# 9

## Reflections on casual sexual encounters between men

### Setting, sexual culture and the body

The analysis presented in Chapters 5 to 7 has suggested clear answers to the questions posed in Chapter 3.

- Physical surroundings were found to have a profound effect on practice. Sex venues as cultural institutions enable patterns of practice that do not occur elsewhere. Physical arrangements within beats and venues encourage or enable particular practices, such as oral sex or group sex. This results partly from the ways in which settings alter usual interactional patterns.
- Meanings of sex to the participants varied widely; these were related to practice within the men's own accounts but not in any clear predictive way. Men engaged in the same encounter may come to it for totally different reasons.
- Men's sexual skills, tastes and preferences, which were also very varied, related to their practice. Men made trade-offs between risk and pleasure. As a result, men who did not like certain risky practices in the first place accepted health promotion messages most enthusiastically.
- Men's bodies affected their practice most strikingly in the issue of erection or the lack of it. Understandings of the body and physiological processes affected men's interpretations of information about HIV risk.
- Men looked for a range of features in casual partners. Suppression of social cues (such as clothing in saunas, all visual cues in darkrooms, speech in most venues) restricted the range of criteria on which partners were selected, enabling wider choice.
- Men have a vocabulary of sexual practices within which some common practices (manual sex, nudging) are less salient. These practices are socially patterned in

ways that benefit men with certain tastes or abilities (e.g. a fondness for fellatio or an ability to produce an instant erection) and frustrate those with others (e.g. for languid sensuality).

- Safe sex considerations are routinely integrated into sexual practice but in a way that leaves room for considerable risk of HIV transmission.

## Setting and agency in sex venues

The behaviour of the patrons of sex venues is constrained and elicited not only by the physical structure of the spaces but also by culture, both the subculture of venue use and the wider cultures of gay community and the construction of masculine sexuality in society at large. This does not mean that venue users are the will-less puppets of social and material structure; they have agency as much as do the users of restaurants, corner shops, churches or railway stations. The generalisations presented here are drawn from the data interpreted within my overall interactionist framework, and hence do not 'determine the structure of sexual contexts in advance of their enactment' (McInnes and Bollen 2000, p. 29). My view of the relationship between the material and social aspects of culture is not so much determinist as recursive, as in the work of Bourdieu (1977), Berger and Luckmann (1971) and Fletcher (1995).

Previous analyses have tended to ignore the agency of venue operators in deliberately arranging the setting to enable sex between strangers to occur. Effective features of venues disrupt the kinds of social interaction that regulate and prevent sexual encounters happening in other settings. The first and most obvious is that the setting is safe; patrons are protected from the risk of violence by fellow patrons or intrusion from outside. Second, the situation is already defined as sexual, and all the people present are defined as potential sexual actors, at least from their own point of view, if not those of others who may regard them as 'UFOs' (a graffiti term short for 'ugly, fat and old'—Santana and Richters 1998). The third key feature is warmth and gloom, which remind us of the bedroom, of night, of being unobserved. Perhaps more importantly, they make people only dimly visible, making it easier to impute to them an attractive appearance that a bright light would dispel—remembering that it may be that the actor does not really mind too much about the looks of his pro-

spective partner, but may worry about being seen with a certain sort of person. Darkrooms in particular, if dark enough (and some are pitch black), break up all visual cues to normal social interaction.

If this analysis is correct, then we would expect to see a similar 'release' of sexual behaviour in comparable heterosexual settings. I can offer only anecdotal evidence to support this.

During World War II, many British trains were completely blacked out to protect them from air raids. Carriages were segregated into men's and women's. A friend who was in the British Navy told me that when trains were away from stations, groups of women (usually nurses or armed forces ancillary staff) would venture through the darkness to the men's carriages, feel their way along, and select groups of nice-seeming men (perhaps by flashes of moonlight or their conversation) and sit on their laps. Sometimes they just laughed and flirted, and sometimes they let the men feel under their skirts. How often manual sex—and perhaps intercourse—occurred quietly under these conditions of cover of darkness we can only speculate. Similarly, flight attendants say that people frequently try to and sometimes succeed in having sex at night on long flights, either in the lavatories or in their seats. These are presumably often people who knew each other before they embarked on the plane. Nonetheless, the dark and the 'white noise' sound cover produced by the engines and ventilation function similarly to the dark and music in venues to provide a kind of privacy despite the close physical proximity of other people, which ensures physical safety.

