that if there is a potential to impact on other people, it’s better to have the information to make informed choices rather than decisions that you don’t take any responsibility for.

The regulation of the ‘contagious body’ thus presents as an ongoing ethical dilemma for people with genital herpes, which the participants attempted to address by engaging in the ethical government of the self. Using Foucault’s

four aspects to an analysis of ethical self-government outlined above, two predominant technologies of the self were identified that participants engage in when governing their contagious bodies. These are: the self-discipline of 'irresponsible sexuality', and engaging in 'irresponsible sexuality'. We turn now to discuss further the self-discipline of 'irresponsible sexuality'.

The self-discipline of 'irresponsible sexuality': regulating the risky self

We use the term 'irresponsible sexuality' to describe the engagement in sexual health practices that are understood by the medical profession to be risky with regard to the transmission of genital herpes. The self-discipline of 'irresponsible sexuality' is one technology of the self by which the participants with genital herpes governed their bodies in relation to the contagiousness of genital herpes. In engaging in practices of self-discipline of the contagious body, the participants prioritized the regulation of the risky self. This risky self is the deontology, or the mode of subjection of the ethical self-government of the contagious body.

The risky self presents as a risk to others in that, as a contagious body, it is capable of putting others at risk of contracting genital herpes. Participants' concerns about putting others at risk can be seen in the following extracts:

I think for me the understanding of risk is that I have the potential to expose somebody else to a virus that I have, and that that's not something that I want to do. (Felicity)

The fact that they would get it and there'd be symptoms that manifest painfully, they're going to feel diminished as a person because of it, that's my concern about passing it on. (Karl)

In managing their risky selves, it was important for participants to present themselves as responsible managers of sexual risk. The objective of the self as a responsible manager of risk is the teleology, or the goal sought, in the ethical government of the risky self. Debby, for example, identified herself as someone who takes seriously the responsibility of managing her risky self: 'I now see it as my responsibility to make sure that I don't put anyone else at risk, and I take that really very seriously.' In seeking this ethical goal of the responsible manager of risk, the contagious body of people with genital herpes is subject to technologies of the self in the form of self-discipline through the surveillance and normalization of 'irresponsible sexuality'.

Practices of self-surveillance are central to the operation of neo-liberal influenced government of risk, for the entrepreneurial subject is called upon to 'enter into the process of their own self-governance through processes of endless self-examination, self-care, and self-improvement' (Petersen, 1996: 49). The project of risk avoidance engaged in by people with genital herpes entails such practices of endless self-surveillance and self-examination, for

the self-management of the risky self is 'a technology of the self that is never ending, requiring eternal vigilance' (Lupton, 1999: 91). The ascetics, or the ethical work by which the participants with genital herpes governed their contagious bodies as risky selves, included the safe-sex practices of sexual abstinence, condom use and disclosure. In practising these various forms of ascetics the participants engaged in continuous self-surveillance of their risky selves in relation to safe-sex practices.

Participants described having continuously to monitor the degree to which they present as a risk to others in terms of transmitting genital herpes, and seeking up-to-date information on their risky selves. Abbie, for example, discussed spending six months seeking information on transmission and receiving conflicting information. Jack also engaged in practices of continuous self-surveillance of the risky self, describing himself as 'paranoid about [transmitting genital herpes to others] twenty-four-seven'. This paranoia resulted in an intense process of self-monitoring for the symptoms of genital herpes. Other participants, too, discussed the eternal vigilance over the symptoms of genital herpes that resulted from their fears of transmitting the condition to others. Debby, for example, described monitoring the appearance of symptoms in order to avoid sexual contact when the symptoms are present: 'I'm very, very careful not to ever have intercourse when there's any shadow of a doubt.' Avoiding sexual contact 'where there's any shadow of a doubt' requires individuals to be eternally attentive to the slightest indication that symptoms might be present. This monitoring is important, given the information that genital herpes is particularly contagious when the symptoms are present. In engaging in these practices of self-surveillance, people with genital herpes, in turn, engage in practices by which they attempt to normalize their sexual behaviour. In particular, they attempt to engage in practices of safe sex that have been established by 'experts' as the norm for responsible sexual behaviour. By enfolded these norms of behaviour, people with genital herpes aim to render themselves responsible (i.e. normal) managers of risk, which is the goal sought – the teleology – of the ethical government of the risky self.

