Sexual practice, the commercial internet and public health

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This paper addresses connections between sexual practice, the commercial internet and public health. It is known that the internet has sexual uses. For example, e-dating and social networking websites address sexual desires and romantic longings. Less obvious is the trademarking focussed on ensuring that these internet-based mediations of sexuality are passed into private ownership. Commercial organisations have also combined the internet with biotechnologies relevant to sexual practice, as in the case of Viagra. These forms of mediation extend the internet to the biotechnological manipulation of sexual embodiment and embed biotechnologies in the information economy. Further, commercial organisations have begun to use this affinity between the internet and biotechnology to address sexually transmitted infections and HIV. These developments reflect a particular intensification and exploitation of the emphasis on sexual self-regulation in contemporary society. I will argue that this emphasis on sexual self-regulation provides a pattern for the operation of the commercial internet. This pattern also permits the commercial colonisation of public health attending to sexually transmitted infections and HIV, with implications for the general case of technologically-mediated health care.
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Introduction

The commercial exploitation of sexuality is not new and it is no surprise to find that internet-based expressions of sexuality have been turned to commercial profit. Indeed, it is said that the ‘theft’ of the domain name sex.com involved millions of dollars and lengthy court cases in the United States. However, the commercial internet has also found value in public health, particularly in relation to concerns such as sexually transmitted infections and HIV. In this paper, I will address these developments and make an argument that public health is being incorporated into commercial activity through notions of sexual practice as a domain of self-determination and hope for the control of sexually transmitted infections and HIV through the biotechnological rationalisation of sexual relations.

There is a well-developed literature that has recognised the significance of the internet and biotechnologies for contemporary forms of public health governance. Rose has made note of “informational biocitizenship” (2007: 135) in relation to the circulation of biological knowledge regarding the self, for example, advocacy groups for breast cancer and HIV. In relation to internet-mediated drug treatment, including Viagra, Fox and Ward have attended to the: “. . . increasingly industrialised, technology-driven, consumer oriented and media saturated global health and illness economy” (Fox & Ward, 2006: 477). Examples are: Glaxo’s depression.com, which advises users with regard to the daily management of depression and the consumption of drug treatment; and Pfizer’s viagra.com, which assists users to self-diagnose and access treatment for erectile dysfunction. Based on interviews with cancer patients, observations of clinical encounters, and analysing the online communication of an
internet network of bone marrow transplant patients (*BMT-talk*), Delvecchio-Good has argued that high-tech medicine is understood as “soteriological” (2001: 407). We can recognise this salvation imperative as the meta-narrative of TV medical soaps, health news reporting, the accounts of clinicians, and stories of lived experience. Delvecchio-Good made the point that commercial organisations draw on this salvation imperative to secure their position in the biotechnology economy. In this paper, I assume that the mixing of internet and biotechnology in connection with sexual practice is a case of informational biocitizenship, inflected with both commercialisation and the salvation imperative of hi-tech medicine. But as we shall see, this case may represent a particularly significant form of informational biocitizenship precisely because it refers to, and extracts value from, sexual self-governance. Further, this nexus of technology, sexuality, and commerce may be reshaping, or at least raising questions over, public health governance in relation to such concerns as sexually transmitted infections and HIV.

To make this argument, this paper first reflects on examples where commercial organisations have addressed the sexual uses of the internet. Next, with reference to biotechnologies relevant for sexual practice, I consider how self-regulation is seen to be pivotal in the connections between sexuality and technology. With reference to a product called *safesexpassport.com* and related examples, the last section discusses how the internet and biotechnologies impinge on the formation of sexual relations with implications for sexually transmitted infections and HIV. Such examples express efforts to rationalise technologically mediated sexual sociality through a somewhat inchoate mix of commercial enterprise figured around sexual self-regulation and public health governance.
**CK IN2U and the invention of ‘technosexuality’**

For some time, commercial organisations have been interested in the links between sex and technology, recognising opportunities for the profitable exploitation of sexual desire and romantic longing. As Castells pointed out, the French Minitel system of the late 1980s, a precursor to the internet as we know it, was said to have been sustained because men and women used it to organise dates and sexual liaisons (2000). As I will argue, commercial activity has recently brought ‘technosexuality’ into being as a trademark, underlining investment in the profitable intersection of sexual practice and technology.

