

“THERE’S NO EASY WAY TO SAY THIS...”: STD PARTNER-NOTIFICATION  
IN THE DIGITAL AGE

by

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APPROVAL PAGE

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ABSTRACT

This thesis explores the online sexually transmitted disease partner-notification service, InSPOT, found at [ww.InSPOT.org](http://ww.InSPOT.org). McLuhan & McLuhan’s (1988) concept, the tetrad, and Foucault’s (1978) concept of reverse discourse are used as theoretical perspectives which provide a rich analysis of both the form and content of this innovative disclosure method. This study argues for the importance of analyzing both the form and content of online communication. Also, this thesis suggests that scholars should consider the importance of values as a part of tetradic analysis, so that artifacts are not merely charted but judged. Further, this study develops, establishes, and enlarges the concept of reverse discourse as a resistance strategy for marginalized individuals. Five themes of reverse discourse are identified in the content of InSPOT. These are as follows: a message of no change, promotion of multiple partners, evasion of responsibility, diminishment of sexual intercourse, and loose testing encouragement. Ultimately, InSPOT allows individuals to take responsibility but diminishes accountability. Both theoretical and practical conclusions for the use of this online partner notification service are drawn.

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## CHAPTER ONE

### Introduction: InSPOT and Sexually Transmitted Diseases

Despite health officials' attempts to stem the tide of sexually transmitted diseases, they are continuing to rise dramatically in the United States. Each year approximately 19 million new cases are diagnosed in the United States alone (Center for Disease Control, 2005), with national reporting rates 50-100 times higher than any other industrialized country (Center for Disease Control, 1996). Even more alarming statistics show that more than half of all sexually active people will have an STD at some point in their life (Center for Disease Control, 2004b). These numbers indicate that a substantial portion of society will have to deal with a sexually transmitted disease directly, by their own diagnosis, or indirectly, through the diagnosis of family and friends.

Sexually transmitted diseases carry physical, emotional, and financial costs. Physically, STDs are the cause of a variety of problems; among them are acute pain, prostate problems, urethra scarring, pelvic inflammatory disease, neonatal deaths, difficulty in conceiving a baby, and genital sores linked to easier HIV contraction (Center for Disease Control, 1996). Further, STDs are responsible for 29,745 deaths annually, which equates to 1.3% of the national death rate (Ebrahim, McKenna, Marks, 2005, p. 38). Emotionally, people with an STD/HIV face stigma, rejection, depression, loss of intimacy, personal threats, uncertainty, confusion, anxiety, and stress (Green & Smith, 2004; Parsons, VanOra, Missildine, Purcell, & Gomez, 2004). While these diagnoses carry significant emotional and physical impacts, they also cause substantial economic tolls, adding an estimated 14.1 billion dollars annually to

people's health care costs (Center for Disease Control, 2005), with medical care for youth who have sexually transmitted diseases costing an estimated \$6.5 billion dollars in 2000 (Chesson, Blandford, Gift, Tao, & Irwin, 2004). Sexually transmitted diseases are costly, as money must be spent on testing, doctor's visits, and treatment, let alone the 1.3 billion federal dollars that are spent each year on STD/HIV programs (Center for Disease Control, 2004a).

Regardless of these costs and a plethora of campaigns designed to encourage condom use and abstinence, such as MTV's Think, National Institute of Allergy and Infectious Diseases, American Social Health Association, and Planned Parenthood, the top three sexually transmitted diseases are continuing to rise. The most commonly reported infectious disease is chlamydia, with 2.8 million new cases in the United States each year, a 5.1 percent increase from 2004 to 2005 (Center for Disease Control, 2005). Between these same years, gonorrhea cases increased slightly and syphilis cases increased 11.1 percent (Center for Disease Control, 2005). While these increases may not be from a rise in transmission rates alone, as new diagnosing techniques and increased testing may be an influencing factor in larger reported numbers, the statistics are nonetheless baffling as new campaigns pushing condom use and abstinence do not seem to be stopping the spread of STDs. These numbers show the pandemic that public health officials must combat, and consequently, scholarship and research in this area is necessary as a means of understanding innovative ways to curb transmission rates.

With the rise in STDs, there is a significant rise in the number of people faced with the decision of whether to disclose to sexual partners, health practitioners,

family, and friends. Disclosure is a process that may hold cathartic benefits or great stigma and shame for individuals. While the exact number of partner disclosures of STDs/HIV is unknown, studies show that disclosure practices vary and are less than promising. Hutcheson, Thied, & Golden (2004) in a study of HIV disclosure of men who have sex with men found that only 61 percent of participants discussed their HIV status with their most recent sexual partner, and only 33% knew their partners' status before engaging in sexual intercourse. While this is just one study among many, other studies confirm these spotty disclosure results (Stein & Samet, 1999; Petrak, Doyle, Smith, Skinner, & Hedge, 2001; Derlega, Winstead, Greene, Serovich, & Elwood, 2002; Parsons, VanOra, Missildine, Purcell, & Gomez, 2004; Rosengard, Anderson, & Stein, 2006). Dr. Jeffrey Klausner, director of STD Prevention and Control Services at the San Francisco Department of Public Health, estimates that as many as 93 percent of people potentially exposed to an STD are not told by their sexual partner (Harris, 2005).

HIV/STD disclosures are important as Parsons, VanOra, Missildine, Purcell, & Gomez (2004) suggest that disclosure to sexual partners is critical, as “it facilitates the involvement of both parties in the sexual decision making process” (p. 460). Unlike other health disclosures, an STD/HIV disclosure directly involves the sexual partner’s own health, and thus becomes more emotionally and physically significant than other types of health disclosures. Encouraging partner notification may be one of the most important means for preventing the spread of STDs. The Center for Disease Control (2001) explains that “the ability to motivate patients to voluntarily disclose information about their partners and others is central to the success of disease

control and prevention” (p. PS-11). American Social Health Association research confirms disclosures’ importance, as it reports that discussing STDs with a partner is positively associated with STD prevention behaviors (State of the Nation, 2005, p. 11). Thus, encouraging partner disclosure may be a significant step in slowing the spread of disease.

The problems associated with disclosure, such as shame, embarrassment and awkwardness, make these disclosures difficult (Ostrom, 2006; National Public Radio, 2005). In fact, according to an Institute of Medicine report, talking about sex may require greater intimacy than the actual act of sexual intercourse itself (Ostrom, 2006). Traditionally, the Department of Public Health takes up the task of partner-notification, by requesting contact information from infected individuals and then informing the contacts through phone calls, e-mail, or in person, while maintaining patients’ privacy (Harris, 2005). Whether by email, traditional mail, or answering machine, the message is generally “Please call the San Francisco (City Name) Department of Public Health about an important medical matter” (Russell, 2006). “Eighty percent of people diagnosed with an STD choose not to give the information to the DPH” explains Deb Levine, from the Internet Sexuality Information Services, and later on shame and denial take over and the patients never disclose (Harris, 2005). Consequently, health officials have turned to new methods to ease the fears associated with disclosure, without individuals turning over their personal information to the public health department.

One innovative approach to minimizing the stress of such an intimate disclosure, and hopefully ultimately slowing the spread of STDs and HIV, was created by the Internet Sexuality Information Services. In 2004, they launched a partner notification website, aimed primarily at gay and bisexual men, known as InSPOT, which stands for Internet Notification Service for Partners or Tricks. The website, found at [InSPOT.org](http://InSPOT.org), allows people to send anonymous or personalized e-cards to their sexual partners to alert them that they may have been exposed to a sexually transmitted disease or HIV and should seek testing.

Since its inception in 2004, InSPOT has expanded to nine cities and states nationwide, and one international country, with officials in Florida, Maryland, New York and British Columbia also considering the project (InSPOT.org, n.d; Martinez, 2005, p. 1). It has grown to encompass all audiences, not just gay and bisexual men. There are now 339 links advertising InSPOT on the web as a viable disclosure option, such as the Colorado Aids Project ([www.coloradoaidsproject.org](http://www.coloradoaidsproject.org)), Buck Syphilis Campaign ([www.bucksyphilis.org](http://www.bucksyphilis.org), n.d.), Yahoo Health Directory ([dir.yahoo.com](http://dir.yahoo.com), n.d.), the National Association of County and City Health Officials ([www.naccho.org](http://www.naccho.org), n.d.), and Philadelphia's Lesbian, Gay, Bisexual, and Transgendered Health Center ([www.mazzonicenter.org](http://www.mazzonicenter.org), n.d.). The service has been recognized by both National and International Press, such as *USA Today* (San Francisco Turns, 2005), *San Francisco Chronicle* (Herel, 2004), *Houston Chronicle* (Martinez, 2004), *Seattle Times* (Ostrom, 2006), *The Independent* (Gumbel, 2005), *Salon Magazine* (Harris, 2005), and *National Public Radio* (Brand, 2005). All of this press coverage has increased InSPOT's visibility to people who may be in need of the service. In fact,

according to the program's director, Deborah Levine, over 750 people visit the website each day, and at the San Francisco website alone, over 49,000 e-cards were sent within the first two years of operation (D. Levine, personal communication, November 28, 2006).

The creators started the website in response to the rise in syphilis among gay and bisexual men in San Francisco, California. To create the website, a focus group was conducted, and it became clear that men generally told their primary partners when they were diagnosed with an STD, but not their casual sex partners. The men indicated that they would tell their casual sex partners if there was an easy and convenient venue for disclosure (D. Levine, personal communication, November 28, 2006). Thus, InSPOT became the easy and convenient method.

Not only is InSPOT a relatively simple means of disclosure, but the e-cards are also not what one may expect, as they are not sterilized health messages; in fact, they are quite the opposite. One card reads, "I got screwed while screwing you might have too. Get checked for STDs if you haven't recently" (see Appendix A). Another says, "You're too hot to be out of action. I got diagnosed with an STD since we played. You might want to get checked too" (see Appendix B). Both of these messages illustrate the sex-positive approach, not discouraging or limiting sexual activity of any kind, which InSPOT takes to encourage testing. On the website, senders have the option of using their own email address or the service's address; consequently only 20% of messages sent are from personal email addresses (D. Levine, personal communication, November 28, 2006). About 80% of e-cards are sent anonymously, yet disclosers have taken the time to type a short personal message

which accompanies the e-card (D. Levine, personal communication, November 28, 2006).

While the e-cards may be seen as provocative and controversial, they are an increasingly important option for infected individuals, as online communication is changing the way people find and meet sexual partners. In an effectiveness study of InSPOT, Levine (2006) interviewed 883 gay and bisexual men, and found that “73% said, if diagnosed with an STD, (they) would consider sending an anonymous e-card” (p. 14). Further, 74% of a sample of 46 medical providers in San Francisco “agreed that palm-sized cards were (the) best way to give patients the information” (Levine, 2006, p. 17). InSPOT seems to be highly supported by both sexually diseased individuals and health practitioners.

A study by Constant (2004) designed to assess public health officials' use of email partner notification found that among 176 participants who were either infected or at risk of HIV, syphilis, gonorrhea, and/or chlamydia, 61% reported using the Internet to meet sexual partners. Another study comprised of 1,776 participants who were recruited both on and offline to gauge the process of seeking sex partners online found that 97% of participants reported having sex with a person that they first met online (Bull, McFarlane, Lloyd, & Rietmeijer, 2004). Given the large number of individuals seeking sexual partners online, InSPOT may be a significant service to help individuals disclose. Further, John Paffe, Houston's STD prevention program manager reports that “there are people who use the Internet and pick up a new sex partner every day. Some say they have 200 and 300 partners a year” (Martinez, 2004, p.1). Thus, the Internet may be a viable option for notifying individuals who

primarily seek sexual partners online, particularly if the only contact information that has been exchanged between partners is email addresses.

While most people see InSPOT as a positive change in STD prevention and health promotion, others, such as a Jeffrey Prang, a West Hollywood city councilman, and Mary McFarlane from the Center for Disease Control's division of STD prevention have criticized the website (Gumbel, 2005; Martinez, 2005). Prang calls it "a 'chicken way' to pass on vital personal information" and McFarlane is concerned that it lacks individualism as it is an automated response to a serious issue for which diagnosed individuals should talk to a human being (Gumbel, 2005, p. 43; Martinez, 2005). Further, others are concerned that the website could potentially be used as a prank by malicious users (Lin & Costello, 2005). With these objections, a rhetorical analysis of InSPOT will show the underlying power in this disclosure strategy and help officials to understand its ethical use.

Given the innovative approach to this STD/HIV partner notification, and the sheer number of people choosing to disclose their health condition via the web, this disclosure method is worthy of analysis, and provides both practical and theoretical implications. First, to date, the reviewed literature indicates that there is little research exploring the use of online partner notification, and no research exploring the use of allowing infected individuals to self-notify their partners via e-mail. Studying the e-cards will give a discerning rhetorical picture of this disclosure method, helping health practitioners to assess the use of such a system in their state or city.

Second, the Internet provides a new venue to reach a new set of at risk individuals, yet it may also be the root of the problem. As McFarlane, Ross, and Elford (2004) explain, the Internet is “both an emerging risk environment and a venue for intervention, outreach, disease control and health promotion” (p. 929). InSPOT is an attempt to counter online risks with a positive health campaign. Cheney and Dionisopoulos (1989), public relations scholars, assert that “public relations statements and issue management campaigns not only reflect the society of which they are part, they also help to create and recreate it” (p. 144). As such, this study will show that not only does InSPOT.org reflect a current counter-cultural shift in society, as promiscuity and pleasure take precedence over abstinence and responsible sex, but it also promotes the idea that sex and sexual disease should be easy and convenient to resolve. This is contrary to most STD/HIV prevention campaigns, and thus can be seen as a “reverse discourse,” as the counter-culture gains power (Foucault, 1978).

Most importantly, understanding this disclosure strategy gives us the opportunity to explore preventative communication as a means of resistance and promulgation (Bowers & Ochs, 1971). Preventative campaigns generally promote the dominant ideology of safe sex and seek to control or exert influence over others as a means of furthering societal norms. Looking at InSPOT as a campaign of resistance provides an innovative turn on traditional STD prevention rhetoric, and shows how marginalized groups can promote sexuality as a means of creating legitimacy. “As HIV infection and AIDS cases continue to rise dramatically among marginalized and disenfranchised groups, such analysis of health communication directed at those

groups becomes crucial for their survival” (Myrick, 1996, p. 4). Analysis of InSPOT may help to provide an understanding of disease prevention that has previously been ignored. The purpose of this research is to understand how InSPOT uses a reverse discourse as a means of creating a power shift from public health officials to individuals combating sexually transmitted diseases, while still maintaining cultural views of promiscuity and pleasure.

### Literature Review

Communication scholars have long been concerned about disclosure’s influence in relationship development, relationship dissolution, and tension management (Taylor & Altman, 1995; Petronio, 2002). Because InSPOT is a method of disclosure, it is important to review disclosure theories, as well as health disclosure research. Further, because this service is Internet based a review of online communication is important to ground the study in the medium. Finally, with an understanding of disclosure methods and online communication, an understanding of health message construction becomes essential to positioning the content of InSPOT in health message design research. A study of the literature surrounding this issue will unfold in three main areas: disclosure, online communication, and health message construction.

#### *Disclosure*

To understand STD/HIV disclosure, we must first turn to interpersonal research, which highlights basic disclosure theory. Interpersonal disclosure theories can be divided into four main categories, namely: self-presentation (Tice & Baumesiter, 2001), relationship building (Powell, 1925; Taylor & Altman, 1995),

catharsis ( Pennebaker, 1997), and privacy management (Baxter & Montgomery, 1996; Petronio, 2002).

With the growth in interpersonal disclosure research and theory, scholars have also turned attention to the study of health disclosures, particularly STD/HIV disclosures. While these disclosures meet interpersonal theory guidelines, they are unique, as they involve multiple people's health and well being, and have larger relational risks. When looking specifically at STD/HIV disclosures, the literature covers everything from disclosing to family members (Serovich, Esbensen, & Mason, 2005), intimate partners (Serovich, Oliver, Smith, & Mason, 2005; Rogers, Tross, Doino-Ingersol, & Weisfuse, 1998; Gorbach et al., 2004; Schnell et al, 1992; Derelega, Winstead, & Folk-Barron, 2000), health practitioners (Cline & McKenzie, 2000; Parrott, Duncan, & Duggan, 2000;), and children, (Vallerand, Hough, Pittiglio, & Marvicsin, 2005; Murphy, Koranyi, Crim, & Whited, 1999), to cultural differences in disclosure (Yoshioko & Shustack, 2001; Mason, Marks, Simoni, Ruiz, & Richardson, 1995; Mason, Simoni, Marks, Johnson, & Richardson, 1997). Scholars have also studied people's reasons for disclosure (Derelga, Winstead, and Folk-Barron, 2000; Derlega, Winstead, Greene, Serovich, and Elwood, 2002; Gorbach et al., 2004), and how people disclose (Serovich, Oliver, Smith & Mason, 2005). All of these studies connect basic disclosure ideas, yet when compared, they demonstrate individual differences based on the target of the disclosive message and cultural background.

While a plethora of research has explored interpersonal disclosure and health disclosures, very little research has looked at online partner notification services.

Both studies on Internet partner notification focus on how public health programs can utilize the Internet to seek out and inform patients' sexual partners (Constant, 2004; Delicata & Gratzler, 2004). However, there has been no research on infected individuals using the Internet to self-notify their partners, making this a unique disclosure situation and study. Allowing infected individuals to notify their partners without involving the Public Health Department may make disclosures more likely and easier (Dworkin, 2006). In order to accept a disclosure method as good or desirable a critical analysis of the communicative rhetorical value of such a strategy becomes necessary to understanding InSPOT's implications.

#### *Online Communication*

InSPOT is influenced by online communication, and is a useful method for disclosing HIV/STDs to an individual who was initially an online contact. To place InSPOT in proper context, we must look at online communication. The Internet has changed the nature of relationships and communication, as relationships may develop faster, and communication is generally more intimate. Understanding these changes creates a foundation for understanding InSPOT as a health medium. While similar to offline communication, online communication is characterized by speed, reach, anonymity, interactivity, invisibility, lack of immediate feedback, and asynchronicity (Suler, 1996; Gurak, 2001).

#### *Health Message Construction*

HIV/STD partner disclosure is perhaps one of the most significant and difficult health promotion goals. Because InSPOT is sending a health message, it is important to review the literature on health message construction. Literature on the

design of health messages shows a focus on persuasive appeals. There are four main persuasive appeals in the literature: positive, negative, emotional, and logical.

In studying sexual prevention messages, Monohan, Miller, and Rothspan (1997) report that an individual's goals and beliefs are important factors that influence sexual practices (p. 315). Effective sexual prevention messages must take into account personal values that are the root of sexual risk behaviors. InSPOT sends a unique health message, as it promotes sex and STD testing, a technique that is not widely found in health campaigns. This disclosure message becomes a reverse discourse, as sexuality is not punished, but touted (Foucault, 1978).

After reviewing the literature it is evident that STD/HIV disclosures are a unique health situation, which may have both positive and negative effects for individuals. In particular, studies have identified the different reasons for and against disclosure, but studies have not looked at the Internet's ability to make disclosures easier on individuals. The literature suggests that not only is content influential, as is seen in health message construction, but the form of the Internet also promotes the STD culture. Most importantly, identifying both the content and form of InSPOT will give us a holistic picture of this disclosure method and its cultural implications for online communication and reverse discourse.

#### Theoretical Perspective

This study examines InSPOT.org as a disclosure strategy for STD/HIV diagnosed individuals. This study will seek to provide a rhetorical critique of both the form and content of the e-cards, using two theories as lenses for analysis, namely McLuhan's (1988) tetrad and Foucault's (1978) concept of reverse discourse. These

theories will allow us to understand InSPOT as a source of counter-cultural power as both theories are concerned about the power that is exerted upon individuals.

For McLuhan, mediums have social consequences as they are extensions of self, and the “message” of any medium is the societal change that it introduces into human associations and relationships. Often, studies place greater emphasis on the content of any given message, as the “‘content’ of any medium blinds us to the character of the medium” (McLuhan, 1964, p. 9). For InSPOT, the edgy text and provocative imagery could overshadow the innovative medium and what this medium indicates about human social interaction. However, a careful study of the medium will provide us with an understanding of the “actions exerted upon ourselves” by STD partner-notification e-cards (McLuhan & McLuhan, 1988, p. 98).

The tetrad provides a systematic, heuristic device for analyzing the impact and development of artifacts. “In tetrad form, the artefact [sic] is seen to be not neutral or passive, but an active logos or utterance of the human mind or body that transforms the user and his ground” (McLuhan & McLuhan, 1988, p. 99). It is presented as four questions:

1. What does the artifact enhance, intensify, accelerate, or make possible?
2. What is pushed aside or made obsolete as a result of the artifact?
3. What does the artifact retrieve or borrow from an older previously obsolesced form?
4. What is the new forms’ potential reversal? (p. 7).

While these questions are applied as a means of analyzing media, McLuhan and McLuhan assert that they can be applied to anything, even the law, words, or phrases

(p. 99). These laws of the tetrad are not a consecutive process, meaning that an artifact does not move from one tenet to another, rather the tenets are ongoing as they work simultaneously in all artifacts. Essentially, as an artifact enhances and obsolesces media, it also works at the same time to retrieve and reverse media.

McLuhan's critics are concerned about the privilege of form over content, often to the exclusion of any content analysis. Rosen (1990) and Leverette (2003) argue that both content and form require analysis. Moreover, Leverette (2003) asserts that bridging semantics and media study will "allow for a more coherent and holistic understanding of the media" (p. 2). Supporters of McLuhan argue that he has been misinterpreted, because "there is no such thing as a medium without content, for if it had no content, it would not be a medium" (Levinson, 1999, p. 4). While the tetrad allows for scant analysis of content, it provides a rich understanding of the medium. In order to fully exploit InSPOT's innovative medium choice and unique content, this analysis will employ both McLuhan as a basis for medium analysis and Foucault as a lens for analyzing the content.

Foucault's theory is appropriate as he studies power, discourse, and sexuality. In looking at InSPOT, these are the three main content areas which demand rich understanding. Through grounding this study in Foucault's ideas, the e-cards sex positive approach to disclosure can be labeled a reverse discourse. A reverse discourse is when a marginalized group adopts the language of a dominant oppressive group, and the marginalized group utilizes the term so as to change it into a positive term of group empowerment. For communication scholarship, this term should be utilized as a means of understanding not only innovative health message construction,

but discursive power shifts seen in counter movements. Yet, very little research has explored the concept of a reverse discourse. A few studies have identified reverse discourse as a methodological consideration, but have failed to fully explicate its potential as a means of empowering counter-cultural movements (Kingfisher, 1996; Myrick, 1996; Silva, 1998). Social movement theory's term, "co-optation of rhetoric," is similar to reverse discourse, as social movements adopt terms of those in control, for their own use, and generally through sarcasm they seek to challenge or manipulate the opposition's message (Brimeyer, Eaker, & Clair, 2004). However, for Foucault (1978), a reverse discourse does more than challenge the opposition's message by using their language against them, it empowers individuals to adopt terms as part of their identity and push for the terms' legitimacy, rather than covertly seeking to destroy the terms' meaning.