The risky self: managing the risk to others

Disclosure was an important practice by which the participants managed the risks posed to others by their contagious bodies. For some participants, informing their sexual partners that they have genital herpes was an important behaviour that demonstrates that they are responsible managers of risk. Disclosure was understood as a means of ensuring that others could assess the degree to which they feel at risk, particularly given the uncertainty of information the participants felt was provided by experts. This allowed the participants to share with their sexual partners not only the decisions regarding risk management, but also the responsibility for these decisions and their outcomes, as Haley described: 'I ... have been meaning to go to get more up-to-date information particularly, not only for myself

... but what I need to tell people that are my partners [about] how at risk they are.'

Disciplining the risky self through disclosure is one way in which the participants could enfold the normalization of 'responsible sexuality' as promoted by the STI clinics. The use of condoms is another practice available to discipline the risky self, and is a heavily emphasized part of the safe-sex message promoted by the clinics. Participants engaged in complex processes for the management of condom use as a means of addressing the risk of infecting others. Given that there is conflicting information about the times at which genital herpes is infectious (be it during outbreaks or when no symptoms are present), the use of condoms becomes an important strategy of risk management for some participants: 'because the research I've done says, okay, you can have the symptoms ... or you can show no symptoms at all and infect ... which means you potentially always have to wear condoms' (Karl).

Participants like Barry and Jack described the risk of transmitting genital herpes to others as the most significant risk associated with being diagnosed with genital herpes. Given the extent of their concern, both of these participants stated that they would always use a condom because it would be the responsible choice. Unfortunately, these participants also have to contend with the information that it is possible to transmit genital herpes even when a condom is worn. The decision to use a condom is thus, in itself, rendered problematic, creating a dilemma with regard to what is the best means of protecting others from contracting the condition. Barry discussed this dilemma later in the interview: 'But then if you wear condoms it doesn't mean you're not going to get it either, so is there any point in wearing a condom?' While some participants stated that they would always use condoms, for others condom use is more intermittent. For example, Debby and Edith discussed the importance of using condoms around the time when symptoms are present to avoid the risk of transmitting herpes to their sexual partners.

The discussion of the use of condoms demonstrates that despite the participants' desire to be responsible managers of risk, it is difficult for people with genital herpes to manage their contagious bodies responsibly when they are unsure as to what is, in fact, safe sex. This uncertainty resulted in complexity and inconsistency in safe-sex practices, and even in behaviours that could be deemed extreme or obsessive. For example, when discussing his 'paranoia' about transmitting genital herpes, Jack stated:

I'll go to a mate's house or something but I won't be sleeping at his house and I won't be using his shower or anything like that, because I don't ever want to ever give it to someone, you know. ... I wash my hands 10 times after I go to the toilet before I touch anything in the house, you know what I mean?

Some participants noted that avoiding transmission required them to abstain from sexual relationships altogether. For as Malcolm suggested:

‘Yeah, when you’re realistic about it, the only way you can avoid it [genital herpes] is by not having sex.’

The practice of abstinence was in some cases adopted as a permanent practice. Jack, for example, described his future with genital herpes as being that of a ‘monk’. Similarly, Gail stated: ‘Knowing that condoms don’t protect everything and it can be passed on any time it’s sort of like my decision not to be with anybody.’ Other participants only practised abstinence in the period immediately following diagnosis while they attempted to gather information on the risk they pose to others.

The engagement by some participants in behaviours such as abstinence and continual hand washing is particularly interesting, given that these types of responses can be pathologized by the doctors and nurses in the clinics, as can be seen in the following extract:

[two clients have] gone on to develop full blown obsessive compulsive disorder because of concerns about cleanliness that are well out of perspective with reality ... this is not a terminal illness. And yet I guess I see this as a form of abnormal illness behaviour because it’s not rational ... (Dr Johnson, Clinic B)

This highlights an important (unintended) consequence of the focus on the self-regulation of the risks of transmitting genital herpes, for in attempting to discipline their risky selves in accordance with the message of safe sex, participants may paradoxically be led towards behaviours that are viewed pathologically by some members of the medical profession. This occurs from the participants’ need to be, and to present themselves as, responsible managers of risk. As discussed previously, this is the teleology (or goal sought) when people with genital herpes govern the risky self.

This concern with the risks posed to others contrasts with the second technology of the self we identified when analysing the texts. We have described this technology as the engagement in ‘irresponsible sexuality’, which relates to the governing of the ‘at-risk’ self rather than the risky self. While the participants with genital herpes engaged in practices for the self-discipline of ‘irresponsible sexuality’ when prioritizing the risky self, somewhat paradoxically they engaged in practices by which they justified ‘irresponsible sexuality’ when emphasizing the potential risks posed to the self – the at-risk self. This alternate formation of the risks associated with the contagious body is now discussed.