Other examples occur in *My Secret Life*, in which 'Walter' (1995[1888]) tells of a sexual encounter on one of the new London omnibuses, then not yet equipped with internal lighting. The encounter starts when a woman lets him put his hand up her skirt in the dark. Several of his outdoor sexual encounters take place under cover of fog. Boswell (1950) records the same behaviour in his *London Journal* written in the mid-18th century. Before electric street lighting, any doorway or alleyway was sufficient cover for a sexual engagement. Modern metropolises are under much stricter public surveillance at night.

## Rehabilitating the concept of 'libido'

In Chapter 7 on 'The body', I discussed the concept of libido or randiness as a folk theory held by respondents about their own bodies. This is the only place for such a concept in a strictly discursive theory of sexuality. However, it is not plausible to suppose that a person's sexual adjustment and personal requirements in sexual interactions are solely a matter of discursive scripts, if these are understood as purely culturally acquired. There are differences between bodies that are not solely a matter of acquired sexual culture, although the linguistic and other terms in which we understand them certainly are. The differences between people's lives—their 'forgotten history' as Bourdieu calls it—do not account for all of their sexual differences. This is of course just a form of the old nature–nurture argument. Chapter 1 looked at how sociology has neglected the physical facts of humans as animal bodies and how the fear of essentialism leads to an inability to conceptualise sexual behaviour satisfactorily.

Faced with the facts of human sexual behaviour, it is an unavoidable conclusion that some people are simply much randier than others; the same man can also be randier at some times in his life than others.[1] Although social situations can elicit and constrain sexual behaviour, the 'urge to rut' comes largely from within. It can be induced and eliminated by the administration of hormones and other drugs. In arguing this, I am not making a simple proposal of naturalism about sexual behaviour in general or reducing my social constructionist position to a pallid social influence theory. The power of sublimation at the community and individual level is enormous. Further, the way in which any person interprets their inner urgings (McCormick 1987) is completely socially acquired: a man may interpret an early morning erection as merely a cue to urinate or conversely as an opportunity or even a command for sex.

Given a society in which casual sex is readily available for men, and many different forms of sexual relations are known to and chosen by individuals, there will be differences between men in the way they act on those opportunities. There has

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1. I use the colloquial term 'randy' because the more formal term 'high libido'—except when used colloquially as an equivalent of 'randy'—carries psychoanalytic baggage with which I do not wish to engage.

been a tendency in gay theory and sociology to use 'homosexual desire' as the sole (if implicit) explanation for men departing from the heterosexual norm and engaging in sex with other men. Yet the category of 'homosexual' is itself problematic as an explanatory term, being historically and geographically contingent.

Of course, homosexually active men do not necessarily have more sex than exclusively heterosexual men do; some have very low levels of contact. If the average married man has sex once or twice a week, and a covert homosexual seeks anonymous contacts to achieve the same unremarkable level of activity, the latter will clock up 50 to 100 partners a year. But on average, homosexually active men are in fact much more sexually active than heterosexuals (Laumann et al. 1994; Johnson et al. 1994) and among homosexually active men, gay-community-attached men are more active than those not attached to a gay community (Crawford et al. 1998). It is perhaps more accurate to say that among gay-identified men the proportion of highly sexually active men is higher than among non-gay-identified men. One of the many reasons why some men partake in homosexual sex is not because they (at least early in their sexual careers) specifically desire sex with men, but that they want easy access to sex, and having sex with men is—in our culture, where access to multiple anonymous female partners would be very expensive—the only way to do so. In short, it is as plausible to argue that a man is gay because he is randy than that he is randy because he is gay (and thus liberated, transgressive and so on, unlike the 'vanilla' heterosexuals). In the same way, it is possible that some men come to homosexuality, or partake occasionally in homosexual sex, through a liking for anal eroticism. There is no necessary connection between the desire for and eroticisation of masculine bodies on the one hand and anal sex on the other, though there is a strong nexus between the two in our culture.