Foucault positions reverse discourse between his theories on repression and power. Through discourse, people have the opportunity to create an opposing discourse, as a means of resistance to the current power structure. The analysis of the e-cards will demonstrate that through reverse discourse it is possible for disenfranchised groups to create a life-affirming dialogue.

Foucault's theory of reverse discourse fails to take into account the cultural influence of mediums, particularly the ability of the Internet to create sites of power. While it would be an unrealistic generalization to assume that InSPOT has changed the way that society views the individual infected with an STD, the Internet has altered people's ability to be promiscuous, disclose, and maintain a positive self-concept. Ultimately, the Internet, as a medium, has reinstated pleasure, and has

worked to lift societal constraints on prohibitive sexual behavior. Yet, this is one of the few health messages to recognize and applaud this cultural shift.

In summary, because both McLuhan and Foucault are concerned about power, these methods are appropriate for analyzing InSPOT. This thesis will seek to unmask both the power exerted upon individuals through mediums and the power of reverse discourse to promote cultural resistance. Together, these theories will reveal a holistic view of InSPOT's online partner-notification service and the sex-positive content displayed therein.

### Goals of the Study

The purpose of this thesis is to answer the following research question, "How does the online STD partner-notification service InSPOT prevent the spread of STDs while legitimizing sexuality?" Through enacting the role of the critical rhetorician, this thesis demonstrates the importance of critically examining health intervention efforts, particularly as sexually transmitted diseases are continuing to rise. Health campaigns to curb the spread of STDs are a necessary means of ending this epidemic, and consequently deserve study to understand and exploit their potential utility. The Internet has been demonized for promoting promiscuity and sexually transmitted diseases, yet this thesis demonstrates how the Internet can be used for health promotion and intervention, making it both a medium of risk creation and risk management. This thesis also seeks to understand the sex-positive approach to STD prevention as a reverse discourse of self-empowerment is created.

To answer this research question, chapter two unfolds in three main areas of literature, namely: disclosure, online communication, and health message

construction. First, disclosure literature encompasses both interpersonal theories about disclosure and HIV/STD disclosure research. Interpersonal theorists see disclosure as an important aspect of relationships building and maintenance (Taylor & Altman, 1995; Petronio, 2002). Yet how does a sensitive disclosure such as an STD impact the relationship? To understand this, the disclosure literature suggests that individuals disclose in different manners, as STD/HIV is a sensitive issue which may carry stigma, and thus must be handled with care (Derlega et al., 2002; Goffman, 1963). While much research has explored HIV/STD disclosures, very little research has looked at online partner notification systems that are used by Public Health Officials (Constant, 2004; Delicata & Gratzner, 2004). The main weakness in the literature is the lack of studies exploring online-self-partner notification by infected individuals. This study will seek to understand this innovative disclosure method and its potential impacts for disease prevention.

The next area of literature, online communication, explores inherent communication changes via the web. Because InSPOT is a means of online communication, and may be a viable option for notifying partners that initially meet online, an understanding of cyber-communication is a necessary foundation for positioning this study in the proper context.

Finally, the area of health message construction shows that messages rely on four main appeals: positive, negative, emotional and logical. Further, studies show that sexual risk messages should be designed with individual behaviors, beliefs, and goals in mind (Monohan et al., 1997). As such, this study provides an understanding

of how reverse discourse can be used as a health message strategy and means of resistance.

Chapter three relies on critical rhetoric as a foundation for understanding both the form and content of the website. This study employs both McLuhan's (1988) tetrad and Foucault's (1978) theory of reverse discourse as a basis for analyzing InSPOT.org and the power relationships therein. McLuhan's tetrad is concerned about the power that the medium exerts upon individuals; as such this perspective will guide us in analyzing the form of InSPOT. Foucault's concept of reverse discourse is concerned about the power that groups have to resist dominant ideologies, particularly through subversive discourse. Together these theories explore the power that is exerted upon individuals and by individuals through this partner-notification service.

Chapter four, the analysis of InSPOT, is divided into two parts, form and content. For the purposes of understanding the form, the website is analyzed holistically, looking at the sites' guidelines for disclosure and testing, graphics, text, and the e-cards. To analyze the content, the messages and imagery of the e-cards is explored.

Chapter five allows for conclusions to be drawn that are both theoretical and practical. First, on a theoretical plane, this study shows how an analysis of both content and form are necessary for a holistic view of a website. Second, McLuhan's (1988) framework of the tetrad is advanced as a theoretical perspective for uncovering the power in media. Third, Foucault's (1978) concept of reverse discourse is exploited as a theoretical perspective that has been sparsely studied by

social scientists. The theory of reverse discourse is enlarged to include positive terms reversed to negative terms as well as an expansion from terms to concepts and activities. Further, this study shows that it is possible to create a life-affirming dialogue as a means of resisting bio-power. Finally, practical conclusions show how InSPOT can be advanced and improved based on an understanding of message design and structure.

## CHAPTER TWO

### Literature Review

This chapter seeks to review and assess critically the existing literature on disclosure, online communication, and health message construction. There are two aspects of disclosure research that are applicable to the study of InSPOT, interpersonal disclosure and health disclosure. The research on interpersonal disclosure reveals how individuals use disclosure in relationships, whereas the area of health disclosures looks specifically at the revelation of personal health information. The research in online communication will give a lens for understanding the difference in dialogue between on and offline communication, while the health message construction literature will allow for an understanding of how different types of health messages are strategically used to persuade individuals. These three areas of research work to provide a contextual background that posits InSPOT as an organization which offers a unique online disclosure strategy and health message.

#### *Interpersonal Disclosure*

The literature surrounding interpersonal disclosure highlights the importance of this communication act, as scholars have desired to discover and understand the nature of the disclosure process. Self disclosure is engaged in on a day-to-day basis, whether it is a more shallow disclosure, such as co-workers discussing what television show they watched last night, or a deeper disclosure, such as admitting one's sexual preference. Both shallow and significant disclosures create communication situations in which revealed information becomes available for others to consume, evaluate, and scrutinize. McCroskey and Richmond (1977) describe

self-disclosure as “any information about the self that is intentionally or unintentionally communicated to another person through verbal or nonverbal messages” (p. 40). Theories on self-disclosure can be categorized into four main areas: self-presentation, relationship building, catharsis, and privacy management. Together, these areas provide a holistic picture of interpersonal disclosure theory.

First, a review of the literature suggests that people self-disclose as a means of self-presentation. Intentional self disclosure becomes an act of face-work, as individuals reveal certain aspects about themselves for specific purposes. People consciously decide what to disclose as a means of self-presentation and social desirability. Disclosures have the potential to put self-image and self-esteem at risk. Powell (1925) explains ““But if I tell you who I am, you may not like who I am, and it is all that I have””(p. 20). As we disclose, we reveal parts of our personal identity, which may leave us vulnerable, so we may decide to keep those parts hidden. Ontological studies show that people desire approval from others, as Tice and Baumesiter (2001) explain, “The need to belong is one of the most basic and powerful aspects of human nature” (p. 73). Social rejection harms our self concept, as self-image and self-esteem are brought into question. Consequently, people engage in other and self deception as a way to cover their imperfections and regain social status, even if it means presenting someone who is not their “true” self or limiting self-disclosures (Tice & Baumesiter, 2001). Because of the need to belong, individuals are led to protect their self-images as positive information is generally shared with others, whereas negative information remains hidden. Rubin, Rubin, and Martin (1993) confirm this as they found a linear relationship between self-disclosure

and affinity-seeking competence, as “people who see themselves as being able to make others like them report they disclose more good/positive things about themselves” (p. 124). Ultimately, disclosure becomes a conscious process for many individuals as they have the power to reveal or not reveal information to others, thus using disclosure as a means of social identity construction and management.

The second area of literature reviewed focuses on self-disclosure as a relationship building aspect. Disclosure determines how we start, maintain, and dissolve relationships. One of the first theorists to explore disclosure and relationship development is Powell (1925). He depicts people’s willingness to communicate with others in five predictable levels. The least disclosive level is considered “Cliché” communication, in which an individual simply acknowledges the other person’s presence through common courteous greetings, but displays little willingness to share information. The next level of disclosure is called “Reporting the Facts.” This disclosure level is seen as people reveal non-threatening background information about themselves. After this level of disclosure is reached, people begin to open up as they move to a more personal level in which they reveal “Personal Ideas and Judgments.” In this stage likes and dislikes of non-controversial topics are discussed. However, Powell notes that “I will try to be what pleases you,” so the disclosure may not be fully truthful (p. 57). Subsequently, people move to the next level which is where they begin to share “Personal Feelings.” At this level individuals start to share their “true” self with others, as they discuss secrets, fears, and intimate information. Finally, the most significant level of disclosure is reached, as individuals who are open and honest with each other discover “Peak Communication.” This is the most

intimate level of self-disclosure that is engaged in by only the most personal, close friends and possibly married partners (Powell, 1925, p. 61). Beebe, Beebe, and Redmond (2002) conclude that “Peak communication is rare because of the risk and trust involved in being so open and revealing” (p. 66). The fear of self-disclosure can lead people to disclosure avoidance, as it “limits relationship growth by retarding the development of trust, liking, attraction, positive mental health, and loving; and the limited trust, loving, and so on retard the disclosure process” (Bishop, 1992, p. 58). Self-disclosure and trust become cyclical in relationships; as one loses trust, self-disclosure suffers. Likewise, as one stops self-disclosing, relationship intimacy is lessened.

A landmark, primary theory in interpersonal disclosure is the Social Penetration Theory, as it explains the stages of relationship development and dissolution in regards to disclosure. Self-disclosure involves both breadth and depth issues. Taylor and Altman (1995) describe four main stages that relationships experience as both breadth and depth of information are shared. The first, stage is “Orientation.” In this initial phase, parties “make only a small part of themselves accessible to others” (Taylor & Altman, 1995, p. 44). The overall tone of this encounter is casual and positive. As the relationship advances, parties move into the second stage, known as Exploratory Affective Exchange. This phase is characterized by richer communication, as personality traits are revealed, and parties are less cautious about disclosure. The tone of this stage is friendly and relaxed, as relationships move toward intimacy. Next, partners move into stage three, Affective Exchange. This is the stage in which most close friendships and romantic

relationships exist, as parties exhibit small reservations, but are generally open to exploring, breaking down barriers, and gathering information about one another. The fourth stage, Stable Exchange, is where dyads are involved with “continuous openness across all layers of self” (p. 44). Parties are well acquainted with one another, to the point that they can interpret and predict one another’s actions and feelings (Taylor & Altman, 1995).

Taylor and Altman report three main findings which confirm the theory of Social Penetration. Initially, the intimacy of topics disclosed increases as the relationship progresses, indicating depth in disclosure. Second, as disclosures increase intimacy levels are matched between partners. Third, the dominant disclosing member takes the lead, as the less disclosing member takes cues from disclosure messages. Taylor and Altman conclude that rewards and costs are “motivational components of establishing and sustaining stable interpersonal relationships” (p.54).

According to Powell’s (1925) stages of disclosure and Taylor and Altman’s (1995) Social Penetration Theory, STD/HIV disclosures may force people to reveal too much information about themselves, and consequently move to levels of communication that their relationship is not prepared for, either causing discomfort and ultimately termination, or increased intimacy. This risk is weighed as people calculate their disclosure.

The third area of research is Catharsis. Self-disclosure is generally thought of as beneficial, and scholars have researched the health benefits to such disclosures

(Pennebaker, Barger, & Tiebout, 1989; Mesters et al., 1997; Pennebaker, 1997; Mann & Delon, 1995; Tardy, 2000).

In studying disclosure of traumatic events in holocaust survivors, Pennebaker, Barger, and Tiebout (1989), observed that “disclosing an extremely traumatic experience over 40 years after its occurrence has apparent positive health benefits,” as individuals who participated in one to two hour interviews showed a change in the “ways that many of the survivors related to others and thought about their pasts,” as well as improved physical health in the year after the interview (Pennebaker et al., 1989, p. 587). Other studies confirm these results, as Mann and Delon (1995) studied a patient with severe hypertension, and found that the disclosure of repressed feelings can lead to dramatic improvements in blood pressure over a period of time. In studying patients with breast cancer and Hodgkin’s disease, Mesters, Van den Borne, McCormick, Pruyn, de Boer, and Imbos (1997) found that patients who were open in discussing their illness with family members had fewer physical and psychological complaints after 13 weeks of treatment than individuals who were more closed about their condition. Tardy (2000) argues that “There is not only a great deal of evidence supporting a link between self-disclosure and health but also an emerging acceptance of this connection” (p. 121). For HIV diagnosed individuals, “disclosure is widely recommended by health care practitioners, in part due to the link between disclosure and physical and mental health” (Greene, 2000, p. 123). Yet, it is important to note that while disclosure may have positive health effects, scholars have also concluded that disclosures are sensitive issues that involve risk as people may be left feeling “embarrassed, uncomfortable, or somehow exposed” (Petronio, 2002, p. 1).

The last theoretical area of interpersonal disclosure centers on the issue of privacy, and people's need to maintain this boundary. Relational Dialectics Theory indicates that relationship partners constantly balance competing needs: autonomy-connection, openness-closedness, and predictability-novelty (Baxter & Montgomery, 1996). Tensions result in relationships as individuals try to negotiate contradictions and competing needs. Autonomy-Connectedness is the desire to be an individual, yet still to be connected to other people. Openness-Closedness illustrates the need to share intimate details with relational partners, yet maintain a sense of privacy. Predictability-Novelty explains the need to have constants and routines, yet there is also the desire for spontaneity. As partners experience these tensions they may choose to manage them through selection, deciding to favor one tension over another, cyclic alteration, shifting back and forth between needs, segmentation, which allows relational partners to delegate to either tension depending on the situation, and integration, which attempts to incorporate aspects of both tensions (Baxter & Montgomery, 1996). As relationships develop these tensions are inherent, yet through management techniques individuals are able to negotiate the tensions to the satisfaction of both partners.

Building on the Dialectical Tension Perspective, Petronio (2002) provides a theoretical explanation for privacy's role in disclosure through what she calls Communication Privacy (Boundary) Management (p. 1). Privacy is defined as "the feeling that one has the right to own private information, either personally or collectively; consequently, boundaries mark ownership lines for individuals" (Petronio, 2002, p. 6). The theory first suggests that people have "privacy rule

foundations,” which help them to determine disclosures, based on culture, gender, motivation, context, and a risk-benefit ratio (Petronio, 2002, p. 23). “Boundary structures are typically erected because revealing private information has the potential for making us vulnerable, and consequently, we need a way to control the risks” (Petronio, 2000, p. 38). Second, private information may be co-owned, and thus requires “privacy boundary coordination” with others (p. 28). In the case of HIV/STD, individuals co-own information with their partners, as this diagnosis indicates shared responsibility. Individuals may create sanctions to control information that is shared and revealed, such as anger, lack of trust, and subsequent non-disclosures (Petronio, 2000, p. 42). Strong connections with others generally create a higher sense of responsibility to manage the co-owned information. Third, a breach in privacy boundaries may cause “boundary turbulence,” which requires some sort of corrective action to return to a harmonious privacy level (Petronio, 2002, p. 33). Turbulence is caused when people experience situational stresses, boundary invasion, differences in boundary rules and definitions, and life events. As people experience relationships, situations, and life in general, their boundary management rules change, and people are left to cope with new disclosure practices as a result of turbulence (Petronio, 2000, p. 43).

Communication Privacy (Boundary) Management theory has been applied to understanding HIV disclosures, and was found to offer an explanation for the disclosure practices of seropositive individuals. Yep (2000) suggests that “the struggle between fear of stigmatization and the need for social support is omnipresent in individuals living with HIV” (85). Consequently, individuals are left

balancing the dialectical tension of privacy-openness. In particular, HIV diagnosed individuals may develop disclosure management rules which include “telling other events associated with the condition, like mode of infection, lifestyle, sexual orientation, drug use, and current health status, among others” (Yep, 2000, p. 92). Derelga, Winstead, and Folk-Barron (2000) explains that “controlling the dissemination of HIV status may be particularly important to the discloser because it not only conveys information about illness, but also may be understood (rightly or wrongly) by others to convey information about a lifestyle” (64). Boundary management rules help to provide individuals with a sense of control about their diagnosis.

Both the Dialectical Tensions perspective and Communication Privacy Management Theory help to build an understanding of privacy and how individuals manage tensions. The inherent tensions in sexually transmitted diseases are between openness-closedness, as well as connectedness-autonomy. Individuals must negotiate their desire to gain social support, yet maintain privacy (Derlega et al., 2002). Individuals living with a STD/HIV experience these dialectical tensions, as they attempt to reconcile their new “abnormal” identity.

### *Health Disclosure*

The research on interpersonal disclosure has influenced greatly the area of health disclosures. When looking specifically at STD/HIV disclosures, scholars have noted differences in based on the relationship. In disclosure to family members, Greene (2000) found that disclosure most often takes place with partners and friends. Mothers and sisters are the next likely targets, and brothers or fathers are least likely

to receive this information. With mothers being the first family members to be told about HIV serostatuses, Serovich, Esbensen, and Mason (2005) project that it may be because of the mothers' demeanor, acceptance, and logistics, in cases of divorced parents.

In studying disclosure to health practitioners, Cline and McKenzie (2000) report that patients living with HIV must decide whether to disclose to health care providers, and are left balancing two main tensions, access to health care and potential discrimination. Parrott, Duncan, and Duggan (2000) conclude that the United States health care system fosters "patients' resistance to full and honest disclosure, enhancing the status differences and social distance between caregivers and patients" (p. 147). Further, caregivers' communication will determine patient's willingness to share the whole truth or only parts (Parrott et al., 2000). As such, Agne, Thompson, and Cusella (2000) conclude that providers should respond with sensitivity and compassion, to help people living with HIV save face and minimize stigma. Further, health care providers must confront ethical questions regarding third party disclosure of their patients' HIV status. "Their decisions weight the value of patients' confidentiality against beneficence to others," and thus far, professional organizations have not reached an agreement as to health care professionals' "duty to warn personal contacts regarding HIV infection" (Cline & McKenzie, 2000, p. 77, 79). The American Society of Human Genetics (1998) argues that confidentiality is not absolute as:

Disclosure should be permissible where attempts to encourage disclosure on the part of the patient have failed; where harm is likely to occur and is serious

and foreseeable; where the at-risk relative(s) is identifiable; and where either the disease is preventable/treatable. (p. 474)

Ultimately, Cline and McKenzie (2000) conclude that “The arenas in which medical ethics are played out in the AIDS epidemic have shifted from the interpersonal health care relationship to the health care and legal systems” (p. 82).

The literature surrounding mother’s disclosing their own HIV status to their children shows an increased level of stress, as “51% of the women met criteria for an axis I psychological disorder” (Murphy, Koranyi, Crim, & Whited, 1999, p. 115). Axis I psychological disorders are classified as anxiety and mood disorders such as depression and schizophrenia. This research indicates that disclosure causes physical and psychological problems, as people try to cope with their illness. For mothers who are HIV positive, the decision to disclose their status to their HIV negative children is based on the child’s maturity and the degree of illness, with positive disclosures involving open communication, whereas negative disclosures involved fear, uncertainty, forced secrecy, and behavioral changes in the children (Vallerand et al., 2005). Mothers are left with a difficult situation of protecting children from harm, yet allowing them to understand the health condition. While InSPOT is not a method of disclosure between mothers and children, this literature suggests that the benefits and disadvantages of disclosure are an inherent consideration, regardless of the nature of the relationship. Further, even in close relationships these disclosures are difficult and may carry great anxiety for the discloser.

Across different cultures, disclosure may carry self-imposed barriers that are rooted in cultural values. African-American men and Latinos are less likely to

disclose their HIV status to intimate partners than European-American men (Mason et al., 1997; Mason et. al., 1995). For African-American men, their HIV may still be considered a highly taboo topic within the community, and they may also feel a lack of confidentiality in their tight nit cultural community (Pettrak, Doyle, Smith, Skinner, & Hedge, 2001, p. 77). In HIV positive Asian men, cultural values of harmony and avoidance of conflict impeded disclosure, as well as a lack of HIV educational materials translated into their family's language (Yoshioka & Schustack, 2001). Cultural barriers make the disclosure process more complex, as different cultures view disease and health differently.

Why have scholars devoted so much attention to this issue? Perhaps it is as Geist-Martin, Ray, and Shafer (2003) explain “This situation of sensitive disclosure is the basis for some of the more troubling ethical and communicative dilemmas in medical practice” (p. 294). Understanding how individuals navigate the disclosure process may help health professionals and counselors to find innovative ways to ease the disclosure procedure for infected individuals. Disclosure is one of the most intimate forms of communication, yet it has perceived benefits and costs. This unique type of communication asks people to reconcile their desire for privacy with a concern for others, which certainly creates a conundrum for diseased individuals.

Given the moral dilemma infected individuals face, it is no wonder that for intimate partners disclosure rates vary. In studying perceived HIV-related stigma, Derelega et al. (2002) report that 71.3% of male participants disclosed to their intimate partner; whereas, 60% percent of female participants disclosed to their intimate partner (p. 425). This study highlights the differences between homosexual

disclosure (most male participants) and heterosexual disclosure (most female participants), as “there may be much less perceived support among heterosexual HIV infected women and men” (Derelega et al., 2002, p. 429). Stein and Samet (1999) found in a study of 203 HIV patients from urban hospitals, that 40% reported they had not disclosed their status to all of their sexual partners in the last 6 months; further, of the percentage who did not disclose their status, only 42% used condoms all of the time. In studying differences between casual sex partners and main sex partners, Parsons, VanOra, Missildine, Purcell, and Gomez (2004) found that 71.4% of participants disclosed to casual sex partners before their first sexual contact, with 67% disclosing to their HIV-positive main partners before sexual contact, and 54% disclosing to their main partner of unknown sero-status (p. 462). This study indicates a discrepancy in people’s willingness to disclose to casual versus main partners, as well as the targets’ HIV status. Parsons et al. (2004) indicate that disclosing to other HIV-positive individuals helps build confidence about living with HIV (p. 471). In a study of drug users, Rosengard, Anderson, and Stein (2006) reported that 80% of their sample discussed their HIV status with their most recent partner, and 75% did not use condoms, “suggesting conscious decisions about condom use” (p. 642). It is significant to recognize that higher disclosure rates do not necessarily correlate with more protected sex, rather higher disclosure rates create more conscious health decisions.