Regulating the at-risk self: engaging in ‘irresponsible sexuality’

The at-risk self refers to the deontology, or mode of subjection, by which people with genital herpes govern their contagious bodies through the emphasis on the potential risks the contagiousness of genital herpes poses to their self. In particular, when governing the at-risk self, participants with genital herpes highlighted their concerns about being stigmatized

and possibly rejected by others. For example, Camilla identified ‘telling someone [and] losing that person as a friend or a lover or whatever’ as being the biggest risk associated with genital herpes.

Understandings of the at-risk self stem, at least in part, from a common perception held by the doctors and nurses in the STI clinics that genital herpes is an insignificant medical condition. In particular, there is a tendency in the STI clinics to compare genital herpes to other forms of herpes simplex virus, such as cold sores and chicken pox, as a way of reducing the impact of the diagnosis. This view of genital herpes as an insignificant condition can be seen in the following interview extracts from a doctor and nurse in Clinic A:

genital herpes I see as an incredibly common probably sexually transmitted disease, which is medically not particularly significant, partly because it’s so widespread and we know there are relatively few complications about it.
(Dr Adams)

I guess what we’re trying to show people is that it’s, you know, most people aren’t worried about a cold sore on their lips so why would they be worried about a cold sore on their genitals? (Nurse Barton)

This notion that genital herpes is an insignificant condition can lead to the sense that the engagement in safe-sex practices (particularly disclosure, and to some extent condom use) is not only pointless but puts the self at unnecessary risk psychosocially. Furthermore, minimizing the risks of transmission is in itself difficult, making it easier for people with the condition to prioritize minimizing the psychosocial risk to themselves rather than minimizing the risk to others when governing their contagious bodies. As a result, some participants engaged in ‘irresponsible sexuality’ in order to protect themselves from the risk of stigmatization and rejection. The justification of the engagement in ‘irresponsible sexuality’ is the second technology of the self by which the participants with genital herpes governed their contagious bodies.

The sense of pointlessness in attempting to protect others from contracting genital herpes is evident in some of the interviews with the doctors and nurses working in the STI clinics. For example, in the following extract, Dr Irish describes as unrealistic the desire for clients of the STI clinic to expect ‘zero risk’ in relation to genital herpes:

even with using condoms and even with taking protection not to have sex during the blisters ... there’s still a risk that you might actually get herpes from someone. ... you can be as careful as you can possibly be and there’s still not a zero risk.
(Clinic A)

Nurse Evans also discussed the difficulty of protecting against genital herpes through condom use, describing using a condom as ‘almost the best you can do’ (Clinic A). These quotations suggest that while the message is there to practise safe sex, doing so is not necessarily going to protect a person from

contracting genital herpes. There is thus a sense that the transmission of genital herpes is uncontrollable. Nurse Barton, for example, identified ‘just anyone who’s having sex’ (Clinic A) as being at risk of contracting genital herpes.

By emphasizing the difficulty, and to some extent the impossibility, of protecting others from contracting genital herpes, and emphasizing the biomedical insignificance of the condition, an ambiguous message is being sent to people with genital herpes. Karl discussed his experience of this ambiguity of the health professionals in the STI clinic, expressing incredulity at what appeared to him to be total disregard of the risk of transmitting genital herpes to a sexual partner: ‘The doctors are all saying “well what’s the point of telling anyone?” ... So it was almost, without [actually] saying it, the doctor was saying “who cares if people get infected with it, it’s not that big a deal?”’ Thus when people with genital herpes attempt to govern their contagious bodies by enfolded the authority of the STI clinics, they are confronted with these ambiguous messages and have to make their own decisions about how best to manage the risks associated with the contagiousness of genital herpes. This means that people with genital herpes can prioritize the regulation of the at-risk self rather than the self that poses a risk to others.

When regulating their at-risk self, the participants prioritized their concerns that engaging in safe-sex practices, such as condom use and disclosure, would put them at risk of stigmatization and rejection. Camilla was particularly concerned about being stigmatized, and discussed her decision not to disclose as follows: ‘[The doctor] said to me “you need never, ever, ever tell anyone that you’ve got it”, and that’s in the back of my mind, I think “oh well, I don’t”.’