In 2007, Calvin Klein applied to trademark the term ‘technosexual’, as have several other organisations. Calvin Klein did this because of their marketing for a new fragrance called CK IN2U. The marketing addressed the practices of using the internet and SMS texting for sexual and romantic partnering among the so-called ‘millennial generation’ (Wilson, 2007). The advertising for the campaign included a (now defunct) social networking website (whatyouarein2.com) and a YouTube advertisement in the style of Second Life (see: youtube.com/watch?v=4y9vy85Cfwg). This interest in technosexuality underlines the commercial exploitation of the relationship between sex and information technology. Arvidsson has made a similar argument in an analysis of personal profiles posted to Match.com, said to be the largest e-dating website measured in number of subscribers and revenue (2006). Arvidsson argued that e-dating is a prime example of informational capitalism, which gives precedence to the extraction of commercial value from social relating in general. But we can also recognise that such use of technosexuality is productive of
sexuality. For instance, the term technosexual provides a way of addressing sexual alterity, permitting reference to sexual and romantic life that exists outside heteronormative domesticity. Like metro- and retro-sexual, technosexual invites an engagement with sexual difference, a strategy that Calvin Klein has used before. The publication of Calvin Klein underwear advertisements in the 1980s featuring beautiful men was meant to appeal to women, gay men, and other homosexually interested men (Bordo, 1999). In this regard, we can say that commercial activity is intensely productive of sexual pleasures and identities, not least at the intersection of sexual desire and technological changes in communication practices.

**Viagra.com and self-regulation**

A trademarked, productive technosexuality is attractive to commerce. It can also be argued that the productive and profitable features of the sexuality/technology/commerce nexus extend to pharmaceuticals. Further, a central figure in this nexus appears to be a self-regulating individual who has dominion over pleasurable, sexual embodiment.

As I have noted, the example of Viagra.com reflects an attempt to address men with erectile dysfunction and their partners. It can be argued that such a combination of Viagra and internet technology gives rise to what could be taken as the ideal biotechnology consumer (Webster, 2007). Such internet-based Viagra users are not tied to traditional forms of health care. They can decide on their own if they need treatment and, in some circumstances, access it without having to see a doctor. However, Marshall has pointed out that even the clinical forms of the prescribing of Viagra decentre the patient-doctor relationship (2002). For fairly obvious reasons,
erectile dysfunction is necessarily diagnosed by 'self-assessment', even in consultation with a doctor. The dysfunctional erection is itself rarely an object of scrutiny in clinical consultations. This practice means that the private domain of sexual experience helps form a relationship between the self-determining patient-as-consumer and the sale of treatments for erectile dysfunction. In this view, internet-based self-prescribing only extends, or hyper-technologises, an a priori configuration of patient-doctor-producer concerning Viagra. Marshall argued that this reconfiguration of the social relations of patients and doctors and its association with the internet is a duality. It leads to a distortion and possible collapse of medical authority in the area of sexuality. But it also contributes to the ‘un-mooring’ (Marshall, 2002) and circulation of biotechnologised notions of sexual embodiment, ready-made for corporate profit.

This pattern of Viagra-related consumption resembles another form of sexuopharmacy, the contraceptive Pill. Among other concerns, Cook has argued that the introduction of the Pill in the United Kingdom demonstrated the importance of sexuality to the social relations of patients, medical practitioners, and commercial organisations (2005). Because the Pill required a prescription and therefore a consultation with a doctor, it forced a relationship between medicine and sexual practice, seemingly reinforcing medical power over sexuality. However, Cook revealed a countervailing perspective where paternalism and moral constraint ironically produced a very different arrangement of sexual action, biotechnology and medical care. Medical practitioners were at first reluctant to prescribe the Pill on the grounds that scant state resources should not be used for facilitating sexual intercourse for pleasure, as opposed to purposes of procreation which was seen as
more in keeping with a biomedical oeuvre. This reluctance meant that for a time women had to fund their own prescriptions for the Pill. Sexuality, and specifically sexual pleasure, for a time was placed outside legitimate medical care, and therefore positioned as a domain of self-determination. Cook’s account therefore gives the impression of the reconfiguration of medical authority over sexual bodies, but without a lessening of the importance of the biotechnology itself. Significantly, the view that sexual pleasure is a private domain, or even vice, and therefore the province of self-determination, is one of the assumptions that gives rise to the decenring of medical authority in the example of the Pill. The examples of the Pill and Viagra also suggest that the sexuality-technology connection is not marginal to, or simply one of the attributes of, technologically-mediated societies. Because it strengthens the relationship between consumers and providers, the joining of pleasure oriented self-regulation, technological innovation, and commercial activity may provide a foundational pattern for technological mediation in general.