An international study in London by Petrak, Doyle, Smith, Skinner, and Hedge (2001) found more optimistic results than United States studies, as 91% of their sample reported disclosing their HIV status to their partner (p. 69). These higher

results are not typical of United States disclosure rates, and could be attributed to stigma differences across cultures. All of these studies indicate that disclosure is spotty at best, with surprisingly low disclosure rates for individuals' first sexual contact. Because sexually transmitted diseases can be transferred to individuals on just one sexual encounter, proactive measures should be taken to increase sexual health disclosures.

Much research has been devoted to understanding reasons for and against disclosure of stigmatizing diseases, particularly HIV. Understanding disclosure methods is important because "the manner in which someone balances the reasons for and against disclosure may influence actual disclosure and perhaps how the information is divulged." (Derelega, et al., 2000, p. 53). Further, considering the disclosure decision allows this thesis to fully recognize the benefits of InSPOT as an online disclosure resource.

Reasons for and against disclosure fall into three main categories, self-focused, other-focused, and relationship focused (Derelega et al., 2000). The first reason for disclosure is self-focused, in which people consciously weigh the rewards and costs of disclosure. For some this is an opportunity to "vent personal feelings" whereas for others they see a right to privacy and possible social rejection as self-focused reasons against disclosure (Derelega et al., 2000). Another reason that influences the decision is being other-focused. When people are other focused they are concerned about weighing the risks and benefits of disclosure for other people, such as educating the other person versus protecting them from sacrifice and unhappiness. The last factor for disclosures is based on both self and other, thus it is

relationship-focused. For this decision people are concerned about the rewards and costs associated with the relationship. Disclosure may happen if the people are in a close and satisfying emotional relationship, compared to a lack of disclosure if the parties are not well acquainted. In comparing self, other, and relationship based reasons for disclosure, participants were more likely to cite other based reasons as a strong determinant in their decision to disclose HIV (Derelega et al., 2000, p. 64). Interestingly, self-focused reasons were the highest indicator of a person not disclosing his/her status. Scholars conclude that this is because control of the information and trust are high concerns for people who are in this situation (Derelega et al., 2000, p. 64).

While these three categories give us a broad understanding of how disclosure decisions are made, we must look to the specific reasons scholars have identified as a means of understanding what motivates people with sexually transmitted diseases to disclose. Derlega et al. (2002) studied the perceived HIV related stigma and the association between disclosing to friends, intimate partners, and parents. Five primary reasons for disclosure are as follows: catharsis, a duty to inform or educate the other person, to test the other person's reactions, the type of close/supportive relationship, and the similarity between partners (p. 420). Cited reasons against disclosure are based on privacy, self-blaming or self concept difficulties, communication difficulties, fear of rejection, protecting the other person, and the relationship level (p. 421). Findings for intimate partner disclosure show that "there was a lower likelihood of disclosing to an intimate partner if privacy and communication difficulties were endorsed as influential in the decision to not disclose

to this intimate partner” (p. 427). Ultimately it is clear that disclosure strategies designed to overcome privacy and communication difficulties may help partners more readily disclose their status. InSPOT may be a viable option to help with both of these issues.

Another study by Gorbach et al. (2004) identifies themes which influenced people’s decisions for disclosure. Disclosures are likely to occur if they had feelings for their partner, felt a sense of responsibility, or were afraid of being arrested (Gorbach, et al., 2004). The study also reports that disclosures are less likely to occur if individuals were in denial about their diagnosis, intoxicated or high, concerned about privacy, not interested in a relationship, in a public physical location, considered their actions as “just having sex,” or at a perceived low risk level of transmission by viral load or type of sexual act. Petrak, et al.’s (2001) results confirm these other studies, as reasons for disclosure are to access support, someone else disclosed their information, or ethical and educative purposes. Reasons against disclosure were protecting others, stigma, timing, and participants reported themes of disclosure being forced due to the development of the illness, fear of reactions, and physical distance (Petrak, et al., 2001). Gorbach et al. (2004) concludes that disclosure depends on “multiple and often competing emotional, situational, and legal factors” (p. 516). As people decide whether or not to disclose they must weigh these competing frames, and negotiate their public and private identities.

Disclosure varies from person to person and from relationship to relationship, thus it is difficult for one health message to be appropriate across all contexts. Findings show that secure individuals cite a desire to educate the other person as the

primary reason for disclosure (Derelega et al., 2000, p. 61). Conversely, people who have fearful attachment styles are “less likely to endorse benefits to self, obligations to an intimate partner, or interpersonal closeness” as reasons for disclosure (Derelega et al., 2000 p. 61).

For many individuals, “stigma surrounding illness has contributed to the unwillingness to disclose” (Greene, 2000, p. 123). InSPOT claims that “talking to your sex partners, even virtually, helps take away the stigma associated with STDs” (inspot.org). With this claim, it is important to review the literature that suggests stigma influences disclosure. Stigma is defined as “an attribute that is deeply discrediting” (Goffman, 1963, p. 3). For Goffman (1963) there are three types of stigma: physical deformities, character flaws, and tribal stigma (p. 4). Physical deformities and tribal flaws are visible conditions which create stigma. Sexually transmitted diseases can be indirectly linked to each area of stigma, as an STD may cause physical deformities, such as swollen lymph nodes or genital warts, yet most STDs are difficult for the average person to detect. Also, STDs can be indirectly related to tribal stigma, as HIV is most common in certain cultures and lifestyles. Yet, STDs can most prominently be classified as the second, character flaws, because they “are stigmas that cannot readily be seen.” Thus, Agne et al. (2000) conclude that “the person is discreditable not discredited.” When people are diagnosed with a serious health condition, society labels them “defective” or “abnormal,” as such, “normal” and “stigma” are socially constructed concepts. Yet for individuals with a sexually transmitted disease, there are few visible physical markers initially, allowing

the person to maintain a sense of credibility, so long as they do not disclose their illness to others.

For HIV positive individuals, stigma is based on blame or “perceptions of control over infection” (Greene, 2000, p. 124). Cline and McKenzie (2000) report that: “people who disclose their HIV disease often lose friends, family, lovers, spouses, and the emotional and instrumental support those relationships might otherwise provide”(p. 72). Goffman (1963) explains that associates of stigmatized individuals “are obliged to share some of the discredit,” which is why “such relations tend to be avoided or terminated” (p. 30). Many individuals who contract a sexually transmitted disease receive blame for their actions, rather than sympathy for their condition. Byrne (2000) reports that people with illnesses have created self-stigmatization, and for many people, this feeling of shame overrides even their most extreme symptoms (p. 65). In a study of HIV-positive individuals, stigma and fear were prominent themes, as 61% of participants who reported having sex with casual partners feared “they would be rejected both on a personal and sexual level” if they disclosed their status (Parsons et al., 2004, p. 464). Further, 53% reported that stigma stems from “a lack of empathy and unreasonable fear” others have of HIV (Parsons et al., 2004, p. 464).

HIV is an illness for which privacy is heavily weighed against potential disclosure benefits. People may choose not to disclose their status, as “the person with HIV who chooses disclosure loses control over that information and is subject to stigmatizing consequences” (Cline & McKenzie, 2000 p. 72). Yet, for people who choose privacy, they miss the health benefits of disclosure and social support. Cline

and Boyd (1993) argue that people living with HIV face two forms of social rejection, self imposed and other imposed; either they keep their diagnosis a secret and lose potential support or they disclose to others, and risk being cast out and avoided. Greene (2000), in studying disclosure differences between cancer and AIDS, found that people believed they would more likely disclose cancer than AIDS (p. 133). This confirms that stigma is a perceived issue in disclosing, and the illness intensifies the perceived stigma.

Ultimately, disclosure is a personal choice, and what may influence one individual to disclose may not influence another. Yep (2000) concludes that for infected individuals, a full understanding of the disclosure process may provide individuals with less “emotional distress, stigma, and social isolation, while enhancing social support, relational intimacy, and quality of life” (p. 96). The literature on stigma allows one to question, “How can stigma associated with sexually transmitted diseases be lessened?” InSPOT claims to “remove the stigma associated with STDs,” and thus a further examination is called for, to determine if the stigma is removed or reinforced.

Once infected individuals decide to disclose their status, they must turn to how they plan to make such a disclosure. In a study of men who have sex with men, Serovich, Oliver, Smith and Mason (2005) discovered five primary disclosure strategies. The first strategy is point blank disclosure, which was found to be the “most unequivocal strategy that participants utilized” (826). In fact, 57% of point blank disclosures were face-to-face (Serovich, Oliver, et al., 2005, p. 826). Participants explained that in-person disclosures eliminated confusion, and were

generally characterized by bluntness, a lack of concern for the risks involved with disclosing status, and comfort with HIV status. Most participants choosing this strategy preferred public disclosures, because “if disclosure makes a potential partner uninterested, the participant can move onto other potential partners” immediately (p. 826). Further participants felt there would be less violence and a positive atmosphere. The problem associated with this type of disclosure is that the “emotional pain from direct rejection is often a cost to disclosure that limits the use of point blank methods” (p. 826).

Point-blank disclosures that were not face-to-face were most commonly done through letters or chat-rooms. The benefits to this type of disclosure are emotional and physical protection, yet these types of disclosures may not be as “clear and upfront as face-to-face point-blank disclosures”,... and are “one of the more anxiety producing methods... as it involves the greatest amount of risk, such as loss of sex, immediate ending of a relationship, and violence” (Serovich, Oliver , et al., 2005, p. 827).

The second disclosure strategy found by Serovich, Oliver, et al. (2005) is “Stage-setting.” This strategy “uses a variety of hints and symbols that work to prime a disclosive event. The message begins with providing cues that one is HIV positive” (p. 826). Cues which may include, “verbal hinting, symbolic hinting, listing one’s HIV status on an online profile, asking a partner about his HIV status first and insisting on condom usage” (p. 826). Eventually this strategy leads to overt disclosure.

The third strategy used by men to disclose to men is “Indirect.” In this strategy there is “no attempt here to link these hints to an overt disclosure” (Serovich, Oliver, et al., 2005, p. 829). Clues are once again used as a primary method of disclosure, but responsibility is put on the partner to interpret the clues properly. “It is assumed or acknowledged that the partner understood the meaning of the clue or the partner is left to figure it out on his own.” (p. 829). Primary reasons for choosing an indirect disclosure may be because “respondents who rely on an indirect mode of disclosure may be attempting to protect themselves from being hurt by an unscrupulous person or by their own communication deficits” (Derelega et al., 2000, p. 64).

Fourth, HIV positive men might engage in “buffering,” which is generally the strategy that is used if the person perceives high risks. Buffering is when a “third party is used to facilitate HIV disclosure” (Serovich, Oliver, et al., 2005, p. 829). A mediator or close friend may be involved to make the disclosure to a partner.

The last potential disclosure strategy is “seeking similars,” in which men position “themselves where they could easily meet other HIV-positive persons or where other positive persons or those sympathetic or compassionate towards those with HIV could be found” (Serovich, Oliver, et al., 2005, p. 829). This format allows for potentially less risks, and thus causes less anxiety for the discloser.

“Paramount in the successful utilization of these strategies,” Serovich, Oliver, et al. (2005) conclude “is the fit between an individual’s personality and chosen strategy” (p. 830). Disclosure strategies are based on personality, environment, and the nature of the relationship (Serovich, Oliver, et al., 2005, p. 831). Further, the

researchers explain that “If disclosure was to occur in the more fleeting sexual encounters, it was more likely to be a point-blank disclosure....thus, a combination of knowledge, creativity, and the ability to minimize risks and costs may be the key to successful HIV disclosure” (p. 830-31). As health organizations strive to deal with the spread of HIV and STDs an understanding of disclosure strategies may be beneficial in understanding how to create a proper method of disclosure for men who have sex with men, as well as others infected with the disease.

Given the vast variety of studies surrounding HIV disclosure, no studies have focused on self-disclosure using online partner notification. A few studies have looked at how health departments have utilized third party online partner notification efforts, but this method of disclosure would not be classified as self-disclosure, as individuals are not disclosing themselves. Delicata and Gratzner (2004) studied how third party notifications can use online methods, such as screen names and e-mail addresses, provided by people with STDs to contact partners through email and chatrooms. Since the start of the program, all partners of eligible patients who provided online contact information were referred into care, and Disease Intervention Specialists were able to link several cases together (Delicata & Gratzner, 2004). Constant (2004) did a study of 108 individuals who were diagnosed with an STD and used the Internet to meet online partners. Public health agencies attempted to contact the partners online, with 60% responding to online efforts, 26% offered no response, and 14% were sent to other states for a follow-up. Constant concludes that for public health agencies who are suffering from decreasing resources, the Internet is a necessary and cost-effective way to conduct third-party notifications. While health

departments may be turning to online methods of partner notification, InSPOT offers a different approach, by allowing individuals to take responsibility for disclosing to their partners, allowing for individuals to maintain privacy over their personal information. With individuals taking more responsibility, InSPOT is beneficial to health departments, as it allows them to stretch limited resources.

### *Online Communication*

Because InSPOT.org may be a viable online disclosure option for partners, it is important to have an understanding of communication on the Internet. McFarlane, Ross, and Elford (2004) explain that “With the Internet’s ability to facilitate fast, anonymous and potentially risky sexual encounters, the Internet represents a powerful challenge for sexually transmitted disease (STD) and HIV prevention” (p. 929) As such an understanding of online communication is a necessary foundation.

Cyberspace is seen as both a “psychological and social domain” (Ben-Ze’ev, 2004, p. 2). Ward (1999) argues that “The merging together of the physical and virtual realms creates a new hybrid space that is neither wholly physical or virtual” despite the perpetuation of the myth that physical and virtual spaces are separate (p. 95). Further, Carter (2004) suggests that “It is no longer distinct and separate from the real world. It is part of everyday life” (p. 110). While bound by offline aspects, the Internet has changed the way relationships are formed and how people communicate, and there are a variety of reasons why scholars think these changes have occurred: speed, reach, anonymity, interactivity, invisibility, lack of immediate feedback, and asynchronicity (Gurak, 2001; Suler, 1996). These factors have come to influence the way communication online is processed.

For self-disclosure, the internet may offer two main benefits, anonymity and a lack of “gating features” (McKenna, Green, & Gleason, 2002, p. 10). First, McKenna & Bargh (1999) explain that the anonymity associated with online communication greatly reduces the risks of disclosure, because one can share the “real” self with less fear of judgment and sanctions from others. Further, for people living with HIV, the Internet may help them to deal with their stigmatized identity, as they are able to disclose “the secret” aspect of themselves, which consequently helps them reconcile their identity. Online disclosure can lead to self-acceptance, and in some cases help individuals share their secrets with non-Internet friends as well (McKenna & Bargh, 1999). For individuals who are marginalized from society, the Internet may be a viable option for meeting individuals, and consequently can increase the risk of disease transmission.

Second, “gating features” are considered “usual obstacles...that in traditional interaction settings often prevent potentially rewarding relationships from getting off the ground,” such as physical appearance and communication apprehension (McKenna, Green, & Gleason, 2002, p. 10). Walther (1996) suggests that people use the Internet as a way to engage in facework, as they present an ideal individual. Further, Carter (2004) notes that “the absence of physical proximity makes people feel safe in their acts of disclosure, removing the embarrassment of confession” (p. 119).

Barnes (2003) identifies Social Information Processing Theory as a means of understanding online communication. She explains that “Communicator’s motives for affiliation with others encourage them to develop relationships and will overcome

the limitations of a medium” (p. 144). Suler (1996) suggests that people in cyberspace are generally less inhibited, which may increase intimacy, as people are engaged in an “altered state of consciousness” that tends to “shift or destabilize self-boundary” (p. 323). As such, the e-cards certainly allow people to be less inhibited in their disclosures.

Social Information Processing Theory also suggests that “Communicators will adapt their communication strategies to the medium in an effort to acquire social information and achieve social goals” (Barnes, 2003, p. 144). Online communication has adapted to include more than just typed words, as emoticons have become a large part of indicating emotional states. Further, “voices, pictures, and body movements” help us to create more profound interactions, and “the greater and more profound the interaction is, the greater degree of psychological reality we attach to it” (Ben-Ze’ev, 2004, p. 3).

The components of the Internet clearly distinguish it from other mass media constraints for both communication and relationships. For promoting responsible sexual behavior, Keller & Brown (2002) explain that due to the unregulated nature of the Internet, it “provides a unique opportunity to address subjects that are elsewhere deemed taboo,” its “intermediate status between a mass medium and interpersonal communication” make it an appropriate place to discuss sensitive information, and “it can be used to reach large audiences with individualized messages” (p. 70).

However, it is also subject to privacy and confidentiality breeches, sexual content filters, and limited underprivileged access (Keller & Brown, 2002). A study of InSPOT will help to further substantiate the pros and cons of using the Internet for

health intervention purposes, as well as shed light on the use of this medium as a disclosure method for people infected with sexually transmitted diseases.

### *Health Message Construction*

With an understanding of disclosure and online communication, it is paramount to review literature on health message construction. Geist-Martin, et al. (2003) suggests that to understand health messages we should look to values, as “Information is not value neutral. Underlying and shaping health messages are foundational values...Our values are at the core of our relatively stable, firmly held health beliefs” (p. 274). Societal values or campaign/organizational values should determine message selection and the persuasive message appeal. Du-Pre (2005) suggests that “Campaign messages should be designed considering the audience’s needs, the benefits of the proposed behavior, the goals of the campaign, and the communication channels to be used” (p. 377). One aspect to consider is the voice of the campaign. The voice of the campaign is highly important, as it may influence people’s willingness to comply with prescribed behaviors. Examining campaign voice involves looking at the campaigns personality/mood. Campaign designers should ask: is the spokesperson an authority figure or friend, is the intended audience logical or emotional, and to whom will the audience respond (Du-Pre, 2005, 377).

There are several prominent appeals to consider when designing a health message, such as positive, negative, emotional and logical. Positive affect appeals “promote positive emotional rewards in the form of popularity, a sense of accomplishment, honor, fun, or happiness” (Du-Pre, 2005, p. 382). Positive appeals help individuals feel in control and reduce anxiety (Monohan, 1995). Positive affect

is a good tactic to remove boredom, because “the use of positive emotions such as humor and joy can catch the audience’s eye, and convince individuals to watch something they might otherwise avoid” (Monohan, 1995, p. 85). While positive appeals catch people’s attention, and “encourage peripheral processing rather than more thoughtful information processing,” peripherally processed changes are generally short-term (Monohan, 1995, p. 86). The Elaboration Likelihood Model, Petty and Cacioppo (1986), explains that peripherally processed information requires less motivation for individuals, thus if someone is not highly motivated to evaluate the campaign, this might be an affective means of persuasion.

Positive appeals also help people feel in control. When people feel confident that they can make changes and avoid unwanted effects, they are more likely to comply. Chew, Palmer, and Soohong (1998) explain that “the optimal opportunity for stimulating salience is to produce messages that provide respondents with information that enhances their confidence in their ability” (p. 241). The Extended Parallel Processing Model furthers the idea that regardless of positive or negative appeals, people determine their actions based on their ability to avoid negative outcomes (Du-Pre, 2005, p. 376). Positive appeals are a viable way to send a message of empowerment. When campaign designers are concerned about creating memorable campaigns, Monohan (1995) reports that positive messages should be used as they can facilitate recall, when individuals associate the message “with good feelings” and the person is not highly interested with the issue (p. 89). Overall, positive appeals are beneficial when an issue is previously associated with strong

negative feelings, if one desires to increase compliance, and whenever the audience is undecided or confused (Monohan, 1995).

Alternatively, negative appeals involve both the persuasive use of fear and guilt. Fear appeals are seen as having a “great potential for stimulating behavioral change—if used correctly” (Witte, 1992, p. 346). They are messages primarily “designed to scare people by describing the terrible things that will happen to them if they do not do what the message recommends” (Witte, 1992, p. 329). Hale and Dillard (1995) report that “At the least, an effective fear appeal must include a severe threat, evidence suggesting the target is especially vulnerable to the threat, and solutions that are both easy to perform and effective,” along with a problem-solution pattern and vivid information (p. 78).

While fear appeals may stimulate behavior change, scholars have argued about their persuasive ability. Fear appeals are not always effective, as “emotional feelings of fear may have been stronger than cognitive evaluations of danger” (Perse, Nathanson, & McLeod, 1996, p. 184). In a study of public service announcements designed to get women to undergo screening for breast cancer, it was found that “formal health campaigns should rely on logical appeals that are motivating and life-affirming,” and fear appeals should not be used as a persuasive strategy, as this may cause women to further adopt barriers to screening (Marshall, Smith, & McKeon, 1995, p. 295.) When deciding whether to use a positive or negative appeal, it is important to understand the amount of energy an audience is willing to spend understanding the message, as “negative messages foster the use of more elaborate, detail-oriented, an analytical processing strategies” (Monohan, 1995, p. 86). Finally,

in designing fear appeals, one should consider the age and anxiety level of the audience, as younger individuals could be harmed and fear appeals may create unbearable anxiety (Hale & Dillard, 1995).

Why then are fear appeals effective in some instances, and not others? Witte, (1992) explains that “When fear control processes are dominating, individuals respond to their fear, not to the danger” (p. 338). This is why some appeals may be ineffective, but “As long as perceptions of efficacy are greater than perceptions of threat...danger control processes will dominate and the message will be accepted” (Witte, 1992, p. 341). Perse, et al. (1996), furthers this idea by suggesting that fear appeals can “lead to motivation to comply with the message (based on the arousal of cognitive evaluations of ‘danger’ and self-efficacy) or a rejection-avoidance response (based on the arousal of emotional ‘fear’ reactions)” (p. 184).

The second type of negative appeal is guilt appeals. This strategy “is related to the negative emotions of shame, fear, and regret” (Huhmann & Brotherton, 1997, p. 36). Guilt appeals focus on past, current, and future behaviors. In studying advertisements’ use of guilt appeals, Huhmann and Brotherton (1997) found that 5.8% of ads contain at least one guilt appeal, and the most common type of guilt appeal is anticipatory guilt” (p. 43). Anticipatory guilt is when people perceive that they will feel guilty if they do not do the recommended set of actions. This strategy is used in health campaigns, as a means of appealing to personal responsibility. The effectiveness of guilt appeals, like fear appeals, depends on the context in which they are used (Huhmann & Brotherton, 1997, p. 43).

Messages generally consist of either logical or emotional appeals, or sometimes both. Logical appeals educate the audience, while demonstrating how behaviors create certain results. In the study of mammogram screening, participants recommended the use of “logical appeals that are motivating and life affirming” (Marshall et al., 1995, p. 295). Findings confirm that emotional appeals are less effective, as credibility is questionable, and participants had less favorable attitudes toward the health campaign (Perse, 1996). Emotional appeals suggest how people should respond and feel about certain behaviors. When audiences are uneducated about an issue, emotional appeals should be used, “in the form of comparison, demonstration, satisfaction, and testimonials” (Monohan, 1995).