Abbie also emphasized her at-risk self when she discussed the risks associated with using a condom. She described being concerned that insisting that a sexual partner use a condom would make him suspicious, and ultimately render her open to being rejected. Ingrid, too, saw herself as being at risk by practising safe sex through condom use and disclosure:

there have been times when I’ve found it very difficult to get men to wear a condom and they’ve started to have sex without them ... I’m not going to disclose at that stage. ... it can be tricky because you don’t want to put yourself in danger. ... I wouldn’t disclose for a one-night stand for my own safety.

The above extracts demonstrate the prioritization of the at-risk self (in terms of being at risk of stigmatization, rejection and even physical danger) over the risky self (i.e. being a risk to others). As an at-risk self, participants engaged in technologies of the self to minimize the psychosocial risks associated with genital herpes, rather than minimizing the risk of transmission to others. The teleology, or goal sought, in the ethical government of the at-risk self is regaining the identity of a sexually desirable (and thereby normal) person. The participants identified that this identity was one that potentially was lost as a result of being diagnosed with genital herpes. Lara

expresses this concern about losing her identity as a desirable person in the following extract: 'And the whole thing about sex bothers me and in how I perceive myself as a bonkable person, or a girlfriendable person, there's probably some lowering of self-esteem in those areas.'

Abbie discussed her engagement in a casual sexual encounter without the use of condoms, describing it as an important process by which she was able to regain her sense of femininity and desirability:

I had to prove that, yes, you can touch me here, yes you can touch me there, yes you can do this in this position ... so I'm very grateful to him that he allowed me to do that even though he's walking around in ignorance and I knew that I was safe and I've maintained myself on the antivirals and yeah that sort of stuff, but I didn't always use a condom.

Camilla, too, placed the pursuit of sexual fulfilment within the domain of healthy, normal behaviour, with safe-sex practices in the form of condom use and reducing casual sexual encounters being of secondary importance:

I just put it [herpes] out of my mind. I just don't worry about it. I mean, maybe I'm being ... careless or whatever but I do have sex without condoms. ... I sort of think to myself 'oh well I don't care, I don't care if someone gave it to me so if I give it to someone and they come back to me I'll just deny it was me.' Which I suppose is not really the right attitude.

In seeking this goal of sexual desirability the participants resisted the message of safe sex and rejected the moral proscription 'irresponsible sexuality' promoted in the STI clinics. The practices (or ascetics) engaged in by participants as a means of regaining their identity as a sexually desirable self included non-disclosure to sexual partners, failure to use condoms and the engagement in casual sexual relations – practices we have termed 'irresponsible sexuality'. Such practices can be identified as 'irresponsible' or unsafe in terms of the risks they pose for the transmission of genital herpes to others.

Unease with the at-risk self

Despite these efforts of justification, however, the participants were not entirely comfortable with these 'inappropriate' risk management practices. As Rhodes and Cusick have pointed out, 'unprotected sex is not morally neutral but subject to competing interpretations of risk acceptability and moral responsibility' (2002: 211). For example, Abbie later justified her actions on the basis of her perceptions that her sexual partner was promiscuous anyway – 'he'd like a bit of a fling and then move on to someone else', and she thus felt that it was legitimate for her not to disclose or use protection. Given her perception of his 'immorality', she did not feel the need to behave 'morally' towards him. Camilla was more direct in describing her behaviour as inconsistent with current norms and practices, when she stated that not using a condom and not caring if she transmits the condition is 'careless', and 'not really the right attitude'.

With these competing interpretations of what constitutes morally responsible behaviour and acceptable risk at play in the regulation of the contagious body, moral decisions relating to the status of the particular sexual partner are made as to whether to prioritize the risky or at-risk self. This was evident in Abbie's justification discussed above. In particular, different practices are promoted and engaged in depending on whether the sexual partner is a permanent or a casual partner, with more protection being offered to a permanent (or potentially permanent) partner. The participants in the genital herpes group discussed making different decisions about safe-sex practices depending on the nature of the sexual encounter:

Comes down to if I spend a bit of time with this person and then I just think 'oh yeah, I like this person more than just a f...' and I want something, to take it further, the whole relationship thing further ... so I basically only tell people that, you know, I want them in my life. (Malcolm)

I don't think you need to disclose yourself to every one-night stand you ever have in your whole life you know. (Ingrid)

As these extracts demonstrate, when a sexual partner is seen as a casual sexual encounter, the participants take responsibility for protecting themselves from stigma rather than taking responsibility for protecting others from contracting the condition.