**safesexpassport.com and other ‘innovations’**

These links between sexuality, technology and commerce extend to biotechnologies that have implications for sexually transmitted infections and HIV. The internet and biotechnologies have affinities to do with the production and circulation of knowledge regarding the health of individuals. For example, it has been argued that both bone densitometry and the internet are ‘information technologies’ because they each provide knowledge important to considerations of hormone replacement therapy (Green et al., 2006). As we will see, combined with the emphasis on sexual self-regulation, the affinity between the internet and biotechnologies is expressed rather keenly in the area of sexually transmitted infections and HIV. Like the examples I
have already discussed, commerce has begun to exploit such emphases and affinities.

*Safesexpassport.com* is an online subscription service that combines bio- and internet technologies. Individuals who use dating websites, and other forms of online interaction, can subscribe to a service that compiles the results of their tests for sexually transmitted infections. Potential partners can be given an access code that allows them to find out the subscriber’s test results. Users can therefore gain access to knowledge of the sexual health status of potential dates and presumably make decisions concerning whether or not to have sexual intercourse, or perhaps whether or not to use condoms. Strategies such as these demonstrate how the internet can be used to circulate knowledge concerning the sexual health status of the individual. They represent an attempt to control the transmission of sexually transmitted infections and HIV through the biotechnological rationalisation of sexual interaction. The example of *safesexpassport.com* also suggests that public health is being colonised by commercial organisations. Of course, such commercialisation would not be startling to even a casual observer of health policy in affluent countries. What is significant in this example is the commercial interest in the combination of the internet and biotechnology, applied to the rationalisation of sexual sociality and mobilised through an appeal to a self-governing sexual subject. *Safesexpassport.com* thus represents a variation on technosexuality extended to public health. *Safesexpassport.com* also signifies new kinds of social relations in public health, or at least, a strengthening of the connection between internet-users and commercial providers.

*Safesexpassport.com* is not an isolated example. Public health practitioners have themselves argued for compliance interventions in e-dating websites (Levine &
Klausner, 2005). Based on the methods of tobacco control, the compliance based approach would see the regulation of commercial e-dating websites for the pursuit of public health, including: taxing them and using the funds to develop interventions; and requiring that websites carry health hazard warnings, health education advertising, and sexual health advice. Complying websites would be given a sexual health ‘seal of approval’. Importantly, compliance advocates also argue that websites should include sexual health descriptor fields in online profiles so that e-daters can indicate their health status, including information regarding their history of sexually transmitted infections, HIV serostatus, genital herpes and warts (Levine & Klausner, 2005: 55).

The compliance approach resembles the practice of so-called, internet-mediated ‘serosorting’ in the area of HIV. Sero-sorting pertains to having sex without condoms with someone of (or assumed to be) the same HIV anti-body status. There is some evidence for such sero-sorting among gay men in several cities across the globe (Elford, 2006). Some gay men’s e-dating sites are constructed so that users can indicate their approach to safer sex (gaydar.com) or their HIV serostatus (manhunt.net). These uses of websites reflect the coding property built into internet technology. But they also inspire a vision of sexual relating mediated by a specific combination of bio- and internet technology. Not surprisingly, serosorting as a public health strategy for HIV is the subject of strenuous debate (Race, 2003). It is also likely that since the beginning of the epidemic, gay men have used knowledge derived from the HIV antibody blood test in their HIV prevention practices (Kippax & Race, 2003). However, examples such as safesexpassport.com and compliance interventions in e-dating websites suggest that the commercial exercise of the techno-rationalisation
of social relations may be a gathering force in the shaping of public health in technologically-mediated societies.

**Conclusion**

This paper has focused on commercial interests in internet-based sexual sociality and intersections with biotechnologies. As I have argued, the articulation of sexual practice, the internet, and public health gives rise to forms of informational biocitizenship influenced by commerce and the hope for salvation that mobilises hi-tech medicine in general. However, this paper has drawn attention to the ways in which such informational biocitizenship is organised around a notion of the self-regulation of sexual desires and pleasures. This emphasis on sexual self-determination provides a governmental strategy that extends commerce and that, via a combination of the internet and biotechnologies, connects with attempts to purify sexual sociality of concerns such as sexually transmitted infections and HIV. A key issue in these developments is the way in which the notion of public health is entered into modes of informational capitalism that stress self-regulation and the technologically-mediated rationalisation of social relations. I argue for closer attention to the benefits and drawbacks of this commodification of public health in relation to sexually transmitted infections and HIV. I also suggest that the notion of the self-regulating, desiring subject combined with the prospect of the techno-rationalisation of social relations provides a compelling, perhaps irresistible, justification for the commercialisation of the general case of contemporary health governance. This dynamic is also worthy of critical inquiry.

**References**


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