In looking specifically at health risk intervention campaigns, messages should be tailored to account for individual benefits and costs of decisions as well as core beliefs and attitudes. For encouraging risk reduction, Holtgrave, Tinsley, and Kay (1995) suggest that campaign designers should determine how people weigh “the factors in a given decision-making problem and incorporate the factors with the highest importance weights into the message” (p. 35). In studying sexual prevention messages, Monhahan, Miller, and Rothspan (1997), explain that “individuals’ constellations of goals, beliefs, and resources predict risk for HIV” (p. 315). Thus, an effective campaign message for people at risk needs to move past behaviors and look toward the personal values that underlay such issues. This is in line with the interpersonalism model which “proposes that relationship goals, beliefs, and communication resources are important factors that enable and constrain individuals in their attempts to enact safer sexual practices” (Monhahan et al., 1997, p. 315).

While the abundant literature surrounding this issue is varied and broad, it paints a picture of interpersonal and HIV disclosure, online communication, and health messages. All of these areas are key to understanding InSPOT as a unique service and disclosure method for individuals diagnosed with sexually transmitted diseases. Research has been done in each of these three areas, yet this literature review highlights several holes in the literature which this study will seek to fill.

First, the review of interpersonal and health disclosure literature suggests that InSPOT.org is a new method of disclosure that has not previously been rhetorically examined. The interpersonal literature addresses the disclosure issue and its effect on relationship development. As such, this disclosure method may negatively or positively influence interpersonal relationships, as disclosure plays an important role in relationship formation. This study will seek to highlight this service's potential implications for relationships.

Second, the literature on health disclosures indicates the sensitive nature of STD/HIV disclosures, as the benefits and drawbacks of disclosure have been identified. While much research has focused on health disclosures, this study will give scholars and health practitioners a better understanding of the communicative power behind this particular disclosure strategy. Very little research has studied online partner notification, and in what little research that has been generated, none of it focuses on empowering individuals to use online partner notification services. Rather it studies health departments' use of online techniques to engage in contact tracing. As such, this study is essential for providing an understanding of a novel disclosure method.

Third, the literature surrounding online communication explores the inherent dynamics that make online communication different from offline communication. This study will seek to add to the understanding of online communication, particularly as it relates to the interpersonal disclosure of stigmatizing diseases, an area which has yet to be studied online. Further, this study will explore the use of the Internet for health intervention purposes, and as a tool of resistance for marginalized individuals.

Last, the literature on health message construction, while comprehensive in identifying positive, negative, logical, and emotional appeals, does not account for a message which uses positive appeals in a new manner; one which juxtaposes promiscuous sexual activity with STD testing. This study will further explore the use of reverse discourse as a theoretical perspective and positive appeal disease prevention tactic. Through this examination, we can further understand the impact that InSPOT.org may have on increasingly difficult disclosures and disease prevention. The study of this organization is essential to understanding power and the changing dynamics of online messaging as a means of health disclosure

## CHAPTER THREE

### Theoretical Perspective

Rhetorical criticism offers researchers the opportunity to interpret a text, so as to reveal the underlying messages that often go unexplored and underexposed. Sillars and Gronbeck (2001) explain that rhetorical criticism is primarily concerned with “relationships between discourses and their power to influence or control information, identity, beliefs, attitudes, values, and behaviors” (p. 31). Given the control over individual life that scholars suggest messages/texts have, it becomes important to critically analyze messages, so as to offer a way to accept, integrate, or thwart the power around us.

In studying InSPOT, this thesis will seek to perform the function of critical rhetoric, which is “to unmask or demystify the discourse of power” and “to understand the integration of power/knowledge in society” (McKerrow, 1989, p. 91). Sillars and Gronbeck (2003) suggest that the focus of critical rhetoric is “upon the rhetorical as a suppressive tool allowing power-holders to dominate various groups in a society” (p. 155). Because InSPOT can be seen as a service which frees the individual of outside interference, critical rhetoric becomes a powerful approach to its study.

Critical rhetoric is different from textual analysis, as textual analysis is concerned about the intentions or “purpose of the rhetor,” whereas critical rhetoric is concerned about “the actual impact of discourse on an audience” through looking at the “extensional, social and political force of discursive practice” (Leff, 1992, p. 223). Critical rhetoric is distinct, as it seeks to study the power force of discourse, rather

than the intent of discourse. Biesecker (1992), asserts that critical scholars “operate out of the firm conviction that things can change, be otherwise, different---in fact better---provided that human beings intervene symbolically in history that is of their own making” (p. 351). By providing a critique, the critical scholar seeks to improve society’s understanding of discourse’s power. The critical rhetor studies “more than verbal codes,” so as to “comprehend the range of rhetorical mechanisms capable of serving the interests of the powerful and of, conversely allowing dominated groups to free themselves” (Sillars & Gronbeck, 2003, p. 155). Critical rhetoric generally promotes post-modernist thought, as Hariman (1991) explains, that the endeavor is not to “pursue truth” so much as the aim is to “identify power” (p. 67). Ultimately, the goal of critical rhetoric is to expose power and provide grounds for resistance. This thesis is concerned about exposing two aspects of power, the power technology exerts upon the individual, and the power the individual has to resist dominant ideologies. McLuhan (1988) and Foucault (1978) will be employed as a means of exposing both of these sources of power.

#### *McLuhan: Tetrad*

McLuhan (1988) provides a lens for understanding latent power in technological artifacts. Technology establishes a demand for itself, as it creates cultural changes, and as technology advances, humans adjust their lifestyles (Marlow, 1993). In fact, McLuhan and Fiore (1967) argue that “societies have always been shaped more by the nature of the media which men communicate than by the content of the communication” (p. 8). As such, an analysis of the medium is important for understanding the impact of an artifact on society. For McLuhan, mediums are

significant as they have social consequences and are extensions of ourselves (McLuhan, 1964). One of McLuhan's most profound concepts is "that the extensions of human consciousness were projecting themselves into the total world environment via electronics," and "as usual, man [sic] was unaware of the transformation" (McLuhan & Powers, 1989, p. vii-viii). The medium exerts power upon individuals, as it changes human interactions, tasks, and daily life, thus working as an extension of our own being.

Given the power that technology has to influence human life, tetradic analysis becomes a means of understanding the power of artifacts. The tetrad is grounded in McLuhan's earlier, and arguably most popular concept, "the medium is the message" (McLuhan, 1964, p. 7). Leverette (2003) explains, "different forms of communication have different ways of encoding reality, the structure (grammar, form) of any medium of communication is, in itself, a message which reveals a certain perception of reality" (p. 7). Because mediums help us to create reality, they display unobserved and hidden messages about societal life. Often, humans are blind to the character of the medium, as the content of any given medium is most easily perceived and understood by the human eye (McLuhan, 1964, p. 24). However, because the medium has a covert power to influence human ontology and reality, it is significant for scholars to spend more time uncovering and studying the medium itself.

For McLuhan (1964), the "message" of any medium is the societal change that it introduces into human associations and relationships. As such, mediums have power over humans to create change, societal shifts, and revolutions. McLuhan is concerned about understanding and uncovering the "actions exerted upon ourselves

by our technologies and media and artefacts” (McLuhan & McLuhan, 1988, p. 98).

Medium

analysis, through the laws<sup>1</sup> of the tetrad, allows humans to no longer see the world around them blindfolded, but with open eyes.

Tetradic analysis is a method for analyzing the form of any given medium or technology. The tetrad provides a systematic means for analyzing the impact and development of artifacts. Artifacts can be anything, “hardware or software, whether bulldozers or buttons, or poetic styles of philosophical systems” (McLuhan & McLuhan, 1988, p. 98).

McLuhan and McLuhan (1988) present the tetrad as four questions:

1. What does the artifact enhance, intensify, accelerate, or make possible?  
(Enhancement)
2. What is pushed aside or made obsolete as a result of the artifact?  
(Obsolescence)
3. What does the artifact retrieve or borrow from an older previously  
obsolesced form? (Retrieval)
4. What is the new forms’ potential reversal? (Reversal) (p. 7).

Enhancement and obsolescence are complementary, as a new artifact enhances life it also makes another artifact irrelevant. McLuhan (1964) explains, “a new medium is never an addition to an old one, nor does it leave the old one in peace. It never ceases to oppress the older media until it finds new shapes and positions for them” (p. 158).

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<sup>1</sup> The tenets of the tetrad are referred to as “laws” of the tetrad, as McLuhan & McLuhan (1988) outline them as the “Laws of Media.” To be consistent with other scholars, this thesis will also use the term “laws” when referring to the tenets of the tetrad while recognizing that the tetrad is denotatively a theory not a law.

For example, the invention of the compact disc enhanced the quality of music and storage space, yet the compact disc obsolesced the cassette tape and record. Leverette (2003) posits that “a new medium is always in competition with an older medium for the time, money, attention, and loyalty of the culture into which it is introduced” (p. 6). Consequently, when new artifacts are introduced into society, they most certainly replace older artifacts, working to enhance human life while obsolescing older practices.

Retrieval is seen as media work to reclaim aspects of older media, as “the content of any medium is always another medium” (McLuhan, 1964, p. 23). For example, the content of radio is speech, and the content of print is the written word. Older technologies generally undergo transformations and are able to survive being obsolesced. For instance, the Internet chatroom is a newer version of the CB Radio Transmitter (Levinson, 1999). As the CB allows people to communicate with others in small portions of speech, the Internet chatroom also allows individuals to contact, and use the same format of back and forth communication as the CB Radio Transmitter.

Last, artifacts create reversals as “any word or process or form, pushed to the limits of its potential, reverses its characteristics and becomes a complementary form” (McLuhan & McLuhan, 1988, p. 107). For example, “money pushed to its limits, reverses to the lack of money” (McLuhan & McLuhan, 1988, p. 107). Reversal “retrieves elements of the obsolesced, and thus has some resonance with the past, even as it moves into the future” (Levinson, 1999, p. 192).

The Tetrad's purpose is to systematically chart the use of any artifact, so as to predict "what society might do with a new invention" (McLuhan and Powers, 1989, p. vii). This allows us to critique the human use of any object, concept, or thing, to understand its societal implications, and to "accept or reject from the beginning the future effects of any new artifact" (McLuham & Powers, 1989, p. vii). For example, if we would have charted the effects of the wheel, the printing press, or the atomic bomb, would we still have furthered their creation and use? Powers argues that had tetradic analysis been performed on atomic energy, "we might have deployed all our secret services during World War II to frustrate the use of the atom as a weapon for any combatant, including ourselves" (McLuhan & Powers, 1989, p. vii). Tetradic analysis is a means for not only understanding future implications of technology, but it also offers us a chance to change our determined course and avoid negative outcomes.

All four laws of the tetrad, enhancement, obsolescence, retrieval, and reversal, provide "a scientific instrument...of focusing awareness of hidden or unobserved qualities in our culture and its technologies" (McLuhan & Powers, p. 6). These tenets allow for a full understanding of technological shifts and the influence artifacts have on culture. All artifacts are subject to these testable laws. As an artifact enhances and obsolesces media, it also works at the same time to retrieve and reverse media. All four laws "are complementary, and require careful observation of the artefact in relation to its ground" (McLuhan & McLuhan, 1988, p. 99). For McLuhan, ground is the form of the artifact that often goes unnoticed. For instance, people generally recognize and process the content displayed on the television screen, but how often

do individuals think about the way the ground, television, has impacted their daily routines and life? It seems that often we see and recognize figure, but the ground slips into our subconscious. Identifying the medium's influence provides an understanding of the artifact "in relation to its ground" (McLuhan & McLuhan, 1988, p. 99).

For McLuhan (1988) the four laws of the tetrad are subjects of figure and ground. As such, enhancement and retrieval are both considered figures, whereas reversal and obsolescence are considered grounds (McLuhan & Powers, 1989, p. 10). It is easiest to recognize the foreground enhancements and retrievals of artifacts, but obsolescence and reversal fade into the background as society rapidly moves forward. Obsolescence and reversal are easiest seen through the rearview mirror, but society may already be subject to the medium's effects before obsolescence and reversal are realized; which is why tetradic analysis is important to bring all elements to the foreground of human consciousness.

The laws of the tetrad are not a consecutive process, meaning that an artifact does not start at one tenet and move to another; rather the tenets are ongoing as they work simultaneously in all artifacts. As artifacts are enhanced other artifacts are obsolesced; likewise, as objects undergo enhancements, inventors often retrieve aspects of older technologies. As technologies are retrieved, other methods may become obsolete; just as artifacts taken to extreme enhancement create a reversal. For example, the advent of currency provided individuals a means for trading goods and services amongst each other, but currency pushed to its limits becomes a lack of

currency, as people end up in credit card debt, thus at an enhancement of currency reverses to negative currency.

McLuhan and McLuhan (1988) and McLuhan and Powers (1989) demonstrate tetradic analysis on more than 90 different artifacts to display its applicability for analyzing everything from Xerox machines to railroads. A simple example of Tetradic analysis is the television. Levinson (1999) notes:

Television enhances instant visual long-distance communication; obsolesces aspects of sound-only radio, whose serials and soap operas moved to TV; retrieves some of the visual elements that radio had obsolesced, such as the cartoon; and reverses into...cable, VCRs, and the Internet. (p. 17)

While McLuhan himself did not apply these tenets to the Internet, the Internet is certainly a viable artifact for exploration as “every medium in history is subject to these four laws” (Levinson, 1999, p. 17). Levinson (1999) is concerned about applying McLuhan’s concepts to digital information, and briefly identified aspects of Tetradic reversal on the web, suggesting that the Internet might:

with its democratization of communication, its scoffing at gatekeeping, reverse in the next turn of its tetrad into a Web in which choice is a sham, where every hot-link on a page leads to a pre-determined info-dump, mandated by the government or some other resurgent central authority. (p. 17)

Certainly, by applying tetradic analysis to InSPOT, we can come to a better understanding of online sexually transmitted disease partner-notification, and project the future implications of such technology.

To fully understand McLuhan's basis for tetradic analysis we must explore his concepts of historical observations and space. First, humans often succumb to viewing and make judging artifacts post-facto, as they do not notice the changes that technology creates. As with new media and technologies, "the area of impact and incision is numb. It is the entire system that is changed" (McLuhan, 1964, p. 70). The implementation of a new technology not only creates small noticeable changes, but subliminally adjusts entire ways of life, often unnoticeable to humans until it is too late to change the course of the artifact. By using tetradic analysis, medium judgments can be proactive rather than retroactive historical observations, which is recommended by some media theorists (Marlow, 1993).

McLuhan posits tetradic analysis as a superior means of analyzing artifacts, as he disapproves of viewing artifacts through historical lenses. By nature, humans are bound by what McLuhan refers to as "the rearview mirror," as societal changes occur so rapidly that "every generation views the world in the past" (McLuhan & Powers, 1989, viii). McLuhan (1964) reports that "no society has ever known enough about its actions to have developed immunity to its new extensions or technologies" (p. 70). However, tetradic analysis works to shift our focus from the past into the present, and even into future implications. McLuhan & Powers (1989) suggest that:

Humankind can no longer, through fear of the unknown, expend so much energy translating anything new into something old but must do what the artist does: develop the habit of approaching the present as a task, as an environment to be discussed, analyzed, coped with, so that the future may be seen more clearly. (p. viii)

By proactively analyzing the future implications of artifacts, one can shed the rear-view mirror dilemma for a forward view of the extensions of man.

The tetrad is also a means of understanding both figure and ground, illustrated by “assessing the current cultural shift between visual and acoustic space” (McLuhan & Powers, 1989, p. ix). Visual space is a space perceived by the eyes when separated from all other senses, whereas acoustic space is space perceived by using of all the senses together (McLuhan & Powers, 1989, p. 45). Visual space can be thought of as figure, whereas acoustic space is the combination of both figure and ground.

McLuhan and McLuhan (1988) suggest that with the advent of the Greek alphabet, people learned to separate sight from the other senses. McLuhan (1964) explains:

Suppose that, instead of displaying the Stars and Stripes, we were to write the words “American Flag” across a piece of cloth and to display that. While the symbols would convey the same meaning, the effect would be quite different. To translate the rich visual mosaic of the Stars and Stripes into written form would be to deprive it of most of its qualities of corporate image and of experience. (p. 85)

The phonetic alphabet allowed individuals to separate “the inner from the outer experience,” by reducing words’ meaning and superseding individual perception (McLuhan & McLuhan, 1988, p. 14). Visual space separates figure and ground, as figures becomes more obvious, and soon people do not recognize that they are reading words, rather “it becomes a figure without a conscious ground” (McLuhan & McLuhan, 1988, p. 14).

Alternatively, acoustic space is primarily used by non-literate individuals, as all of the senses work together so that individuals use their environment and everything in it, to create shared knowledge. As such, an artifact is not separated into figure and ground, but remains a unified whole. The ideograph is an example of acoustic space, “for like Chinese symbols, they signify and ‘contain’ a unique ideological commitment,” as they are language terms which carry significantly more meaning to individuals and societies, than their denotative meanings (McGee, 1980, p. 7). By relying on all of the senses, visual space is “spherical, discontinuous, non-homogenous, resonant, and dynamic” (McLuhan & McLuhan, 1988, p. 33). Acoustic space is the natural form of viewing that is dominated by contextual imagination. It “is a flux in which figure and ground rub against and transform each other” (McLuhan & McLuhan, 1988, p. 33). Because non-literate individuals have not recognized that inner and outer experience can be separated, artifacts are perceptively viewed as a unified whole.

Visual and acoustic space, although seemingly at odds with one another, work together as complementary aspects of the tetrad. Visual space elevates quantitative reasoning, while acoustic space elevates qualitative processes (McLuhan & Powers, 1989, p. ix). Tetradic analysis allows for the use of left-brained scientifically testable, linear steps, or laws of media; yet, it also encompasses right-brained aspects, by allowing for speculation, art, and imagination, as individuals explore the possibilities of new technology. “At present, every artifact of man mirrors the shift between these two modes” (McLuhan & Powers, 1989, p. xi). Consequently, an understanding of figure and ground are important for tetradic analysis, as the tetrad posits that the

ground must remain “tuned,” in order for us to understand the influence of technology around us (McLuhan & Powers, 1989, p. 69).

With an understanding of the need to move beyond rear-view mirror tactics and the linkage between visual and acoustic space, the tetrad certainly becomes a viable methodology for exploring the impacts of using online partner-notification via an e-card. McLuhan’s tetrad allows us to chart the use of InSPOT, so as to predict its future implications as a medium and artifact. While the content of InSPOT may be readily apparent, it is the form of InSPOT that could have the potential to positively or negatively influence disease transmission. Tetric analysis becomes a necessary means for exploiting the technological power of online partner notifications.

While McLuhan is obviously concerned about the influence that the medium has on individual behavior and life, his method provides little room for a thorough analysis of the content of the medium. In order to fully exploit InSPOT’s innovative medium choice and unique content, this analysis will employ both McLuhan as a basis for medium analysis, and Foucault as a lens for analyzing the content.

#### *Content and Form Analysis*

Both McLuhan and Foucault, while seemingly at different ends of the spectrum, are concerned about the power structures that pervade our lives. McLuhan is concerned about the power that technology has and our limited perception of that power. Foucault is concerned about the power that is placed upon us through discourse and individuals’ ability to overcome limiting discourse and find self-empowerment. These theories allow for the subversive power in InSPOT to be fully exploited and discovered. The combination of both form and content, or as they have

been previously referred to as figure and ground, allows for “a more functional critical code with which to decipher reality” (Leverette, 2003, p. 21).

Scholars have argued for the need to employ analysis of both content and form (Rosen, 1990; Leverett, 2003). Rosen (1990) suggests that a separation of the two is not easy to accomplish, as both content and form influence each other and are essential to understanding what gets communicated to people. Such is the same as figure and ground, as the figure loses or gains value depending on the ground it represents or with which it is associated. Leverette (2003) asserts that as “medium theory needs semiotics to help better understand the signs of life, semioticians need medium theory in order to better understand the ‘allness’ of our signified environment” (p. 2, 21). In studying media, it is a worthy pursuit to look at all aspects of a text. Further, to fully understand media, Rosen (1999) argues that we must work “across the different levels of abstraction, it means integrating the study of individual texts with the attempt to understand the nature of media. It means studying the forms of content or the content of forms” (p. 19).

When merely the content of a medium is studied, the latent effects of the medium are not exploited. Likewise, if we simply study the effects of the medium, we lose the covert implications that the content of the medium may be expressing, particularly as individuals most readily perceive the content of a text (McLuhan, 1964). For example, if an individual studies the effects of television on society, he/she may conclude that television makes individuals see the world as a mean and scary place. Yet this is a faulty conclusion as it is probably not television that shapes individuals’ views of reality; rather it is the violent content that influences

individuals' perceptions (Gerbner, 1998). As most studies fail to account for both content and form, humans remain blind to their own extensions and become servants of their own creations, as artifacts have the power to change society's daily practices. As Leverette (2003) concludes, linking content and form "allows for a more coherent and holistic understanding of the media, both in McLuhan's sense of media as messages and semioticians' views of messages framed within the media" (p. 2). Ultimately, a view of both form and content allow for a rich analysis that privileging one over the other would forego.

*Foucault: Reverse Discourse*

Foucault's implications and utility for rhetorical criticism have been outlined by several scholars (Phillips, 2002; Biesecker, 1992; McKerrow, 1989). Phillips (2002) argues that "Foucault has taken his place within the study of rhetoric" and "now sits as comfortably in the bibliographies of rhetorical scholars as Burke or McKeon or Perelman" (p. 329). Yet, Mills (2003) explains that Foucault's work in general "has provoked a critical debate among critical theorists and political theorists, as to the exact mechanisms of resistance to power relations is not necessarily clearly mapped out" (p. 35). Recognizing the loose guidelines for resistance that Foucault established, Phillips (2002) calls for a space of invention within Foucault. In furthering this space for invention, this thesis will explore and enlarge Foucault's (1978) concept of reverse discourse. Given the novelty of this term, and Foucault's limited development of it, reverse discourse needs to maintain a Foucauldian perspective and will thus be couched within Foucault's more prominent theories of power, knowledge, and discourse. Reverse discourse is appropriate for understanding

the content of InSPOT, as sexually positive discourse is used to promote disease testing. This thesis seeks to provide more substance and grounding to this concept, so that it can be furthered as a theoretical perspective in the communication discipline.

Reverse discourse is created when marginalized groups in society adopt negative dominant terminology placed upon them by those in power, and use these labels as a source of empowerment and unity, as the terms meaning is “reversed” or changed. Foucault (1978) first coins the term “reverse discourse” in *The History of Sexuality I*, as he defines it in light of homosexuality, as “homosexuality began to speak in its own behalf, to demand that its legitimacy or ‘naturalness’ be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified” (p. 101). Reverse discourses are created and promulgated as societal deviants co-opt terms from the dominant ideology, and use these terms as a source of empowerment. Institutions have control of language, through their ability “to name and define what is correct in society, to define the nature of authority, and to outline the rules of society and the terms under which members of society must obey those rules” (Bowers, Ochs, & Jensen, 1993, p. 9). Society seeks to label individuals negatively, so as to maintain power over them, yet occasionally groups will resist by taking the negative term with which they have been labeled, and turn it into a positive connotation, and source of empowerment.