## Non-gay homosexually active men and gay sexual culture

It is not helpful to theorise the sexual practice of men who have sex with men as part of the institution of homosexuality separate from that of heterosexuality. It is hetero-

sexual institutions that require the existence of male sites such as commercial venues and beats, so that men can seek casual sex safely. ‘Heterosexual institutions’ in this sense are both the hegemonic construction of masculine sexuality as desiring (even requiring) sex outside relationships and also men’s use of heterosexuality to commandeer women’s domestic labour.

Gay identity both overdefines and underdefines homosexual practice. This sounds like a contradiction, but it is not. A man can be homosexually active, indeed function very ably in homosexual sexual culture, without taking on gay identity. At the same time gay identity alone, even total integration into a gay social milieu, is not sufficient to define the sexual motivations that bring men to homosexuality, or what practices they will engage in. Nor is it sufficient to teach men how to achieve sexual contacts. For example, a man’s first time in a sex-on-premises venue might be more appropriately compared with his first time in a Japanese railway station or a supermarket, or his first day at university. The role of traveller in Japan, supermarket shopper or university student is new, not a pre-existing or prepared identity.

Keogh et al. (1998) argue that the assumption that beats and venues are used mainly by non-gay homosexually active men, because such places are the only place where they can meet for sex, is ‘entirely unfounded’. It is not clear which part of this two-part claim is unfounded, that there are no other places for homosexually active men to find partners or that they are the main users of beats and venues. The authors report a British study of behaviourally bisexual men which found that only a minority had used beats or venues for sex (Weatherburn et al. 1998), ‘Thus PSEs and PSVs are used far less by behaviourally bisexual men than gay men.’ In fact Keogh et al.’s argument does not prove this, as the relative proportion of instances of use of beats and venues depends on the proportional size of the gay and non-gay behaviorally bisexual populations and on the frequency of their male-to-male sexual contacts in various settings. (See Appendix 2.) What evidence we have about Australia suggests that far fewer non-gay homosexually active men are willing to respond to surveys, whether by invitation to telephone (such as Male Call) or when approached at beats or venues (Garrett Prestage, NCHECR, pers. comm.). Those that do so report lower numbers of male partners and lower levels of activity. Thus unless non-gay homosexually active men, even though they are a minority of those

responding to surveys, actually outnumber gay men several times over, the majority of participants at beats and venues at any one time will be gay men.

However, it does not follow from the conclusion that the majority of beat and venue users are self-identified gay men that such settings and their mode of operation should be conceptualised solely as expressions of gay identity and gay community.

One reason is that the actions of non-gay men, even if they are a minority, constitute a key part of gay sexual culture. Non-gay men read gay papers and patronise the more discreet of the gay venues. They meet each other at beats and venues. Neither a gay nor a straight man coming into this silent setting knows about the identities of the others around him. He may either assume they are like him or that he is the only odd one out. Two men may look around the same setting; one sees all gay men and the other sees married guys from the suburbs like himself. Even in non-gay settings such as straight bars and beaches, other men seeking sex are more likely to be gay than not (Appendix 2), but the codes by which they are operating are those of the heterosexual public setting.

Secondly, as seen in Chapters 5 and 6, the customer populations of venues in and around Oxford Street are very different from those of venues elsewhere. In the outer suburbs and provincial and rural centres few if any of the participants in beat sex (or venue sex, in the few places where it is available) will be self-identified gay men. Many of those who are aware of themselves as homosexual and who may tick 'gay/homosexual' on a questionnaire may not be involved in gay culture or attached to a gay community.