By prioritizing the at-risk self, the participants engage in technologies of the self with the goal (or teleology) of being desirable or normal people within the context of a sexual relationship. In doing so, they are able to justify the participation in 'irresponsible sexuality' that, while it may not protect sexual partners against transmission, it does protect the person with herpes from the potential psychosocial impact of the condition. This technology of the self by which the contagious body is governed is enabled by the emphasis on the self-management of risk in the STI clinic context, and the ambiguous approach to contagion within the clinics. This has implications for the way genital herpes is talked about and managed in the context of the STI clinic. We turn now to explore some of the implications for practice arising from our discussion of the regulation of the risky and at-risk self by people with genital herpes.

Technologies of the self and implications for practice

The first implication of this study relates to the operation of disciplinary power over the contagious body, which results from the enfolding of the authority of the moral proscription of 'irresponsible sexuality'. As an outcome of this enfolding, people with genital herpes not only discipline their contagious bodies by engaging (or attempting to engage) in safe-sex practices, they also at times engage in practices that may be deemed excessive or obsessive by the medical practitioners in the STI clinic.

Thus, while medical practitioners may be aware of, and concerned about, alleviating psychosocial difficulties experienced by people with genital herpes, they may paradoxically be part of the cause of these experiences, at least to some extent, through their emphasis on the self-regulation of risk.

A second implication for the management of the contagiousness of genital herpes relates to practices of resistance engaged in by some participants with respect to the moral regulation of 'irresponsible sexuality'. This resistance takes the form of the justification of the engagement in unsafe sex practices, which could have the outcome of transmitting genital herpes to a sexual partner. Thus, while the STI clinics heavily promote safe sex, the emphasis on the self-regulation of risk can potentially result in the justification of the failure to practise safe sex. Given the high rates of genital herpes worldwide, and in particular the possibility that people with genital herpes may be at increased risk of contracting HIV, this justification for practising unsafe sex is of concern.

A third implication for the management of the contagious body within the STI clinic context relates to the use of services. The emphasis on the self-management of chronic conditions aims, at an economic level, to reduce the use of health services by this group of clients/patients (Wilson, 2001). Yet the ethical dilemma experienced by people with genital herpes means that the emphasis on the self-management of risk can in fact lead to an increase in the use of services. The uncertainty of the risks relating to genital herpes leads to people being dissatisfied with the health services being offered by the clinics. In their attempt to gain more information, people with genital herpes regularly contact the clinics for information. The doctors and nurses who participated in our study noted this increased use of services, expressing frustration at the amount of time taken up by people with genital herpes. Wilson has also noted the increased use of services that may result from the emphasis on self-management within contemporary medical practices, stating: 'Paradoxically, initiatives ... which [encourage] active participation in self-management, and as such should reduce demand on resources, are often seen by professionals as increasing resource usage by the creation of more demanding patients' (2001: 140). This paradox highlights the value of critique in an analysis of health care practices, for without such critique, these unintended consequences may not be exposed. The frustration expressed by the health professionals is in itself paradoxical, given that seeking information and enfolded the authority of expert knowledge is fundamental to contemporary practices of governance.

Concluding comment – opening up rather than closing off possibilities

This article has offered a contribution to our knowledge about genital herpes by providing an exploration of the technologies of the self by which people

with the condition govern their contagious bodies. We have suggested that there are two technologies of the self able to be identified from an analysis of the texts, namely the self-discipline of 'irresponsible sexuality' through the prioritization of the risky self, and the engagement in 'irresponsible sexuality' through the prioritization of the at-risk self. There are important implications for the management of the contagious body within the STI clinic context arising from such analysis.

Central to these implications is the point that while the value of emphasizing personal responsibility for the management of the contagiousness of genital herpes may appear self-evident to the health professionals in the STI clinic context, this study has highlighted some of the (unintended) consequences of such an approach to risk management. Thus an analysis of the technologies of the self by which people with genital herpes govern their contagious bodies is more than an analysis or critique of practices of self-regulation. It also allows the removal of the taken-for-granted character of these practices. Understandings of the risky and at-risk self thereby create a space for the emergence of alternate practices for addressing the contagiousness of genital herpes.

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Author biographies

CANDICE OSTER completed her BA (Hons) in psychology at the University of Adelaide in 1997. In 2003 she completed her PhD in health at the University of South Australia, where she explored the regulation of people with genital herpes within the discursive field of the STI clinic. She is currently researching climate change from a governmentality perspective.

JULIANNE CHEEK is a Professor at the Institute for Nursing and Health Sciences: Section for Nursing Science at the University of Oslo and Director of the Centre for Research into Sustainable Health Care at the University of South Australia. She has a long-term interest in qualitative research methods as well as the application of postmodern approaches to understandings of health and health care.