For example, Anderlini-D’Onofrio (2003) explains that “in third-wave feminist discourse slurs like ‘witch,’ ‘bitch,’ and ‘slut’ are being reclaimed as terms of empowerment” for women (p. 47). Meredith Brooks’ song “Bitch” uses the lyrics

“I’m a Bitch, I’m a lover, I’m a child, I’m a mother, I’m a sinner, I’m a saint, I do not feel ashamed...” These lyrics reclaim the word “Bitch” by offering a critique of the patriarchal definitions of women, and by providing a celebration of womanhood in all aspects, by “offering listeners possibilities for self-acceptance and social change” (Westmoreland, 2001, p. 205 & 219). By women referring to themselves as “bitches,” they are engaging in reverse discourse, as they adopt the label that dominant ideologies have negatively placed upon them, and consequently, women find a source of self-empowerment, as it becomes okay for them to be strong, angry, and assertive (Anderlini-D’Onofrio, 2003; Westmoreland, 2001). The negative term becomes a “badge of honor” for the agitating group (Jensen, Ochs, & Bowers, 1993). Reverse discourse is a subversive means of garnering legitimacy and creating resistance. Like co-optation, “It subsumes the labeling (defining) function of the establishment” (Jensen, Ochs, & Bowers, 1993, p. 32).

Toward the end of *History of Sexuality I*, Foucault abandons the idea of resisting the establishment for the overarching and undefeatable concept of bio-power. Bio-power simply means “power over our bodies,” as he suggests that we are unable to resist medicalization by experts who seek to control our bodies through “the medical examination, psychiatric investigation, the pedagogical report, and family controls” (Gesit-Martin, Ray, & Sharf, 2003, p. 103; Foucault, 1978, p. 45). While Foucault opts for a pessimistic look at society and accepts the conclusion that others have ultimate control over our bodies, the analysis of InSPOT will show that a reverse discourse is possible, and it is a legitimate means of creating a life-affirming dialogue, and consequently regaining power over our own decisions and bodies.

Thus, reverse discourse deserves study as it will be further explored and identified in this thesis.

Very little research has explored the concept of a reverse discourse. For communication scholarship, this term should be explored and utilized as a means of understanding not only innovative health message construction, but discursive power shifts in counter-cultural movements. Studies of women on welfare (Kingfisher, 1996), E.M. Forster's fiction (Silva, 1998), and AIDs/HIV public service announcements (Myrick, 1996) are the only three studies which have identified reverse discourse as a methodological consideration; however, these studies have failed to fully exploit reverse discourse's potential as a means of empowering counter-cultural resistance.

The first study to identify reverse discourse as a methodology is Kingfisher (1996), as she studies women on welfare and their communication. Kingfisher (1996) asks the questions "when are persons victims of dominant ideologies and when are they agents, intervening in their domination, transforming the discourses that victimize them?"(p. 530). Reverse discourse allows individuals to stop victimization and demand legitimacy. She concludes that for the women on welfare, "accommodation and resistance are in constant struggle with each other, within power relations, by subjects who constitute and are constituted by the discourses to which they have access and which they produce" (p. 554). While this study draws important conclusions for reverse discourse, the way reverse discourse is identified in the study does not meet the theoretical definition outlined in this paper or by Foucault (1978). For instance, Kingfisher (1996) explains that the women did not resist the dominant

discourse that society placed upon them, as they accepted being labeled lousy mothers and irresponsible. While on the surface this may appear to be a reverse discourse, for these women it becomes a sign of defeat and accommodation. A reverse discourse is a strategy of resistance, as the negative labels should become a source of empowerment and positive self-identity for the marginalized group. Another attempt by Kingfisher (1996) to show the reversal of discourse that took place is in the women labeling the legislatures as “irresponsible.” Turning a label placed upon themselves on to societally defined responsible individuals is not a reverse discourse. Once again, reverse discourse requires the individuals to accept the labels placed upon themselves as a source of pride, positive empowerment, and a badge of honor.

Likewise, Silva (1998) also uses Foucault as a theoretical underpinning for his study of E. M. Forester’s fiction. He explains that Forester’s writings portray the homosexual as “childlike,” which is a label placed negatively on gay individuals by heterosexual society. Nevertheless, Forester created a reverse discourse by associating “the child with a more healthy relationship to the body and greater perceptiveness than the adults” (Silva, 1998, p. 18). In turn, this discourse is reversed as children are seen as not restrained or “corrupted” by societal perceptions of wrong and right ways of being, and are consequently freer than adults; thus, the suggestion of being childlike and immature becomes positive. Silva (1998) concludes that Foucault’s work does not “adequately illuminate” the “affective complexities” of a reverse discourse (p. 25). Thus, more studies are needed to explicate Foucault as a full theoretical position.

Another theorist, Myrick (1996), also uses reverse discourse as a theoretical lens to analyze AIDS/HIV messages from the 1980's and 1990's. He concludes that messages which are created by and for gays constructed gay identity as erotic; whereas public service announcements constructed by institutions and the government displayed gays as "destructive and diseased" (Myrick, 1996, p. 100). Yet, he concludes that even community based messages are questionable, as they often represent erotic sex with "safe sex, particular sexual activities, and certain lifestyles in ways that follow the lead of moralistic, prohibitive, and sex-negative communication propagated by the federal government and the culture at large" (Myrick, 1996, p. 100). Myrick (1996) is also weary of any mention of testing, as he explains testing "for gay men, evokes images of labeling and quarantine, a move that works to remedicalize gay desire" (p. 100). However, this thesis will show that through InSPOT, the gap between erotic language and testing promotion can be bridged. InSPOT reinforces risky sexual behavior as it promotes online partner-notification, which allows individuals to maintain autonomy over their personal information, and does not re-medicalize people with pressure to change their lifestyles.

Social movement theory provides another body of literature that has identified aspects of a reverse discourse. Social movement literature promotes the idea, "co-optation of rhetoric," which is similar to reverse discourse, as social movements adopt terms of those in control, for their own use, and generally through sarcasm they seek to challenge or manipulate the oppositions' message (Brimeyer, Eaker, & Clair, 2004). However, for Foucault (1978) a reverse discourse does more than challenge

the opposition's message by using their language against them, it empowers individuals to adopt these terms as part of their identity and push for the terms' legitimacy, rather than sarcastically seeking to destroy the terms meaning.

In looking at agitation and control rhetoric of social movements, Bowers, Ochs, and Jensen's (1993) tactic, "the creation of positive terms" can be identified as a reverse discourse, as a social movement "often deliberately chooses a word with negative connotations and promotes its use as a positive attribute" (p. 32). Institutions label marginalized individuals with negative terms such as "'deviants', 'outsiders', and 'radicals'" as a strategy for securing their own legitimacy (Jensen, Ochs, and Bowers, 1993, p. 9). They explain that the "capacity to define is extremely powerful" (p. 9). Examples of this are the word "black," turned positive by the Black Power activists, and the terms "gay," "Chicano," and "woman," which were also converted to labels of pride, even though historically they were disparaging terms (p. 32). Further, they explain that only members of the group will recognize the new meaning; "the establishment will retain the outdated usage until they convert to the cause--- or at least acquiesce to a portion of the desired change" (p. 32). However, a reverse discourse is more than creating a few positive terms with which to label oneself. As this thesis will show, a reverse discourse can be created to reverse the entire concept of what it means to have a sexually transmitted disease, particularly reversing the activity of sexual intercourse. Further, this thesis will enlarge reverse discourse to include positive terms reversed to negative connotations for dominant society.

To understand the implications of reverse discourses outside of social movement theory, we must ground reverse discourse in Foucault's positions on power, knowledge, and discourse. First, reverse discourse is an inversion of power. For Foucault (1978), "Power is everywhere; not because it embraces everything, but because it comes from everywhere" (p. 93). Because power is all encompassing, it is difficult to distinguish, as "power is tolerable only on condition that it mask a substantial part of itself" (p. 86). If individuals are able to rationally recognize the power that institutions have over them, they face a conundrum on how to break free of it. As such, reverse discourse becomes a strategy for resisting power, and while discourse is traditionally viewed as an "instrument and an effect of power," it can also become "a hindrance, a stumbling-block, a point of resistance and a starting point for an opposing strategy" (p. 101). Although reverse discourse may not allow one to completely avoid power, as Foucault (1978) argues "one is always 'inside' power, there is no 'escaping' it...", reverse discourse allows individuals to turn the power placed upon them into a method of self-affirmation, and covertly thwart the existing power structures (95).

For Foucault (1988) there are four types of "technology," namely: technologies which allow us to "produce, transform, or manipulate things," technologies which permit us to use "signs, meanings, symbols, or significance," technologies which determine conduct and submit individuals to power, and lastly, technologies which allow individuals to perform "a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection,

or immortality” (p. 18). Foucault is concerned about the last two types of technologies, the ones that submit individuals to power and domination, and the ones that give us a sense of self. Both of these types of “technology” demonstrate power in society.

Foucault is not as concerned with power as “repression of the powerless by the powerful,” but is interested in “an examination of how power operates in and within everyday relations between people and institutions” (Mills, 2003, p. 33). Resisting institutions becomes a prime area of his focus. For Foucault, the individual is the “place where power is enacted and the place where it is resisted” (Mills, 2003, p. 35). Power becomes a strategy for resistance. In fact, Foucault (1978) asserts that “where there is power, there is resistance,” suggesting that there are inherently two parts to power, one which exerts power and one which resists power (p. 95). One tactic of this resistance is to circulate a reverse discourse, which runs contrary to societal norms and laws. Instead of marginalized groups fighting domination with different terminology than their oppressors, reverse discourse seeks to say, “You are right. Yes, this is who I am, and I do not have a problem with it.”

The establishment of taboos, rituals, and societal norms is a means by which institutions exert control and domination over the individual. Power seeks to maintain established societal systems so as to maintain its need. Foucault (1978) explains, “The primary concern was not repression of the sex of the classes to be exploited, but rather the body, vigor, longevity, progeniture, and descent of the classes that ‘ruled’” (p. 123). As the ruling class wanted to maintain power, they limited sexual activity, which banished sexuality from open society. History suggests

that the Puritan values enforced upon society have created the “triple edict of taboo, nonexistence, and silence” that surrounds sex and sexual disease (Foucault, 1978, p. 5). For Foucault, this is the repressive hypothesis, as power has repressed our knowledge of sexuality.

Power and knowledge are inextricably linked, as the production of knowledge seeks to secure some element of power. Mills (2003) explains, “where there are imbalances of power relations between groups of people or between institutions/states, there will be a production of knowledge” (p. 69). Foucault brings into question epistemology, as “truth” and “fact” are propagated by individuals in power, and maintained by “a complex web of social relations, mechanisms and prohibitions” (Mills, 2003, p. 74). Truth is constructed and maintained by institutions and practices, and these same institutions which work to affirm and support “truth” also work to prevent counter-truths from being recognized. For Foucault (1988), the role of the intellectual is:

to show people that they are much freer than they feel, that people accept as truth, as evidence, some themes which have been built up at a certain moment during history, and that this so-called evidence can be criticized and destroyed (p. 10).

Institutional practices such as surveillance, discipline and constraint brought about new sources of “knowledge,” yet they also made possible new forms of control (Rouse, 2005). “If repression is the fundamental link between power and knowledge” thwarting repression can work to “reinstate pleasure within reality” and empower individuals to create their own forms of knowledge, not limited by societal

institutions (Foucault, 1978, p. 5). As individuals, we should counter the types of knowledge that have been impressed upon us, and by resisting societal structures, we can make power work in our favor. Thus, a reverse discourse seeks to challenge “facts” and “truths,” by making them subjective to the individual.

For Foucault (1978), “it is in discourse that power and knowledge are joined together” (p. 100). Discourse by nature, removes silence, and allows for power structures to be uncovered, as people become their own sources of knowledge. Foucault (1978) suggests that “discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it” (p. 101). McKerrow (1989) suggests that “discourse is the tactical dimension of the operation of power in its manifold relations at all levels of society, within and between its institutions, groups and individual” (p. 98). Through discourse, people have the opportunity to create an opposing discourse, as a means of resistance to the current power structure. Discourses become more than informative tools used within groups for identification and socialization, they are also “tactical elements or blocks operating in the field of force relations; there can exist different and even contradictory discourses within the same strategy; they can, on the contrary, circulate without changing their form from one strategy to another, opposing strategy” (p. 101-102).

Reverse discourse allows marginalized voices to agitate the establishment.

For Social movement theorists, Bowers, Ochs, & Jensen (1993):

agitation exists when (1) people outside the normal decision-making establishment (2) advocate significant social change and (3) encounter a

degree of resistance within the establishment such as to require more than the normal discursive means of persuasion (p. 4).

While this thesis is not a social movement study, the logic of Bowers, Ochs, & Jensen (1993) applies, as reverse discourse is a tactical agitation strategy for a reclamation of self and identity, as pockets of resistance are created. Foucault (1984) identifies pockets of resistance as “heterotopias.” The term heterotopias is derived from the concept utopia. Utopias are unreal places that do not exist in society, yet “they present society itself in a perfected form” (Foucault, 1984, p. 3). Heterotopias are “counter-sites, a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted” (p. 3). The term heterotopia suggests that there are multiple or many ideas of what is knowledge, right, or perfect. Thus, communities of resistance to dominant ideologies can be identified as heterotopias, places where individuals are able to exercise absolute freedom and self-governance. A reverse discourse seeks to establish heterotopias where individuals are able to reclaim their own legitimacy, identity, and self.

Given an understanding of Foucault’s positions on power, knowledge, and discourse, we can now turn to using reverse discourse as a theoretical perspective for understanding InSPOT’s health message construction. First, reverse discourse requires an understanding of how dominant culture labels or characterizes people with STDs/HIV, as we seek to understand the dominant institutional lexicon. Second, Foucault (1978) suggests that discourses should be questioned on two levels. First, “what reciprocal effects of power and knowledge do they ensure?” Second, what is

their “strategical integration” that makes them necessary (Foucault, 1978, p. 102). In looking at both of these questions, one can come to first understand discourses’ link to power, and second see why a reverse discourse may be a useful strategy to reclaim power in society.

While Foucault’s (1978) theory of reverse discourse offers us a means to understanding the content of InSPOT, it fails to take into account the cultural influence of the medium, particularly the ability of the Internet to create sites of power, or heterotopias. Foucault (1978) explains that

... we will not be able to free ourselves from it (repression) except at a considerable cost: nothing less than a transgression of laws, a lifting of prohibitions, and irruption of speech, a reinstating of pleasure within reality, and a whole new economy in the mechanisms of power will be required. For the least glimmer of truth is conditioned by politics (p. 5).

While it is unrealistic to assume that InSPOT alone has changed the way that society views the promiscuous sexually driven individual, InSPOT has certainly changed the power of the individual and the way they can view and express their own sexuality. Certainly, the Internet has altered people’s ability to be promiscuous, and InSPOT shows a shift in prohibited sexual activity that marks a revolution to modern Puritan values which have created the “triple edict of taboo, nonexistence, and silence” that surround sex and sexual disease (Foucault, 1978, p. 5). The Internet, as a medium, has reinstated pleasure and has worked to lift societal constraints on prohibitive sexual behavior.

Because InSPOT is linked to several cities and states, it could be considered a form of governmental control over sexuality. Yet, this website does not promote dominant cultural values instead it simply encourages testing, and leaves power in the individual's hands, something Foucault would support. For persuasive health messages a reverse discourse may be the key to helping minority cultures find their voice. Reverse discourse also allows marginalized individuals to spend less time defending themselves against dominant discourse, and begin to take steps that are health promoting, yet do not make them feel like they are denying their identity. Foucault (1978) argues that engendered states of power "are always local and unstable" (p. 93). While it may not be possible for one to completely escape power, as we are all governed by societal norms and laws, we can create a reverse discourse that runs counter to institutional rhetoric. Further, the Internet has allowed people to create their own sites of power that are less constrained by governmental regulations, allowing for power to shift from government, big business, and corporations, to individuals with computers and online access.

In summary, both McLuhan (1988) and Foucault (1978) are concerned about power. Foucault is concerned about the power that society exerts upon us through discourses, and McLuhan is concerned about the power that the medium covertly expresses. These methods are appropriate for analyzing InSPOT, because on the surface, InSPOT is primarily concerned about power; giving power to the individual through the creation of online partner notification, and empowering individuals' sense of sexuality through the content of the e-cards. A complete and thorough analysis of InSPOT requires the integration of both McLuhan and Foucault, as their theories

work to create a rich, descriptive analysis of both content and form. Together, the theories will explain InSPOT's tactical use of a reverse discourse and new technology's ability to produce, organize, and legitimize cultural resistance.

## CHAPTER FOUR

### Analysis of Internet Notification Service – InSPOT.org

InSPOT.org is a website devoted to helping individuals who are diagnosed with sexually transmitted diseases electronically notify their “hookups, ex’s boyfriends, girlfriends, tricks, and partners” that they may want to seek testing and treatment (InSPOT, n.d.). The main website provides links to six different cities, four states, and one international country, who have partnered with InSPOT to market the service in their community. The InSPOT partners are San Francisco, Chicago, Los Angeles, Philadelphia, Portland, California, Colorado, Indiana, Massachusetts, and Romania. The website offers individuals help on disclosing their status to their partners, as well as information about STD cures, treatments, and local resources. While individuals can select their city, state, or country, the service is available to everyone with online access, not just residents of the prescribed locations. After the appropriate location is selected, individuals are taken to a webpage that presents them with two choices: tell their partners by sending an e-card, or if they have received an e-card the individuals can find important treatment information. All of the city/state homepages display images of heterosexual and homosexual relationships, and nonverbal intimacy, such as kissing, conversing, touching, and caressing.

Once an individual decides to tell his/her partners through InSPOT, she/he is led to a page which allows one of six different e-cards to be selected. The e-cards vary based on the location selected; however, most cities/states provide four or five provocative and sex-positive cards, along with one or two modest, business-like cards. Overall there are 13 different e-cards, a few of which have been translated into

foreign languages to increase their potential use. After the desired e-card is selected, the person is taken to a screen which allows a personal message to be added, the exact STD to be indicated, as well as six e-mail contacts to be entered, along with the individual's personal e-mail address, or the option to send the e-card anonymously. Once the e-card has been personalized, the individual previews the e-card, and sends it to the desired recipients.

Individuals who receive e-cards in their email inboxes will find the subject line to read "e-Card from a concerned friend re: your health – via InSPOT." If the card is sent anonymously the address it is sent from appears as [getchecked@inspot.org](mailto:getchecked@inspot.org). The e-cards do not provide individuals with commands to click here for more information, instead, the entire e-card can be clicked on for a link to InSPOT. For users who choose to view more information, which 49% of recipients do, they are led to a website which allows them to find out more information about their condition (Levine, D. 2006). Armed with information, these individuals can continue the e-card chain by notifying their own sex partners.

While the e-cards are certainly the critical and interesting part of InSPOT, the website offers useful resources and information about STDs. In particular, InSPOT provides a list of curable and treatable STDs, helping to make website visitors more aware of the severity of each disease they may have contracted. Further, the website provides links to questions and answers about men's sexual health, women's sexual health, HIV/AIDs, oral sex, symptoms and treatment, transmission and prevention, along with resources for talking to partners, using condoms, charting sexual risks, and an in-depth explanation about what to expect when getting an HIV test. The question

and answer forum, in particular, allows individuals to find answers to questions they may not feel comfortable asking a health professional in a face-to-face interaction. For example, one website user asks: “Are two condoms better than one?” (Inspot.org – Resources, n.d.). All of these links help to connect HIV diagnosed individuals with valuable health information, without embarrassment. Further, the website offers links to other websites which provide support and help to different cultures, substance abusers, HIV care, housing, counseling centers, online syphilis tests, and information for hooking up online safely.

With an understanding of InSPOT’s basic setup and layout, this chapter will focus on providing a rich understanding and critique of this unique and innovative website. The analysis will be divided into two parts, form and content. For the purposes of understanding the form, the website will be analyzed holistically, looking specifically at the Internet’s viability as a disclosure method. To analyze the content, I will look specifically at the messages and imagery of the cities/states homepages and the e-cards.

### *The Tetrad and Form of InSPOT*

The first aspect of the Tetrad is concerned about what the artifact enhances. InSPOT enhances the ease of disclosure, individual control, and partners’ knowledge of sexually transmitted diseases, as well as providing health benefits for diseased individuals, and a script for disclosure. First, InSPOT enhances the disclosure process because it is easy and convenient. A person can have unprotected sex and send an anonymous email to his/her partner hours later, indicating the need to get checked for a sexual disease. The ease of communication has the potential to make

disclosures more likely, and certainly allows disclosing users to ease their conscience of guilt that may accompany non-disclosure. The message in this medium becomes the concept that sexually transmitted diseases should be easy and convenient to disclose, allowing people to take responsibility for their actions but avoid accountability. As responsibility is separated from accountability, a new sense of owning up to behaviors is created. Perhaps this provides insight into a societal culture which is so liberal in its morality, that the very definition of responsibility is re-crafted to promote partner notification, without partner ramifications.

The anonymity of InSPOT also has the potential to make disclosures easier, as individuals may no longer have to worry about shame, embarrassment, or personal harm. Anonymity means that unless a person has only ever had sex with one other person, then there is no way of knowing for sure who gave him/her the disease. Online communication has been shown to make individuals less inhibited, as such, disclosures may become easier (McKenna & Bargh, 1999). Anonymity is perhaps one of the most useful features of InSPOT, as individuals are able to maintain a boundary of privacy, which protects them from physical harm or emotional discomfort. Further, Derelega, Winstead, Greene, Serovich, and Elwood (2002) show that individuals choose not to disclose based on several factors, two of which are privacy and a fear of rejection. By creating anonymity the person is allowed privacy and is protected from blatant rejection. The ease of disclosing ones' disease status is increased, as disadvantages to disclosure are limited.

InSPOT also enhances people's freedom to control their personal information, without governmental interference. InSPOT claims that "no information will be

reported to any government or private agency” (InSPOT - Chicago, n.d.). Thus, a record of neither email addresses nor personal information will be used by a governmental agency to target a person who uses the service. For people who have acquired a sexually transmitted disease this promise may give them the courage to disclose their information.