Conceptualising the culture of male casual sex in terms of gay community also affects approaches to health promotion for HIV prevention. There is a tendency for gay community members working in this area to think of themselves as typical of the audience to which they are addressing themselves. Workers in AIDS organisations (particularly the senior ones doing campaign planning and policy) can be seen as 'peak' members of the gay community. They tend to be well-travelled members of international gay culture. They take the homoeroticism of gay pop culture for granted. Their gayness is in a sense a job qualification and central to their self-image. (This is a rare luxury for most gay men.) If men working in HIV prevention experience themselves—however accurately—as intrinsically motivated primarily or exclusively by homoerotic desire, they tend to assume that this is true of their

audience. However, the findings presented here suggest that this is not true of the men to whom their HIV prevention messages are addressed. Homoerotic desire did not figure prominently in men's reported motivations in sex, although it was certainly present in some men's accounts.

Just because a man is homosexually active or even gay does not mean that he has a complex and nuanced understanding of the difference between homosexual identity, behaviour and desire. Indeed, there are AIDS researchers who think that homosexually active men who tick the 'heterosexual' box on a survey form are simply lying, and HIV prevention workers who see all non-gay homosexually active men as simply 'covert' gays or men en route to coming out who have not quite got there yet.

### *Geographical perception of HIV*

In Australia, it is in the inner-city gay community that a high prevalence of HIV-positive men is to be found. Homosexually active men are in a practical way aware of this fact, despite the early AIDS campaigns arguing that it was sexual practices rather than group membership that placed men at risk. One consequence of this fact is that men tend to regard HIV as having a geographical existence rather than an existence in the mobile bodies of men. Hence they see anywhere away from the gay districts as 'safe' (as evidenced by respondent SC05, p. 167, who thought he was safe 'seven miles from Sydney and a thousand miles from care', in the words of the 1930s tourism slogan). The geographical area inhabited by this imagined HIV is surprisingly small. Chris mentioned non-gay men feeling safe 'out here'; he was speaking in an inner western suburb less than 10 km from the city centre, only two bus rides from Oxford Street in the inner east or one from the secondary gay centre of Newtown in the inner west. It seems not to occur to men that the participants in the Oxford Street scene do not all live in Darlinghurst and Surry Hills; many live in other inner suburbs or even on the leafy North Shore.

## Sex venues: hotbeds of infection or sites of HIV education?

It is beyond the purview of this thesis to pronounce on a policy matter such as whether Sydney's sex venues or some of them, should be closed or more closely regulated in some way. Unlike New York or Sweden in the 1980s, these are not paths that have been taken by health authorities in this country. However, some relevant issues that flow directly from the findings should be considered.

Certain of Sydney's inner-city sex venues are heavily patronised by a group of men who tend to share the following features: they are HIV-positive, they are highly sexually active and they practise unprotected anal intercourse with casual partners. They are also more likely than other gay men to be involved in the more esoteric sexual practices such as water sports, scat, fisting and SM, and to be part of the leather scene. HIV-positive men in this group, whether personally known to each other or not, often negotiate unprotected sex, assuming that the partner who agrees is himself HIV-positive. However, this negotiation, as we saw in Chapter 6, may consist of little more than indicating the desire for anal sex and proceeding without a condom if the partner does not object. If the partner is HIV-negative and 'reads' the willingness to proceed without a condom as indicating negative status (because surely a positive man would not do such a thing), there is obvious potential for transmission. This point has been made by other researchers (e.g. Keogh et al. 1998, p. 21; Slavin et al. 1998; Santana and Richters 1998).

However, mistaken assumptions about HIV status and consequent unprotected anal intercourse are not the only risk in this setting. The sheer number of partners that many men have raises the odds of their encountering a partner with a high viral load (because he is currently seroconverting, or already has AIDS) to near certainty over time. Under such circumstances the level of care taken in sex to ensure that HIV transmission did not occur would need to be of a stringency comparable to universal precautions for preventing nosocomial infections. The general rules of safe sex under which most of these men operate are likely to be insufficient to prevent at least some infections occurring even among men who do not have unprotected anal intercourse. Indeed 18 of the 70 Seroconversion interviewees reported having had no unprotected anal intercourse, at least by their own definition. Apart from one who had shared a syringe with an infected person, 13 reported protected anal intercourse, which they

tended to assume was totally (rather than relatively) safe. Four reported no anal intercourse in the relevant period, and their infections (if they are all telling the truth) must be attributed to a rare cause, involving blood or semen contact through oral sex or nonsexual means.