Alternatively, the Public Health Department limits individual freedom to maintain privacy as they seek to “encourage” partner notification. While states may vary slightly, “all states use essentially the same format, follow the same guidelines, and all are required to have staff successfully complete the same training courses through the Center for Disease Control” (Indiana Health Department, personal communication, April 11, 2007). In contacting several health departments, they explain that there is no means for forcing individuals to cooperate by providing health department officials with partner contact information, yet if an individual does not want to disclose their contact’s information, the health departments will schedule a follow-up meeting with the non-cooperative individual in hopes that he/she “may have changed his/her mind;” if not individuals are “strongly encouraged” to notify their partners themselves (Indiana Health Department, personal communication, April 11, 2007; Southwestern Utah Health Department, personal communication, November 11, 2006; Illinois Department of Public Health, personal communication, April 11, 2007; San Francisco Department of Public Health, personal communication, April 10, 2007). Individuals who have been recently diagnosed with an STD may see these routine health department interventions as an intrusion into their personal lives. Further, the Center for Disease Control Treatment Guidelines (2006) suggest that

“health-care providers should routinely and regularly obtain sexual histories from their patients and address management of risk reduction” (p. 2). Probing from outside individuals may violate an individual’s desire for privacy and consequently put the individual in an uncomfortable position.

InSPOT provides an alternative to the prodding that takes place at governmental agencies. For example, suggested questions for health-care providers are “In the past two months, how many partners have you had sex with?” or “Do you use condoms?” and as a follow up “In what situations or with whom do you not use condoms?” (CDC Guidelines, 2006). All of these questions may be difficult for people with STDs to fully answer and disclose to health practitioners, as they try to maintain a boundary of personal privacy. Consequently, the personal freedom to determine how sensitive information is shared to individuals puts people with sexually transmitted diseases in control of their own disease, which could lead them to accept their self concept as “normal” yet diagnosed with an STD; whereas, the public health departments may medicalize the individual so that he/she feels abnormal and stigmatized. Stigmatization may make the person incapable of reconciling the diagnosis with his/her identity. Additionally, this service may also free up financial constraints for health departments, and allow them to work on other tasks, rather than hunting down sexual partners to encourage testing.

Another enhancement of online partner disclosures is the ability to enhance people’s knowledge of sexually transmitted diseases, and by increasing people’s knowledge, they are given a form of power over their disease. Where the Public Health Department seeks to educate people about their potential exposure to diseases,

InSPOT allows for people to seek out and gather information at their own pace. Once people learn that they may have been exposed to an STD, they may be overwhelmed and stop listening to further information that is given them by health department officials. The e-card provides people with direct links to testing centers in their area, maps of the testing centers, as well as providing information regarding STD symptoms, cures and treatments. Further, individuals become empowered as the e-cards in San Francisco are accompanied with an e-prescription for an antibiotic, which any diagnosed individual can take to his/her local pharmacy and fill. The e-prescription clearly states “this prescription does not replace the need for a medical examination,” yet it clearly reduces peoples’ incentive for visiting a physician as they are allowed to forego medical examinations and treat themselves.

The reviewed literature also shows added health benefits associated with disclosure. Because sexually transmitted diseases attack a person’s health as it is, relieving oneself of the stress and pressure of disclosure may enhance a person’s access to the positive health benefits of disclosure. InSPOT provides advice for talking about HIV, and suggests that by disclosing “You could feel closer to the people you tell, and they might be grateful for the chance to offer support” (InSPOT - Los Angeles, n.d.). Further, they add that disclosure reduces stress, helps people feel better about themselves, and gives them a sense of power (InSPOT - Los Angeles, n.d.). Through making disclosures more accessible and easier, individual’s potential to experience positive health benefits significantly increases.

Another aspect that the e-cards enhance is the script that they give to people for discussing their disease. Derelega et. al (2002) found communication difficulties

to be one reason that individuals choose not to disclose. For people who are diagnosed with a sexually transmitted disease, it may be difficult for them to have a conversation about STD testing with a casual or main sex partner, yet InSPOT provides 14 different ways to disclose. People no longer have to fumble for the right words to say, but can simply select and send an e-card that depicts their feelings, and most importantly gets the vital message across.

InSPOT indeed enhances aspects of a person's life who is dealing with a sexually transmitted disease. It has the potential for greater disclosures, as individuals are given privacy and the ability to communicate about disease testing. If indeed InSPOT does increase disclosures, it is not only enhancing the disclosure process, but enhancing the way individuals can make decisions about sexual activities and promiscuity. Hopefully with faster sexually transmitted disease notices, individuals will be able to more readily seek treatment, take safe sex measures if desired, and slow the transmission to others.

The second tenet of the tetrad is concerned about what the artifact makes obsolete. InSPOT's use of online disclosure obsolesces Public Health Department interventions, in-person disclosures, governmental control, and idealistically the spread of STD's. First, as was previously discussed, the use of InSPOT allows people to maintain their personal privacy, obsolescing the health department's official role; however, this may not always be a positive outcome as the service fails to account for the sensitive nature of the disclosure. Obsolescing public health departments means that people may miss out on viable programs which are designed to help them cope with their diagnosis. People who receive an email telling them to

get checked for a sexually transmitted disease(s) or HIV may miss the valuable counseling and services that would be offered to them by a contact from the public health department. Such an email may limit the support and counseling that individuals in this situation may be provided. Ultimately individuals are left to seek out information on their own.

Another aspect that is obsolesced is the face-to-face encounter for sexual partners, specifically if the email is sent anonymously. This may have its benefits, as discussed in the enhancement section of the analysis, because people do not have to be concerned about their safety or rejection, yet they may fail to capitalize on unforeseen benefits. For people diagnosed with an STD, the reviewed literature indicates that STD status disclosures may give people the opportunity to seek and find support (Cline & Boyd, 1993). By telling someone to their face, the individual can perceive if future support will be available from this partner (Derlega et. al, 2002). Support may be given readily if the partner has previously experienced an STD, or if the partner gets tested and finds out that he or she has the same disease as the discloser. This creates the opportunity for individuals to reach out to one another and offer supportive communication within the community, as persons cope with similar situations and symptoms.

Additionally, a person's reaction to finding out that someone he/she knows has an STD may influence the person carrying the disease to continue disclosing or to stop disclosing. For instance, if Jill has an STD and she tells Jack that he might also have an STD, Jack's response will either affirm to Jill that it is okay for her to have an STD, and he is glad that she shared this information with him, or his response will

indicate that she is “abnormal,” as he rejects her socially, and consequently he rejects her new identity. Jack’s response will influence Jill’s future disclosures, as she adjusts her disclosure method based on his response and the outcome of their relationship. If the discloser does not receive a response from the receiver of the email, he or she may never know if the person was upset, understanding, or shocked. As future disclosures may take place, InSPOT limits people’s ability to learn from past disclosures and improve their communication. As such, InSPOT obsolesces the face-to-face encounter, which has the potential to protect the individual, yet limit support and the creation of self-concept through feedback from others.

Another aspect that is obsolesced through the e-cards is the exact emotions that individuals may be feeling. No matter how the e-cards try to capture the personality and mood of the sender, they are limited in conveying meaning between partners. The graphics on the e-card cannot be changed or personalized in any manner, which limits the sender’s ability to personalize fully the message. The e-cards do allow senders to add their personal comments at the end of the card, yet in written communication it is difficult for people to interpret and understand emotions. While a person may indicate that they are sorry in the e-card, it becomes difficult to guess the degree of regret and remorse. A person’s emotional level may influence how the receiver reacts to the news and whether testing is actually sought. Face-to-face encounters are easier for individuals to process and comprehend emotional levels, as non-verbal cues determine a great extent of the meaning in communication (Mehrabian, 1981).

By putting individuals in control of their personal information, InSPOT obsolesces the government's ability to track sexually transmitted disease as well as monitor and control people's bodies and their sexual behaviors.. The Center for Disease Control Treatment Guidelines (2006) suggest that "the accurate and timely reporting of STDs is integrally important for assessing morbidity trends, targeting limited resources, and assisting local health authorities in partner notification and treatment" (p. 6). Each state has different reporting laws that are placed on health-care providers, detailing if this information must be reported to public health departments. InSPOT empowers individuals as they can opt to notify the individuals themselves, and maintain privacy over their contacts.

A discussion of obsolescence would not be complete without mentioning the ability this service has to limit transmission. The creators of InSPOT would hope that their service slows the spread of sexually transmitted diseases. The Center for Disease Control explains that it is unknown if partner notification decreases disease, yet "at a population level, partner notification can disrupt networks of STD transmission and reduce disease incidence" (CDC Guidelines, 2006, p. 6). If InSPOT truly does make the process easier and more convenient for individuals, one would hope that sexual disease transmission rates would decline as individuals seek testing and treatment. The more people are notified and seek treatment or enact safe sex practices, the less likely other people are to come in contact with these diseases, and ultimately, the transmission of the diseases themselves becomes obsolesced.

The third tenet of the Tetrad is concerned about what the artifact retrieves or borrows from a previously obsolesced medium. InSPOT retrieves greeting cards,

written communication, and ultimately promiscuous sexuality. First, the e-card is a retrieval of the standard greeting card. Deborah Levine, InSPOT Director, explains that the e-cards “are similar to the e-greeting cards sent to celebrate birthdays and holidays” (Payne, 2007, p. HE1). While it seems appropriate to send an individual an upbeat greeting online, is it appropriate to bring back greeting cards as a means of notifying someone about their potential exposure to a life threatening illness? As such, InSPOT retrieves elements of electronic greeting cards and paper greeting cards, yet the content and nature of this message makes InSPOT different. One of the major differences between InSPOT and standard greeting cards is that the standard greeting card is designed to brighten someone’s day, whereas a sender of an InSPOT e-card loses the ability to determine when the appropriate time to disclose to this individual is, and consequently the bad news is delivered when the receiver may be least expecting it. By nature, an InSPOT e-card is the beginning of bad news, as opposed to traditional e-cards which may officially tell the receiver they are old, missed, or wanted to get well, something that might be reasonably expected. As such, InSPOT users should take into account that the receiver may not be expecting such a damaging message to be conveyed in an e-card. Further, the casual nature of an e-card may not be an appropriate medium for conveying the severity of an STD.

Why are e-cards different from standard greeting cards? Perhaps the difference is because the nature of online communication itself is different, as it is marked by greater speed, ease, anonymity, and cost. First, email is different as it quickly notifies the individual of the potential health threat or exposure to an STD. Senders do not have to wait around and wonder when the public health department

will notify the individual, or when the mail will finally be delivered. Instead, once the discloser sends the e-card, it could potentially reach the intended recipient seconds later. Also, the e-card does not require people to go outside of their house and purchase a card that one would send via the United States Postal Service (USPS). Lastly, InSPOT is a free service, whereas purchasing an actual card and sending it would cost money. Thus, while InSPOT is a retrieval of the standard greeting card, its nature differs substantially as it can be sent online.

The other retrieval of InSPOT is written communication. Health departments most frequently contact individuals directly, meaning over the phone or in person, as such sending a written letter to someone indicating the need for disease testing has previously been obsolesced (Indiana Department of Public Health, personal communication, April 11, 2007). Yet, InSPOT clearly provides an alternative to face-to-face disclosure methods as written communication is retrieved.

Moreover, the e-cards also retrieve sexuality as Foucault (1978) suggests that sexuality is governed and controlled by those who are in authority. Mainstream communication about sexually transmitted diseases is generally negative as diseased individuals are labeled deviant. Yet, the e-cards defy negative labels as sexuality becomes a term of empowerment. The ability of the e-cards to retrieve sexuality will be explored further as the content of the e-cards are analyzed.

Finally, the last aspect of the Tetrad is concerned about the new artifact's potential for reversal when pushed to its limits. At an extreme, InSPOT may increase the stigma associated with STDs, continue the spread of diseases through non-disclosures, not be taken seriously or abused, limit comprehensive STD testing, and

encourage multiple partners. First, InSPOT has the potential to increase the stigma associated with sexually transmitted diseases, as it limits the direct communication that may take place in the disclosure process. A lack of direct communication may result in a lot of people carrying sexually transmitted diseases, but failing to communicate about their diseases in face-to-face conversations with others. Part of removing the stigma is opening communication and allowing others to see that their friend has an STD, and is a “decent” and “normal” person. If disclosure becomes a completely anonymous process through e-mail, STDs become something that is unknown, secret, and consequently negative.

A lack of direct, open communication reinforces the stigma surrounding disease. In fact, InSPOT suggests that using the website is not only an alternative to talking to one’s sexual partner, but it is listed as the first method for disclosing to a partner (InSPOT.org - Los Angeles, n.d.). Telling a partner directly is second, partner disclosure assistance is third, and partner counseling and referral services are listed as a last option. Open communication seems to be the best way to remove fully the stigma associated with STDs, yet InSPOT seems to suggest that the website is the prime way for individuals to disclose their status. The only city/state homepage that puts direct partner notification before the website is Chicago, as it states “We recommend if at all possible, that you contact your partners directly” (InSPOT.org - Chicago, n.d.). While InSPOT is an important service for diagnosed individuals, all of the city/state homepages should recommend direct communication as the first option, in order to ensure notification, and increase direct communication surrounding disease. Further, people diagnosed or pre-diagnosed with an STD may need

communication with partners and health officials who can provide counseling, services, and support.

Another reversal of InSPOT is the fact that disclosures may not be increased, as email is an unreliable method for sending such sensitive information. Individuals may be sent an e-card, yet there is no way for the discloser to know if the intended recipient actually received the email. When an e-card is sent anonymously, the address it is sent from appears as [getchecked@inspot.org](mailto:getchecked@inspot.org) rather than from a particular user. Some email filters may be set so that the e-card ends up in the junk mail pile. Once again, the only city/state website that addresses this issue is Chicago. They explain that if recipients have a spam blocker, “the card you send them may go into their spam file” (InSPOT.org - Chicago, n.d.). Unfortunately, the other city/states do not recognize this as a potential limitation, nor do they warn their patrons of the potential of un-received e-mails. This leaves people who could benefit from this information without the knowledge that they may be carrying a disease that could negatively impact their life. Further this may lead people to continue their usual sexual routine, without knowing that they are infecting other individuals. Sexually transmitted diseases then become like an e-mail, get one pass it on to someone else.

Another potential reversal is the fact that not all individuals who receive this e-card may take it seriously, as the nature of the e-card is atypical of standard health department notification messages. Email is not the most effective way for people to ensure that their message is received and acted upon. If partners do not receive the e-card or do not believe the e-card, InSPOT may not be useful in combating the spread of STDs. Further, the e-card has the potential for abuse as angry partners or

acquaintances may seek revenge by sending someone an e-card as a means of scaring them or having them unnecessarily spend time and money to get tested. However, worst case scenario means someone gets tested and the results are negative.

Additionally, while some individuals may prefer to work outside of the Public Health Department, for others public health departments are essential aspects of the diagnosis process as they “encourage” partner-notification. People with sexually transmitted diseases may not be motivated to contact their partners, unless prodding from health department officials takes place, or they may put off disclosing until they have time to think about it, and consequently talk themselves out of the importance of warning their partners.

Other aspects of reversal are highlighted as individuals select the e-card they wish to send, and a screen appears which allows them to add personal messages to the e-card. The individual is allowed to select which STD he/she wants the e-card to indicate may have been transmitted. There are two implications for allowing people to select their exact STD. First, there is a degree of severity between STDs, some are curable others are merely treatable. For instance, a person probably is going to be much more alarmed at receiving an e-card indicating that they may have been exposed to HIV than the person will be if they receive an e-card indicating that they may have been exposed to herpes. InSPOT suggests that all STDs are equal, and that this is an appropriate disclosure method regardless of the STD. Yet, HIV may be too serious of a disease to lightly tell someone over email.

Second, individuals may receive an e-card and only seek testing for that particular type of STD, yet dominant society would suggest that the responsible,

health conscious individual, who has engaged in unsafe sex with multiple partners, should probably be tested for multiple diseases. Thus, InSPOT is empowering individuals about which tests they undergo as the medical scope of necessary STD tests is limited, and this may be detrimental as individuals may realistically test positive for multiple STDs, yet never seek those specific tests.

InSPOT also allows individuals to list up to six of their partners' email addresses. This option limits the individualized messages that people may receive from their partners, as a generic message is sent to all six partners. Further, this sets up a standard of sexual activity by which people are measured. If a person only has one or two partners that he/she needs to tell, does that lead one to question his/her level of sexual activity? By promoting six or less partners, InSPOT sets up as a standard for individuals where too few or too many contacts may mean that someone is abnormal in her/his sexuality. More than six partners may require an individual to send multiple e-cards, so as to reach all partners. Having to send multiple e-cards may become an ego boost or status symbol for sexually promiscuous individuals.

#### *Content and Reverse Discourse and the Content*

##### *Website Layout.*

To understand fully the content of InSPOT, I will first describe the layout of the website. When looking at the arrangement of InSPOT, one will notice its user friendly arrangement of links and graphics. The website provides the sexually active individual with several links to pertinent information. These links include STD FAQ's, community guidelines, other online resources, treatment services, contact information, and information about the site in general. One link in particular provides

individuals with “Advice for Talking about HIV” (InSPOT.org – San Francisco, n.d.). This link offers a list of question for individuals to ask themselves, which will help them decide if they want to tell their partner about their HIV status, or ask their partner about his/her status. This link also provides examples of how to initiate the conversation, such as “Before we jump in bed, I want you to know that I’m negative. Are you positive or negative?” and “It seemed like bringing up HIV when we were fooling around was going to ruin it. Since we didn't f--- that was OK. I hope we can get together again and I wanted you to know that I just tested negative and haven't had risky sex with anyone since.” These initial scripts begin to highlight the sexually positive attitude of this website.

Further, each city/state’s website features links to two main pages, “Tell them” and “Get Checked.” The images above these two links are of two to three people touching, kissing, or talking. The images are of both heterosexual and homosexual couples, displaying the universality of this website. Chicago, San Francisco, Portland, California, Colorado, and Indiana are all funded by the state or local health departments. Los Angeles, Philadelphia, and Massachusetts are funded through private grants or donations. While there may be different sources for funding, governmental and private, InSPOT’s messages are universally provocative regardless of the funding source.

#### *Website’s Content.*

With a description of the websites’ layout, we can now look specifically at content. The website promotes sexuality and promiscuity, which creates a reverse discourse of empowerment for people diagnosed with sexually transmitted diseases.

This reverse discourse seeks to challenge the concept surrounding sexually transmitted diseases, and changes, for sexually active individuals, the behavior associated with contracting an STD. The website is analyzed in two parts, the homepages and the e-cards. This section in the analysis seeks to establish the themes found in the content.

The first element of reversing the concept of sexually transmitted diseases comes from the website's own name, InSPOT, which stands for Internet Notification Service for Partners or Tricks. The word "tricks" refers to casual sexual relationships, as a trick is someone that a person engages in sex with, but does not have a relationship. The website uses this term liberally on each city/state homepage, as it states "tell your hookups, ex's, boyfriends, girlfriends, tricks and partners they may have been exposed to an STD" (Inspot.org - Chicago, n.d.). Promoting the word "trick" becomes a reverse discourse, as society might define someone who is a "trick" as being a prostitute, a person who is willing to sell oneself for money, making the term "trick" not only deviant but appalling to mainstream society. Yet, for InSPOT, the word becomes a source of pride, as it is not negatively used, but simply another name for a type of sexual relationship.

Along with the use of the word trick, the homepages place emphasis on having multiple partners, as the website uses the terms girlfriend, boyfriend, partner, and trick in plural, parading sexual activity with multiple partners, as normal. Further, several of the webpages display images of multiple partners. Specifically, the San Francisco homepage displays a picture next to the link of "Tell Them," portraying three males talking, suggesting that having multiple partners is a normal part of

peoples' lives who are diagnosed with sexually transmitted diseases and this is not wrong. This image also suggests that sexually transmitted diseases are not stigmatizing as three individuals appear to be having a disclosure conversation together. As such, the seriousness of sexually transmitted disease is downplayed.

Another aspect of the San Francisco homepage is the link/advertisement to the online dating service "California Men." This link sends the message of no change. As individuals are seeking to notify partners of sexually transmitted diseases they are also able to easily access a website that allows them to find future sex partners. This creates a reverse discourse, as mainstream dominant society would label individuals who move from partner to partner as promiscuous, yet InSPOT seeks to adopt and promote the idea of continual promiscuity and sexual relations regardless of one's current disease status. The reverse discourse is a sex-positive approach to STD/HIV prevention, yet may encourage unsafe and reckless sex.

*E-card Content.*

To fully understand the latent reverse discourse in the website, this study will look specifically at the content of 14 different e-cards. These e-cards will be analyzed, searching for over-arching themes of reverse discourse between the e-cards. While not all of the e-cards are sexually explicit or provocative, every site displays six different e-cards for individuals to select, and the majority of the e-card options typify a sex-positive approach as a means of reversing the discourse around sexually transmitted diseases.

The first e-card displays three main reverse discourse messages to the recipient of the e-card (see Appendix B). First, the bare back image of a young,

physically fit person with a towel positioned strategically to cover up indecent exposure, suggests the sexual connotation of “bare-backing,” which is slang for having unprotected sex. This image furthers the idea that it is okay to have sex without a condom, something that seems incongruous to telling someone they might have a sexually transmitted disease. This is a point when other health campaigns would suggest individuals should change their behavior by using protection, but InSPOT glamorizes un-safe sex. Second, this e-card explains “You’re too hot to be out of action.” This statement suggests that an individual should not be kept out of the sex scene by an STD, rather he or she should get checked and get back in the game. This sex-positive discourse highlights the message of no change found throughout the website. Individuals are not encouraged to change their actions but are simply encouraged to get checked and continue their free, uninhibited sexual lifestyle. The last aspect of this card is the sentence that reads “I got diagnosed with an STD since we played.” The terminology “played” is used to indicate the sexual act, which shows that sex is not serious or committed, rather it is a hobby. By using the word “played” InSPOT diminishes the seriousness of the sexual act, and reverses the discourse. Dominant societal values would dictate that people with STDs do not take sex seriously; as such adopting the term “played” suggests that STDs are not serious, and it is okay for individuals to use sex as a pastime.

The second e-card displays reverse discourse in four different instances (see Appendix C). First, the e-card reads in big, bold letters, “Heads up...”. While the image displays a man’s face looking into the sky, this statement clearly has sexual connotations to male anatomy. This message uses a play on words to grab attention,

while maintaining a provocative, fun tone. Second, the e-card displays a man wearing sunglasses, looking into the sky. While these sunglasses could be interpreted as a suggestion to protect oneself, they more appropriately can be interpreted as the individual displaying how “cool” or “hip” it might be, as the glasses work to mask or hide one’s identity, so as to deflect responsibility for the situation. Third, the e-card further deflects responsibility as it reads “I caught an STD,” this message indicates that it is not because of the people’s own actions that they are diagnosed with a sexual transmitted disease, rather they “caught” it like the common cold or the flu. Further, the e-card continues to deflect responsibility as it does not say “I might have given you an STD” rather it simply explains that I caught an STD, and “you might have too” (InSPOT.org, n.d.). Responsibility is deflected as the individual does not own up to what she/he has done; rather sexually transmitted diseases are easy to “catch.” Also, accountability is deflected away from the receiver of the e-card, leaving no one responsible for this situation, as though a person simply is struck by lightning on a clear day. Lastly, this e-card uses the word “messed around” to explicate sexual intercourse. Again, sex is reversed as it is a pastime, not a serious, committed experience.

The third e-card employs three reverse discourses (see Appendix D). First, the image is of a physically fit man’s chest whereas the party is blurred in the background. This image suggests that the environment of the party is distorted. While the focal point of the party is the physical body or sex that takes place at the party, conveying that the party’s main purpose is for individuals to engage in sexual intercourse. This image embraces the notion of reckless sexual experiences.

Additionally, this image may also represent some form of drug use as the background images are blurry. The individuals may have been intoxicated or had impaired judgment when they were at the party. Yet, the e-card does not suggest that one stop attending such parties or take precaution, rather the party looks fun, enticing, and inviting. Next, the main color of the e-card is hot pink, which suggests a fun, provocative, and flashy nature. This e-card is not formal, business-like, or sophisticated, but is youthful, alluring, and racy. This is an attempt to reverse the discourse around sexually transmitted diseases. The e-cards promote youthful abandonment and fun as a means of saying yes, sexuality is fun and alluring. The last aspect of this e-card that is important to analyze is the text which reads “It’s not what you brought to the party, it’s what you left with. I left with an STD.” This statement promotes having multiple partners at one party. It indicates that the sender and receiver had a sexual relationship, neither one brought an STD to the party but the sender left with one. Ultimately, the sender must have engaged in sexual intercourse with multiple people at this party, which is why the receiver should also get checked for an STD. Commitment is not part of the sexual equation, as multiple partners are seen as a normal aspect of a party and the sexually fun lifestyle. Dominant societal values would suggest that monogamy or cautious sexual encounters are more appropriate and healthy.

The fourth e-card displays reverse discourse through four different aspects of the e-card (see Appendix A). First, the message displays two screws and suggests that “I got screwed while screwing, you might have too.” The screws can be linked to sexual innuendos of male anatomy. One of the screws is larger than the other one, the

words “I got screwed” are next to the larger screw, and the words “you might have two” are next to the smaller screw, indicating size comparisons. Further, the terms “screwed” and “screwing” carry sexual connotation, and once again lessen that act of sexual intercourse to something light and manageable. The e-card also promotes the idea of multiple partners, as the person sending the e-card indicates that the disease was contracted from another partner, but you should also get checked. This e-card also states “get checked for STDs if you haven’t recently,” yet the word “recently” is subjective. How is an individual supposed to know how recently this encounter took place if the e-card is sent anonymously? People must then use their own judgment as to what being “recently” tested means. By allowing recipients to make their own choices about when to get tested, the e-card promotes a reverse discourse, as dominant society would say that marginalized groups do not get checked often enough for sexual diseases. Yet, the e-card promotes sexual testing only on one’s own terms and by one’s own agenda.

The fifth e-card displays reverse discourse through two different elements (see Appendix E). First, the colors green and red can be analogous to stoplight colors. The green indicates go, get laid, and be happy. The red indicates stop, as the person had to get tested or the person was unhealthy. The e-card does not suggest a stop to sexual activity, rather a stop to living unhealthily with an STD. As people seek happiness, they should continue to engage in sexual activity, get laid, and be happy. This e-card promotes a message of no change as sexuality is given the green light. The second interesting aspect of this e-card is the computer generated smiley faces, something that would be found in online communication as an emoticon, text used to

portray emotion in computer generated communication. This e-card promotes the use of online technology as a means of engaging in sexual activity and resolving any issue that may arise. This works to reverse the discourse, as people adopt the fact that the Internet is used to develop quick relationships with little commitment. By using the emoticons in the e-card, it works to normalize for individuals the use of online dating services and at the very least online communication.

The sixth e-card displays reverse discourse in three ways (see Appendix F). First, the e-card reads “Sometimes there’s no rhyme or reason,” and this indicates that a person could have multiple partners, practice safe sex, and not get an STD, while another person may have few sexual encounters and contract an STD. This furthers the idea that the individual is not in control of the situation based on their actions, rather it is all a game of chance. This reverses the discourse as getting an STD is seen as more than chance by dominant society. If an individual has sex with someone who has an STD, there is a strong correlation that he/she will get an STD. Dominant society may see people with STDs as reckless or taking chances, so by adopting this e-card people with STDs admit they are taking chances, yet not personally responsible if someone gets infected. Second, the e-card displays two individuals, one who is infected, marked by a red head, and another individual who is pure white. The placing of the infection is not throughout the diseased individuals entire body, rather just the “head” is infected, which has sexual connotations to male genitalia, furthering the catchy, provocative nature of the e-card as some STDs infect only the “head” of the genitals. The pure white figure of an individual is not necessarily innocent, monogamous, or abstinent. The figure may be pure in the sense of not

having an STD, but not pure in the sense of personal actions, as the figure is asking “Why me?”. Third, this e-card also uses the language “played” to explain the sexual encounter, downplaying the sexual act as simply a fun activity.

The seventh e-card displays reverse discourse in four prominent ways (see Appendix G). First, the picture on the e-card is of a PDA, palm-pilot, and states “Going through my address book and you’re on the list.” This card clearly indicates that the infected individual has had multiple partners, so many that he/she must keep track of these partners in their new-age “little black book.” This lessens the idea of personal responsibility, as individuals do not seem to remember how many sexual encounters they have had, thus they must refer to their address book to find out. This statement might also show the person’s strong sexuality and be utilized to brag about how many sexual encounters the individual has recently had. Further, the PDA image is displayed with the antenna erect, once again playing on sexual connotations to send a message of no change. Additionally, this image displays the stylus pointing toward the e-card recipient, as though catching an STD is a form of modern-day spin the bottle. Just as spin the bottle is a game of chance where individuals kiss one person and move on to the next. Catching an STD becomes the same game as a person may be intimate with one individual then pass the disease on to the next random person encountered. This imagery furthers and promotes reckless sexual encounters. Lastly, the e-card uses the word “exposed” to explain how the individual contracted the disease, “I got diagnosed with an STD and you might have been exposed.” The word exposed diminishes the responsibility of the sender, as individuals are exposed to

things such as radiation or the sun, thus STDs are something that lots of individuals are “exposed” to or are mere happenstance.

The eighth e-card uses reverse discourse as a means of evading responsibility and promoting multiple partners (see Appendix H). First, the e-card displays the image of a television screen that is no longer receiving a signal. It explains “Who? What? When? Where? It doesn’t matter.” This allows the individual to maintain privacy, as she/he tells the disclosure target, “It’s not your business.” To a person who has been potentially exposed to an STD, these questions may be his/her business, as it has affected his/her health. Further, if this e-card is sent to a partner in a relationship with some level of commitment; it suggests that what the sender does when not with the recipient is unimportant. However, if the STD is serious, the recipient of the e-card may feel hurt, confused, and betrayed by the lack of details. Second, this e-card also touts the notion of multiple partners, as it does not disclose the situational information surrounding the STD. The sender of this e-card may be having multiple, un-protected sexual encounters, but that is not what the message indicates “matters.” Whereas, public health officials would suggest that the important part of STD diagnosis is to find out the who, what, when, and where aspects, so as to change the diseased individual’s future actions.

E-card nine is specifically for disclosing one’s HIV positive status (Appendix I). It states “There’s no easy way to say this...but I want you to know that I’m HIV positive.” While it recognizes that telling someone you are HIV positive is difficult no matter how it is communicated, the ease of the e-card certainly contradicts this message. Next, the e-card displays the image of a person, possibly male or female,

watching another individual unbuckle his or her pants. This image is definitely sexually provocative, and sends the message that I have HIV yet, I still maintain a sexually active lifestyle. Further, the second individual is displayed with an unbuttoned shirt adding to the provocative tone of this e-card. This e-card states “If you don’t know your status, please get tested soon.” This sends the message that the receiver may already know that he/she is HIV positive, yet he/she is also continuing his/her sexual lifestyle.

E-cards 10-14 are displayed less often on the city/state homepages. These e-cards show limited reverse discourse, as they are probably targeted at individuals who are not fully comfortable with their sexuality, but wish to send a simple, sophisticated message.

E-card ten uses reverse discourse to further the idea of sexuality as an adventure (see Appendix J). First, the imagery of this e-card suggests that sex and sexual disease is not simply a straight line from A to B, rather sex is displayed as a curly piece of string, indicating that sex is more like an adventure with ups, downs, twists, and surprises. Yet reverse discourse is limited as, the e-card reads “Sometimes there are strings attached.” This statement recognizes the fact that sometimes there are further reasons to stay in contact with a person after a sexual encounter. Yet, this e-card lessens the use of reverse discourse, as the sex act is not referred to as “playing” or “messaging around,” the card simply states “since we were together.” However, the e-card seems to indicate that the sender has clearly moved on, and while this e-card certainly implies that the person was thoughtful enough to send this

message it does not mean that the relationship has any more depth than any other relationship.

E-card 10 shows a shift in blatant sexuality to suggesting secretly a reverse discourse as remorse and regret emerge (see Appendix K). The e-card displays a man's hand holding a small card that simply states "I'm so sorry." This card is about the size of a business card in comparison to the man's hand, which seems to diminish the level of significance of this disclosure. If the message covered the e-card or was larger in proportion to the man's hand, the message would seem to be that of extreme guilt, yet this card is small, so as to diminish the seriousness of the disease. This e-card takes on a more formal nature, as it does not display multiple partners or sexual connotations. Further, this card begins to establish a message of change, as it states "I didn't know I had STDs when we were together." As such, it appears that had the sender known that they had STDs at the time of the sexual encounter, they would not have spread it to the recipient of the e-card. The message in this e-card falls more in line with mainstream dominant society, as dominant culture would dictate that individuals should want to send a message of regret, non-promiscuity, and forethought.

E-card 12 continues to suggest a change in the blatant reverse discourse nature of the e-cards (see Appendix L). The card indicates that "no one wants to be the bearer of bad news..." This message suggests that telling someone about an STD diagnosis is difficult and challenging, as no one wants to do it. While the sender was thoughtful enough to send the e-card, it requires little effort, and should epitomize the ease of partner-notification. At an extreme, this message becomes an attempt to

deflect blame away from self, as “I don’t want to tell you this,” becomes the focal point of the message. The difficulty in disclosure is furthered as the image on the e-card is of three monkeys, displaying “Hear no evil, speak no evil, and see no evil.” This image is contradictory, as an STD, taken in context, might be considered “evil” by dominant society and not something to be discussed, yet InSPOT promotes hearing and speaking about STDs.

E-cards 13 and 14 are the most formal cards that InSPOT promotes (see Appendix M & N). E-card 13 is very plain, and simply states “There’s something I need to tell you.” The white background creates a sense of innocence, purity, and sterility for this message. Because the e-card is very formal and does not openly flaunt sexuality or sexual disease, it may be indicating that one can still be normal, and proper, yet diagnosed with a serious disease. The e-card also uses the statement “get checked if you haven’t recently,” which once again allows the individual to subjectively decide what “recently” means. While this e-card appears simple and business-like on the surface, the warning to get checked if the receiver has not “recently” done so implies that the receiver has been participating in unsafe sexual activity, which is why he/she may have already been checked.

E-card 14 is perhaps the most formal and elegant e-card that InSPOT sponsors (see Appendix N). This card states “I hate to tell you this...”, indicating a sense of remorse, and the difficult situation of the sender. The calligraphy style of writing, and the background that looks like stationary, makes this card feel very proper. As such, the message seems sincere and truthful.

E-cards 10-14, while not displaying blatant reverse discourse or sexuality, may simply be a strategy for further normalizing the diagnosis of STDs. Harris (2005) suggests that some of the e-cards are more serious, “for different personality types.” Even these more serious e-cards do not fit mainstream dominant cultures’ testing messages, as dominant STD testing messages generally presents safe sex messages along with STD testing information. For example, STD Web, America’s Premiere STD Screening Network, not only provides information for testing, but also provides information for avoiding transmission, such as abstinence, monogamous sexual relationships, comprehensive screenings, vaccinations, condoms, spermicides, and diaphragms ([www.stdweb.com](http://www.stdweb.com), n.d.). The American Academy of Family Physicians (2006) which runs [Familydoctor.org](http://Familydoctor.org), promotes abstinence, condoms, limiting sex partners, along with testing information. Even the San Francisco City Clinic website, which is obviously more liberal than most, reports information for diagnosis and treatment along with condom use and prevention methods, such as limited sexual partners and abstinence (San Francisco Clinic, 2007). This broad spectrum of websites indicates that dominant society not only promotes testing but a change in sexual behavior and lifestyle. Notice, InSPOT does not promote abstinence, limiting sexual partners, nor using protection, rather the InSPOT website promotes exactly the opposite.

### *Themes of Reverse Discourse*

Foucault (1978) suggests that discourses should be questioned on two levels. First, “what reciprocal effects of power and knowledge do they ensure?” Second, what is their “strategical integration” that makes them necessary? (Foucault, 1978, p.

102). After analyzing the e-cards five major themes can be drawn, as a means of answering what power is ensured, and what makes this sex-positive strategy necessary. The e-cards promote a message of no change, multiple partners, evasion of responsibility, a non-serious sexual experience, and loose testing suggestions.

The main element of reverse discourse that is found in the e-cards is the message of no change. The dominant societal lexicon would suggest that once people have been exposed to an STD, they should be encouraged to change their habits and lifestyle. In fact, CDC Guidelines (2006) suggest that health providers should integrate communication of general risk reduction messages and education regarding specific actions, such as encouraging abstinence, condom use, limited sexual partners, modified sexual behaviors, and vaccinations. However, InSPOT seems to run counter to this health message, as the message between partners is not one of, “hey, we should take greater precautions,” rather it is a message of protecting oneself by getting checked so that everyone can get back into the sex scene and enjoy indulging him/herself again. This discourse ensures that individuals do not feel limited by this message, as its strategic integration is to warn someone, yet continue to encourage their expression of sexuality. InSPOT reverses the concept surrounding individuals with sexual diseases, as many individuals may be concerned that their diagnosis will inhibit their sexual lifestyle, yet the e-cards embrace the sexual lifestyle that runs counter to mainstream health messages. This health message strategy, by blending with the person’s lifestyle, may be necessary to ensuring individuals seek testing.

The sexual connotations throughout the emails further instill a message of no change. Reverse discourse is used to minimize the importance of the disease itself, as

the images suggest that the disease is not a serious matter. Minimization is accomplished as the e-cards seek to juxtapose sexual innuendos with a message of testing. This promotes the idea that it is okay to be sexy, provocative, and lewd, as this is the lifestyle of the community. The disease becomes minimized as sexuality becomes the prominent message. This message seems to be a form of flirting, while at the same time conveying a serious health message. The tone of the e-card is based more on an emotional appeal than a logical appeal, as the innuendos are designed to catch people's attention. A message of no change is presented as people may be sexually provoked in the disclosure process.

Second, the e-cards seem to suggest and promote the use of multiple partners. Contrary to CDC guidelines (2006), InSPOT encourages people to have sex with multiple partners, as the e-cards themselves suggest that the disease came from other sexual partners, as the STD came from someone other than the sender and receiver of the e-card. This creates a reverse discourse, as the dominant societal lexicon would label people with STDs as promiscuous, immoral, and lacking conscience; however, InSPOT suggests that promiscuity is a positive means of expressing oneself. Further, people should not limit their partners as a means of disease prevention, rather they should simply notify all of their partners within the last six months if they find out they are diagnosed with an STD. Encouraging multiple partners ensures that individuals do not feel prohibited or limited, and this strategic integration allows promiscuous people to feel normal and accepted.

The third aspect of reverse discourse is the evasion of responsibility. All of the e-cards seek to remove responsibility away from the sender of the message, as STDs

are communicated as something that simply happens, a routine part of life. The dominant lexicon would suggest that if an individual catches an STD, it is because of his or her own actions, and one should be more responsible. InSPOT seeks to reverse the discourse by saying, yes we are sexually irresponsible, and will continue to avoid face-to-face responsibility for the diseases that we spread. This ensures that peoples' lifestyles are not encroached upon, as they feel pressured by logical appeals which suggest it is their fault and they need to change their behaviors. The e-card would read much differently if it said, "I slept with someone who had a sexually transmitted disease, and I think I may have given you this disease. You should get checked." This statement shows ownership of the problem and responsibility; however, InSPOT's e-cards strategically show a lack of ownership and responsibility, as STDs are treated as something that one is "exposed" to or "catches."

Along with the evasion of responsibility is the display of reckless sexuality that is hidden in the e-cards. People are not encouraged to control their sexual desires, rather it seems common place for someone to get an STD from a stranger met online or from someone met at a party. The display of reckless sexuality creates a sex-positive message for individuals exposed to STDs. In fact, one person responded "I read about the inSPOT.org site in the news, and am so impressed. It's just the sort of be-aware, sex-positive approach that I like" (ISIS.org, n.d.). Strategically, this discourse runs counter to dominant discourse, yet may provide people with a disclosure strategy that fits their lifestyle.

Fourth, reverse discourse is further created by the e-cards as sexual intercourse is referred to as "playing," "messaging around," or "screwing." The

dominant lexicon would label people with an STD as not taking sex seriously, and seeing it as a non-committed act. InSPOT successfully reverses the discourse by suggesting, sex is not serious, and does not only need to occur between committed partners. As such, sex is seen as an activity or pastime, and nothing more. This allows and ensures individuals in the community that they can maintain their social norms surrounding sex, while still confronting the issue of diseases. Strategically, this discourse lessens the seriousness of sex so as to fit with the community's ideals. While the term "played" is not inherently negative, when adopted by InSPOT, it reverses into a negative term for dominant society.

Last, InSPOT uses a reverse discourse as it does not rely on fear or guilt appeals to encourage testing rather it loosely suggests that individuals should seek testing. This ensures that individuals will not feel pressured. Dominant society would label people with STDs as deviant, and not responding to authority. This e-card consequently does not strongly seek to encourage testing through words such as "you must" or "it is mandated that" you get checked for an STD, rather it strategically allows for individual choice and freedom.

## CHAPTER FIVE

### Conclusions

This thesis has sought to explore InSPOT.org as a partner-notification service and strategy for sexually diseased individuals. The website has been holistically examined to provide an analysis of both the form and content. Through this analysis, I have argued that InSPOT.org creates an empowering life-affirming dialogue for individuals who are diagnosed with a sexually transmitted disease, by allowing individuals to maintain dignity and privacy, while also showing consideration and care for the well-being of their sexual partners. This analysis shows that Foucault's (1978) term reverse discourse is more than a co-optation of terms, rather creating a reverse discourse can be used to alter societal conceptions about sexual behavior. Conclusions can be drawn on two fronts, theoretical and practical.

#### *Theoretical Conclusions*

This study uses a critical rhetorical perspective as a means of understanding the power in both the medium and content. For InSPOT, this approach is favorable over mere textual analysis, as it allows for the study of more than the creators' intent by providing a look at the implications behind the artifact. In this case, the intent of InSPOT was to allow individuals an easy and convenient method for disclosure. Through critical analysis, InSPOT's implications for societal resistance are identified, as the e-cards become more than a simple partner-notification message, they portray a lifestyle. The e-cards establish a reverse discourse that has the power to encourage a healthy lifestyle, by partner-notification and testing, but continues to promote erotic, risky, and promiscuous sexuality. These two messages may seem incongruous, yet

work to empower this at risk population. A simple textual analysis would not have revealed this dimension of the e-cards rather it would have simply furthered the intent of the creators, or regarded the e-cards as sexually inappropriate for the disclosure context. However, through the lens of critical rhetoric, one can come to understand the message as congruous and empowering as these e-cards display more than a disclosure message; they display the identity, values, and beliefs of this population.

On the surface, messages may be interpreted at face value, yet only through critical analysis can one uncover hidden agendas. For example, on the surface the e-cards may appear fun, light, and provocative, but through critical analysis they can be revealed as a resistance text, which thwarts dominant ideologies of safe sex as reckless sexual encounters are glorified. Also, by critically analyzing the medium as a rhetorical artifact, InSPOT is seen to offer diseased individuals a method for disclosure, but limits health organization's ability to intervene. A simple media analysis would not have revealed the underlying power of the medium to enhance, retrieve, obsolesce, and reverse this artifact; rather the scholar would simply accept or reject this method of disclosure.

Tetradic analysis provides a revealing and unique look at using e-cards for partner-notification purposes. This method allows an individual to chart and predict the implications of an artifact's future. By charting InSPOT, one can conclude that the service offers great enhancements, yet serious consequences if this disclosure method is pushed to its limits and a reversal of the medium takes places. First, the e-cards certainly enhance individuals' ability to maintain privacy and inform their sex partners about disease. This form of communication allows individuals personal

responsibility for communicating with partners, rather than pushing the responsibility onto third party health department officials. This enhancement is beneficial for reducing the case-load of health departments, and allowing them to stretch limited resources.

Yet, InSPOT should not be heralded as the only method of disclosure for individuals living with sexually transmitted diseases, or face-to-face communication about diseases will become obsolesced. As such InSPOT.org may be reversed to covertly influence the stigma associated with the silence surrounding these diseases. InSPOT becomes a viable disclosure method at a last resort, particularly if the relationship is of little significance, anonymity is essential, or if very little contact information is available for partners. As such, InSPOT reverses to promoting the idea that relationships are disposable, as it gives license for people to feel justified in being promiscuous, seeking personal pleasure, and spreading diseases, then sending a simple e-mail to resolve the problem. This method of disclosure and relationship development becomes selfish on the part of the e-card sender as little is sacrificed little for individual pleasure, which is not how a stable, mature relationship operates. Key elements to making a relationship last are selflessness and sacrifice. Ultimately, the website should promote other options for partner-notification, so that diseased individuals can make fully informed decisions. These measures will help to ensure that InSPOT does not reverse into a larger conduit for disease transmission.

Another aspect of tetradic analysis is the message of the medium associated with sending an e-card, which implies that STDs should be easy and convenient to deal with, yet a more logical and appropriate message would suggest that there is

something wrong with a society in which consequences for actions are minimized. While individuals learn to take responsibility, they are not held accountable for their actions, which leads to a cyclical effect that ultimately creates further irresponsibility. By sending an e-card, an individual is acting responsibly, because he or she is disclosing to a possible health threat to a partner. Yet, because the e-card is anonymous, the sender is not held accountable for infecting his or her partner. Through these two actions, we ultimately arrive at irresponsibility, as the individual can continue to behave in reckless sexual excursions, and InSPOT allows people to avoid interpersonal consequences. As long as the individual continues to use InSPOT he or she is taking a step of responsibility; however, the above cycle continues.