As we saw in Chapter 6,

- oral sex is almost always practised without condoms, and sometimes with ejaculation in the mouth
- nudging or brief anal insertion of the penis without a condom often occurs without being labelled by the men involved as 'anal intercourse'
- although ejaculation inside the partner is generally avoided, there is often semen on men's bodies or hands
- recognition of 'lesions' was very limited; usually only an open cut or an injury provoking visible bleeding came to notice
- although fisting usually involved the use of a glove, fingering—sometimes with several fingers—did not.

Any men who attempted to adopt personal safe sex practices that ran counter to these accepted patterns would have considerable social difficulties in negotiating sexual practice in many settings. To make a nonsexual analogy, it is customary to wash one's hands after going to the toilet, but to refuse to shake someone's hand because one has a cold is not socially normal and may even be read as insulting, despite being rational in terms of infection risk.

Are sex venues sites of HIV education? This is doubtful. Respondents were sceptical of the usefulness of health education posters and leaflets displayed in venues. Except in the 'chill-out' areas in the larger venues, the opportunity to read these was limited or nonexistent. Large signs saying 'This is a safe sex establishment' may help to make men feel normal if they insist on protected sex. But actions speak louder than words. The most useful thing venues can do is to provide condoms, preferably inside cubicles and darkrooms. Giving out a single condom at reception is of only limited use. Some patrons refuse the condom when it is offered, either out of embarrassment or because they plan not to have anal intercourse. Even

if the patron accepts one, he may have lost it or already used it by the time it is needed, and going back half-dressed to reception for another may be impractical.

Until recently some sex clubs provided douching facilities, making some extra profit from the sale for a few dollars of a short length of rubber piping for each patron requiring this facility. A recent outbreak of the bacterial intestinal infection shigella (July 2000) prompted visits to the venues from public health officials, who encouraged venues to discontinue the provision of douching facilities, as it is very difficult to prevent transmission of enteric pathogens through the equipment. The officials reported that the venues were very co-operative. The fact that venues are legal certainly makes such public health interventions easier in Sydney than in some other jurisdictions.

## Specific HIV prevention recommendations arising from the findings

### *Erection difficulties*

In view of erection difficulties being heavily correlated with reluctance or inability to use condoms, there is a strong argument for the ready prescription of sildenafil (Viagra) to homosexually active men or indeed any men having casual sex. Viagra is already popular as a party drug, partly because it offsets the effects of other party drugs such as speed that cause difficulty with erection.

### *Oral sex*

Some respondents who had dental treatment were aware from AIDS Council publications and other health education that they should avoid oral sex when they had oral lesions. However, only one respondent among the five in the Sero-conversion study who had had dental treatment reported that his dentist said anything about this to him. Dentists should explicitly warn patients about infection risks after performing invasive procedures or diagnosing gingivitis. It is likely that at present only gay dentists with obviously gay patients do so. Dentists may be unwilling to

offend straight patients by mentioning oral sex, so a standard leaflet that would not assume sexual practice or identity on the part of the patient is called for. The wide availability of such a leaflet would avoid the problem of embarrassment for the straight dentist and perhaps be of assistance to the hidden population of non-gay men who may frequent beats and sex venues and to some women.

Clearer advice should be made available on what to do if someone ejaculates in your mouth, i.e. whether to spit it out immediately or swallow it. Health advice leaflets often conflate 'swallowing' with 'taking semen in the mouth', which can lead to confusion about whether it is safe to have semen in the mouth as long as it is not swallowed.

### *Skin lesions*

The stress on 'body fluids' as the major risk for transmission appears to have led many men to ignore risk associated with direct contact where skin integrity has been breached. A combination of lesions in both partners such as a graze, split, recent or unhealed piercing, ulcers etc. may amount in very rare cases to blood–blood contact. However, men do not think of this as involving a significant volume of body fluid. Much effort was expended by health educators early in the HIV epidemic on how to translate the medical understandings of infection routes into terms that people could act on, and on how to transmit relevant practical skills in sex rather than inapplicable theoretical information. Perhaps it is time to rethink the standard way of communicating the notion of 'wet sex'.