This cycle has both positive and negative consequences. For an individual who recently has been diagnosed with an STD, it may be good for he or she to not feel pressured or labeled deviant by his/her community. Used appropriately, this method provides empowerment for individuals as they take responsibility for the disclosure process, and inform their partners without outside interference. On the other hand, perhaps the uncomfortable position that sexually diseased individuals confront is a product of their own making and has the power to discourage future sexual acts. InSPOT removes this uncomfortable position, and grants people a simple method for easing their conscience. If left unchecked, in the end, the message of InSPOT and ultimately STDs, may become like the e-mail itself, get one pass it on to the next person.

Further, this analysis has shown that InSPOT is a retrieval of past communication mediums. It reveals that online communication changes the nature of the context. This analysis illustrates that in order for scholars to paint a holistic picture of an online artifact, both content and form must be studied. Had this thesis solely considered the content of the medium, the overarching influence of online communication would have been lost. Likewise, if this thesis had solely considered the online aspect of partner-notification, the provocative content which creates an empowering reverse discourse would have gone unstudied. As Rosen (1990) suggested, a separation of content and form is not easy to achieve because both content and form influence each other and are essential to understanding what gets communicated to people. Just as content and form are shown to be necessary for a complete understanding of online communication, so are the figure and ground of all artifacts. The figure of any object loses or gains some interest/value depending on the ground it represents or with which it is associated.

Last, in looking specifically at the tetrad, there are methodological advancements that should be furthered. While the tetrad provides a systematic means for predicting “what society might do with a new invention,” it becomes difficult to make value judgments about the artifact given the different parties’ interests (McLuhan and Powers, 1989, p. vii). Combining tetradic analysis with axiological considerations will allow the researcher to discuss openly values that shape the narrative and use these values to guide the judgment of the artifact for each party involved.

In analyzing InSPOT it becomes difficult to make a final judgment about the medium, without the use of values. For instance, for the creators of InSPOT, they simply value partner-notifications that are as effortless as possible, in hopes that individuals will use the e-card and notify more partners than they would otherwise. Alternatively, for health department officials, the value may be placed on connecting individuals with resources for seeking treatment and counseling, along with a value placed on governmental tracking and behavior change. This addition to tetradic analysis will allow researchers to also comment on the inherent values themselves, independent of how well they might be received. By identifying the values of various parties involved in the disclosure process, tetradic analysis will carry more capacity for making sound judgments about the inception of any artifact into society. Ultimately, for diseased individuals, InSPOT proves to be an innovative means for maintaining personal dignity, yet for health department officials, InSPOT may have unintended consequences, and give too much power to individuals.

While tetradic analysis provides a means for understanding the content of InSPOT, Foucault's reverse discourse reveals a sex-positive approach to disease control, which previous studies have not explored. First, InSPOT.org's content empowers individuals by appealing to their values and beliefs, rather than enforcing dominant ideologies on individuals who do not seek to adopt or change behaviors. This study furthers what Myrick (1996) means when he explains "While we cannot escape the process that defines who and what we are, we can strategically resist and make ironic the institutional power that drives that process" (p. ix). Individuals may never be able to fully change what it means to live with an STD, yet InSPOT allows

them the opportunity to resist the institutional power which seeks to govern personal, private decisions. For sexually diseased individuals, InSPOT demonstrates that it is possible to create a life-affirming dialogue as a means of resisting bio-power.

Additionally, a reverse discourse in this case, allows individuals to spend less time defending themselves against stigma and negative labels, and begin to take constructive steps that are health promoting. This becomes an ultimate move in reverse discourse, as individuals can shrug institutional limitations and take positive control of their own lives.

Further, this thesis shows that reverse discourse is more than strategic co-optation of terms enacted by social movements; rather reverse discourse can be enacted to challenge societal conceptions about ways of life, co-opting the stigma. Reverse discourse is not only used by marginalized groups as a means of resisting institutional power, but is also as a means of empowering the individual with a sense of self-owning, as individuals become sources of knowledge. Further, the analysis of InSPOT.org builds on Foucault's conception of "heterotopias," counter-sites of culture, where individuals are able to create discourse which reverses the limits society has placed on them, and allows individuals to conceptualize their own sociopolitical state of perfection. The reverse discourse of InSPOT reverses the institution's rhetoric, and privileges the individual, uninhibited sexuality, and the Internet as good, while demonizing the institution.

To limit the discussion of reverse discourse to the empowerment of individuals, would fail fully to see this as a strategy of resistance. As individuals use reverse discourse as a life-affirming technique or strategy, it not only changes what it

means to live a sex-positive lifestyle, it minimizes what it means to live opposite of the e-cards, meaning monogamous relationships with safe sex practices. For people who support InSPOT's message, practicing safe sex may seem boring, limiting, and self-denying. Thus, reverse discourse not only establishes risky sex as good, in the eyes of the users, but creates the antithesis that deems safe-sex as negative.

Through the analysis, Foucault's conception of reverse discourse can be expanded in two ways. First, while the definition of reverse discourses suggests that negative language is turned positive, a reverse discourse can also be created by taking positive language and turning it negative. For instance the word "played" in and of itself is positive, but when linked to STDs and sexual intercourse the term, for dominant society, is reversed into something negative. As such, using reverse discourse as a methodology reveals the linkages that create positive and negative terms in language. For InSPOT, multiple partners is a positive term, as multiple partners means healthy, uninhibited, life-affirming sexuality, which is good. Alternatively, for dominant society, multiple partners mean promiscuity and jeopardized physical health, which is bad. A reverse discourse not only allows new linkages to be created by others as a means of resistance, but its analysis reveals the linkages in supporters' and oppositions' language and thoughts.

Second, this thesis demonstrates that reverse discourse can be enlarged to more than language as it is found in non-verbal visuals and context. Both the images and medium of online communication do not reflect bad to good language shifts outlined by Foucault, yet they support a reverse discourse of positive self-empowerment. InSPOT is a unique reverse discourse as it is a focus on the activities.

For instance, while the STD may not fully be reversed into something positive and sought after, the behavior that causes STDs, risky sexual activity, turns into something positive. Enlarging Foucault, reverse discourse is not only taking one term (STDs) and making it good, as it can also be a concept, cause, or activity that gets reversed.

The analysis of InSPOT also allows us to draw conclusions about the current state of our culture, as this study reveals the individualistic values which allow a message like this to thrive. InSPOT certainly touts the individual's privacy and interests above those of the person receiving an e-card, as anonymity is valued above the recipient's right to know all of the facts. Further, the sex-positive message highlights the liberal society in which we live. Limiting a person's freedom by discouraging disease promoting behaviors becomes a method of the past, as individual liberty to engage and behave sexually however one pleases triumphs caution.

### *Practical Conclusions*

Given the theoretical conclusions that can be drawn from the analysis of InSPOT, this section will look at the practical conclusions surrounding this disclosure method.

Reverse discourse suggests a new strategy within the positive appeals used to construct health messages. This study shows that reverse discourse may be a positive means for encouraging responsibility through testing, yet not discouraging sexuality. While the positive nature of the message may not evoke all individuals to take action, a fear or guilt based message may be too negative given the content and societal

implications surrounding sexually transmitted diseases. Health campaign designers, who take into account values, should explore the possibility of not only persuading individuals to seek testing, but also presenting discourse that may run counter to institutional discourse yet coincides with an individual's lifestyles. As such, future campaign messages may be more valuable if they are aimed at changing the societal concepts that surround sexually transmitted diseases, rather than changing sexually diseased individual's lifestyles.

In looking specifically at website construction, several conclusions can be made. As cities/states contemplate the inception of this technology, it becomes important for them to recognize potential changes in the website that may help prevent a reversal of this medium. First, the websites must warn individuals of the potential for e-cards to never reach recipients, as they may end up in junk-mail folders. While Chicago has implemented this change, all of the websites and future websites should address this issue. Another option is for InSPOT to allow users to track the delivery of their e-card, and receive a notification when the e-card has been opened. Along with this option, the receiver of the e-card should have the opportunity to respond back to the sender, thus opening the communication channels between sender and receiver. While this may limit the website's ability to claim it does not record any sender information, it can still issue a statement of confidentiality, and protect the interests of its users. In the end, the claim that there is no back log/record of sender's identifying information is only as good as senders/receivers believe it to be; this claim requires individuals to put trust in the system.

Second, the webpages should openly and up-front offer individuals other options for disclosure, such as contact information for health department officials, along with other means of communicating STDs to partners, such as in person, over the phone, in an instant message chat, or by mail. Individuals should be given a variety of options so that they can make the best decision for them and their partner.

Next, cities/states should question the ability for individuals to send an e-card HIV notification. One might argue that the sooner an individual can be notified of this disease, the better off they will be for treatment. Yet, while the purpose of this thesis was not to uncover the differences based on the type of STD, it seems natural that receiving an e-card warning of possible HIV exposure may be emotionally damaging, and provoke unforeseen consequences. Perhaps the services should merely suggest STD testing in general, rather than HIV testing. In contacting several health departments, they indicate that STD and HIV are not treated different by their counselors who engage in STD contact tracing (Indiana Health Department, personal communication, April 11, 2007; Southwestern Utah Health Department, personal communication, November 11, 2006; Illinois Department of Public Health, personal communication, April 11, 2007; San Francisco Department of Public Health, personal communication, April 10, 2007). However, because this email could be opened at anytime, the sender does not know the emotional state of the receiver, and could ultimately reveal this information in a devastating manner. Perhaps trained professionals, who understand the full consequences of living with HIV, may be more equipped to ease a person's mind about this potential diagnosis. Further, there seems to be a continuum of STD's, as some are curable and others are merely treatable. Out

of all STDs, HIV seems to carry the most severe consequences, as many people may take this disclosure as a death sentence. Ultimately, while notifying someone about this issue may help them to seek testing and request the appropriate test be conducted on them, HIV may be too severe a disease to informally notify someone of over email.

Last, the e-cards themselves do not provide a link to InSPOT, rather the individual has to click on the entire e-card to find a link offering services. A more appropriate method for increasing the information that individuals receive regarding disease treatments, would provide a visible straightforward link, indicating “Click here for more information regarding testing and treatment options.” This step would help further the educational aspect of the e-card, moving it beyond mere partner-notification, to online counseling.

### *Future Research*

While this thesis is a landmark study in using the tetrad and reverse discourse to understand e-card disease notification, much research is needed to further these methodological conceptions. First, future research should juxtapose the tetrad with values, so as to judge the inception of an artifact, rather than just to predict its future implications. To add value judgments, I suggest the creation of multiple tetrad’s for the same artifact, with each Tetrad using a different parties’ values as a guide for analysis. The study of different parties’ interests will help to determine if an artifact can be judged useful and should be furthered, or whether the utility of the artifact should be questioned, given the ultimate value desired. For instance, while an artifact may be appropriate and useful for one group of people, another group of people may

have different values, thus making the artifact inappropriate for the second group's use.

In the case of InSPOT, the service is useful for individuals who simply want to notify their partners and maintain privacy, yet for disease prevention specialists, whose ultimate value is to end the spread of STD's by modifying individuals' behavior, this service may not be the best approach. Tetradic analysis combined with values will then allow an individual to chart an artifact through both parties' values, so as to judge the artifact based on competing values of personal privacy and behavior modification. This research will help to prove the utility of tetradic analysis beyond mere one-sided judgments, as multiple view-points and interests will be taken into account. Also, by separating each party into separate tetrads, a more thorough analysis will be shaped, one that allows for different values to guide the ultimate determination.

Second, future researchers should continue to exploit the use of reverse discourse as a new methodology and means of social resistance. While Foucault (1978) creates this concept and quickly abandons it, this is a method and strategy that deserves further development and study within the communication field, as the development of this perspective sheds light on a new approach to resistance. Foucault has been criticized for promoting resistance but providing little practical means for achieving resistance (Phillips, 2002). Yet, by furthering the concepts that Foucault outlines, one can see that Foucault conceptualized means of resistance, scholars on the other hand have overlooked their implementation. Phillips (2002) calls for a space of invention within Foucault, and this thesis has taken his challenge

by furthering reverse discourse as a specific strategy of resistance. Scholars need to continue the use of Foucault's theory in the study of rhetoric, and not be too hasty to criticize his theories as impractical, as this thesis shows that Foucault conceptualized means for resistance, yet did not fully explicate them. Perhaps, reverse discourse is one step in many which Foucault outlined that have gone unnoticed and understudied. As such, future researchers should continue the study of reverse discourse and explore Foucault's ideas on power, knowledge, and discourse to see what else may be a strategy of resistance, yet covertly hidden and underdeveloped.

Third, future research should explore the differences in online partner notification messages based on the severity and curability of the disease, to see if different messages are more appropriate depending on these two factors. As some STDs merely are treatable, and others are fully curable, there becomes a difference in how one might react and feel about notification for exposure to one STD over another. Further research can help to highlight, if any, the differences, and determine if email is an appropriate method for all STD's, and if the e-cards differ based on STD type. Also, as online communication increases as a means of building intimate relationships, online partner-notification services may also grow, and future research should compare multiple online services in order to make a complete judgment.

In answering the research question, "How does the online STD partner-notification service InSPOT prevent the spread of STDs while legitimizing sexuality?" this thesis has unmasked the power that InSPOT has to adjust the cycle of sexually transmitted disease. InSPOT functions as a method of partner-notification that empowers the individual, yet may limit governmental interventions. The reverse

discourse of InSPOT seeks to create a sex-positive health message that aligns with individual's values, beliefs, and behaviors, so as to increase individual compliance with partner-notifications. Both theoretical and practical conclusions for the use of the online partner-notification service known as InSPOT have been drawn.

Ultimately, past STD health messages have not curbed the spread of STDs, and new innovative approaches are necessary for disease management. InSPOT offers people living with sexually transmitted diseases hope, personal responsibility, and positive sexuality, a message that may be essential to winning the sexually transmitted disease epidemic.

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Appendix A

**I got screwed while screwing,  
you might have too.**



**Get checked for STDs if you haven't recently.  
[www.inspot.org](http://www.inspot.org)**

Your message goes here.



This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

Appendix B



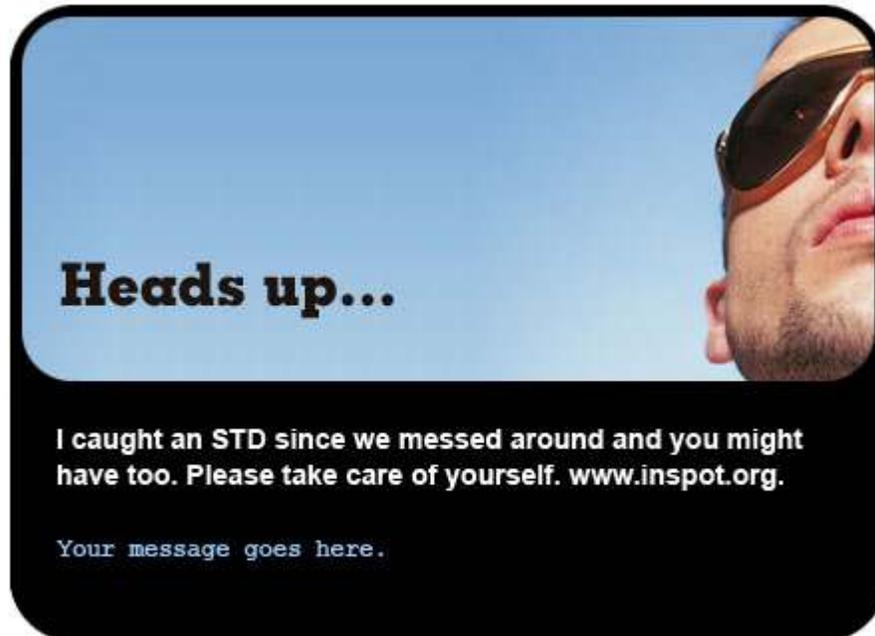
**You're too hot to be out of action.**

**I got diagnosed with an STD since we played.  
You might want to get checked too. [www.inspot.org](http://www.inspot.org)**

Your message goes here.

This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

Appendix C



This is from a friend at  the [STD] Internet Notification Service for Partners-Of-Tricks.

## Appendix D



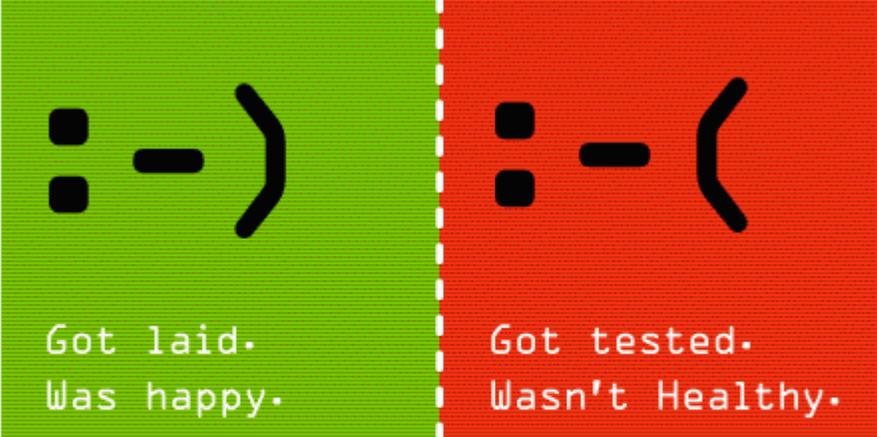
It's not what you brought to the party, it's what you left with.

I left with an STD. You might have, too. Get checked out soon. [www.inspot.org](http://www.inspot.org)

Your message goes here.

This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

## Appendix E



Got laid.  
Was happy.

Got tested.  
Wasn't Healthy.

**Better get your own STD checkup soon.**

Personal message goes here.

This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

Appendix F



**I got diagnosed with STDs since we played.  
Get checked out soon.**

Personal message goes here.

This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

## Appendix G

[ Going through my  
address book and  
you're on the list. ]



**I got diagnosed with an STD and you might have been exposed.  
Get checked out. [www.inspot.org](http://www.inspot.org).**

Your message goes here.

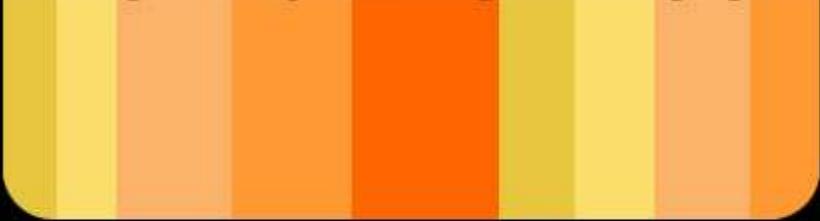
---

This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

---

Appendix H

**Who? What? When? Where?**



**It doesn't matter. I got an STD; you might have it too.  
Please get checked out. [www.inspotla.org](http://www.inspotla.org)**

Your message goes here.

This is from a friend at  **SPOTLA** the [STD/HIV] Internet Notification Service for Partners in Los Angeles

## Appendix I



**There's no  
easy way to  
say this ...**

**... but I want you to know that I'm HIV positive. If you don't  
know your status, please get tested soon. [www.inspot.org](http://www.inspot.org).**

**[Your message here.](#)**

This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks:

## Appendix J

Sometimes there are strings attached.



**I got diagnosed with STDs since we were together.  
Get checked out soon.**

Personal message goes here.

This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

Appendix K



This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

## Appendix L

No one wants to be the bearer of bad news...

But I got diagnosed with STDs.

(You might have one too)

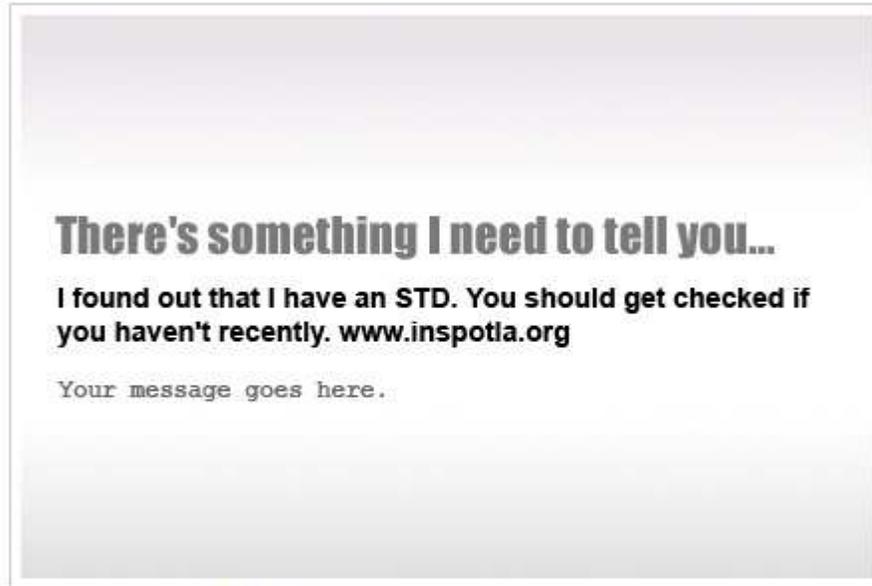


**Get checked soon for STDs.**

Personal message goes here.

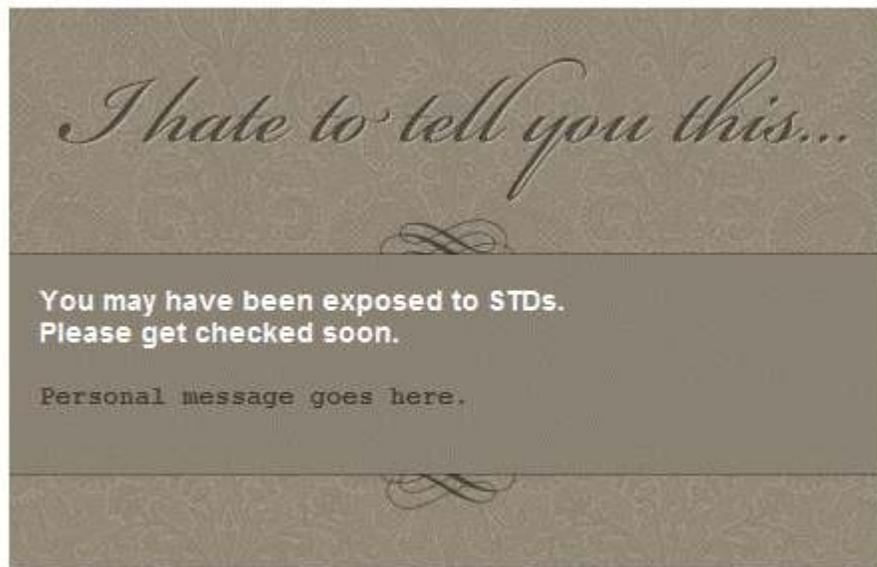
This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks.

Appendix M



This is from a friend at  the [STD/HIV] Internet Notification Service for Partners in Los Angeles

Appendix N



This is from a friend at  the [STD] Internet Notification Service for Partners Or Tricks: