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The body

As humans we're not clean creatures, you know, we shit we piss we burp, we vomit, you know. (S Max)

Respondents were by and large matter-of-fact about their own sexual tastes and interests and why they liked something that left some other men cold, such as nipple play. There was an implied biological essentialism or naturalism in some of the explanations for such variation, which often centred around the concept of libido or randiness (discussed below). Chris's reflectiveness on possible psychological reasons for sexual tastes was rare. By and large the body was seen as giving up its secrets easily.

[W]hat do you like about oral sex the best?

Well, sucking a man's dick [laughs], I don't think you really have to like much more about it than that [laughs], um, it is very pleasurable um, well I certainly like having it done to me so I would assume that the same would apply to other people, it's basically a pleasure mechanism. (Tom)

Tom offered an anatomical explanation for why receptive anal sex is enjoyable for some men and not others:

I think whether you find anal sex pleasurable or not pleasurable from my experience anyway depends a lot on where men's prostate [*sic*] glands are, some of them have really well-placed prostate glands which makes anal sex a rip-roaring great time, some guys just don't get anything out of it I think they just do it purely because guys like it, um, I have a well-placed prostate gland so I like being fucked [laughs] because it just drives me crazy. (Tom)

The penis

Despite the ubiquity of huge penises as an assumed object of lust in gay fiction, pornography, advertising and other imagery, there were few mentions of large penis size as a good feature. This might be because the virtue of large size needs no remarking, but the lack of even marginal comments along these lines is notable. Julian, a short man who had most of his sexual success in the darkroom, was discreetly proud of his ‘nice’ (and by implication large) penis, which he said earned him many compliments. In his turn he commented on his first lover being ‘well hung’: ‘He had a, you know, big dick um he was [...] cut and he’d just take forever [to reach orgasm]’. This was one of only two unprompted mentions of circumcision status; both might arguably be interpreted as implying that circumcision reduced penile sensitivity.

Yeah [condoms are] passion killers, um, I don’t know what it would be like for guys who are uncircumcised but for circumcised guys it cuts down a lot of the sensitivity, um, which is why I don’t normally, if I’m using them I never have good sex ever, with condoms (Tom)

There were a few comments that a large penis is uncomfortable for receptive oral or anal sex. Peter admitted that it might be ‘disconcerting’ if a partner had a particularly small penis, and Chris mentioned the need for thoughtful condom choice by sex workers for clients with small penises:

workers have their little selection, you know, they’ve got their little basket of condoms beside the bed and the clients don’t know. They wouldn’t know what’s thick, what’s thin, what’s small, what’s big, you know, because you can get tighter fit, you can get flares, you can get thin ones and thick ones and normal ones and [...] then you assess the person and the dick as you go and that’s what you do as a worker and if they’ve got a little dick you don’t tell them you’re putting on a small condom, but you do, you know. (Chris)

Many of the respondents had piercings in various parts of the body (ears, eyebrow, nipples, belly button etc.), and several had a Prince Albert. This is a penile adornment

consisting of a curved or straight stud through the glans penis. Although it could in theory lead to a risk of condom breakage, respondents perceived that in practice it did not, and one mentioned carefully folding the Prince Albert to the side so that it did not get in the way during condom application.¹ Although aware that the process of piercing itself could transmit HIV and hepatitis C if not done carefully, men usually viewed their piercings as constituting no infection risk once the initial wound had healed.

Erection

In contrast to the lack of concern about penis size, there was frequent mention of problems with erection, especially in association with condom use. Occasionally men mentioned that other men could not ‘get it up’, but more usually they talked about their own difficulties.

I don't like being really drunk when I'm going to have sex because I want to be able to perform. Basically I get really pissed off with most gay men because they're all so busy getting messed up and then you get to bed and they can't get it up. (SC40)

[A] couple of years ago I went down to the [commercial impotence clinic] and got the prostaglandin injections because I got a few problems with HIV-related impotence or whatever caused it. I mean nobody really knows what caused it in my particular case. It could have been the antiviral drugs. It could have been a whole combination of factors. They don't really test so much any more, they just teach you how to do it and you go away and you inject yourself until you get a hard-on. Um when I was using those injections I had no problems, no problems at all, um, I don't use the injections any more because I found after about six or twelve months my chronic impotence problem had been solved by using the injections and thereby getting my confidence back and I suppose getting the blood flowing. I don't really know the biology of it, but I didn't have that problem after a while. But I still have

1. This respondent presumably had the curved type of insert, which passes from the urethral meatus via the urethra to the dorsal surface of the penis.

a problem with condoms. So, that's why I starting practising from that little booklet I was talking about. (Richard)

The 'little booklet' was a publication from the Western Australian AIDS Council that gave step-by-step instructions on practising alone to train oneself to apply a condom smoothly without losing one's erection. Richard regarded the booklet as a great boon and thought the information it gave should be more widely known.

Men attributed loss of erection or failure to achieve it to many causes—chemotherapy, antiviral drugs, speed or other party drugs, the mere thought or sight of a condom, lack of sufficient attraction to the partner and in one case nervousness in the presence of a particularly attractive partner. The inability to gain or maintain an erection while using a condom clearly led to occasional failure to use condoms and for some men to abandoning any attempt to use them at all. It is often overlooked by the proponents of safe sex that insistence on a condom from the receptive partner may mean missing out altogether. Rather than risk this, men will rationalise unprotected anal intercourse 'just this once'.

The other time was at [sauna] one Saturday afternoon There was this em, young bloke. [...] He kept chasing me around so I thought, 'Oh why not?' So I was in the cubicle with him and he said, 'D'you mind if I don't use a condom?' and I said, 'Why not?' He said, 'Because I have trouble keeping an erection putting one on.' I thought, 'Ooh, I'm not really keen on this' but being dumb I thought, 'He looks all right. He looks safe.' (SC66)

And yeah, we'd fuck without a condom.

What about in casual relationships?

I like fucking guys and [...] I can't usually manage to do it with a condom. (José)

Condoms and interruption

[Y]ou're in this great big heat of passion and all of a sudden you've got to undo this little packet and pull this bloody thing out and get it around the right way and

squeeze the air out of the tip and roll it down and by then you know everybody's sort of everybody's just lying there waiting for you know what's going to happen next. (Tom)

Richard offered a suggestion as a solution for this problem: that it become socially expected that receptive partners apply the condom to the insertive partner. Then the receptive partner could use oral and manual stimulation of the prospective insertive partner during application to prevent him losing his erection during the interruption to proceedings.

I find that there is still quite a few people out there including myself who can't keep an erection with a condom. As soon as the condom comes out that's it, it's over. I try to get around that by my putting it on them or getting them to put it on me if it's going to be the other way around. And I find that in most cases if I'm going to do the fucking, then I have to ask [them] to put a condom on [me]. [...] I have to actually verbally tell them to make sure that I'm good and hard first, I'd get them to suck my dick or do something that'd effectively give me an erection so that I'm not going to lose it and then they can and, I guess it's unfair to say this but they can do the fumbling rather than me. Um, it's about a fifty-fifty chance as to whether they know why and if they know why then it works. If they don't really know why they're doing it, why I'm not doing it, because I'm the one who is gonna fuck them, so why shouldn't I do it, then in that particular instance it won't work right for me. [...]

I think there should be an educational campaign just saying partners, fuckees put it on the fuckers. I mean if they want it, if they want to get fucked you know— (Richard)

The implications of this problem are discussed further in Chapter 9.

Body fluids and excretions

Issues around body fluids were deliberately explored in detail only in the Sero-

conversion interviews, and therefore largely in the context of HIV transmission risk. However, men in the Sites study and Negotiating Sex were asked what their ideas of safe sex were. The phrase ‘body fluids’, much quoted in HIV prevention education, has a very literal meaning for most men as liquids in quantity. For many men the term appeared to refer only to blood and semen.

What does the notion of exchanging bodily fluids mean to you?

It happens when fucking someone without a condom and coming in them. Um, [pause] blood passing from one person to another, even not during sex but when you cut someone, um, a bit like during S&M sex, and their blood entering your body or your blood entering their body, even by accident. That’s it. (Brendan)

Blood

Concepts of infection or risk of infection focus on the visible.² One of the Sero-conversion respondents who had been exposed to risk through unprotected anal intercourse said the only time he felt at risk was when he saw blood:

he sort of was playing with my penis and just was, not pushing it all the way in but pushing it near it and then eventually it went in, at the heat of the moment. But when I removed it, I removed it about, it must have been, no more than a minute because I felt funny about it at that point. I felt like, because he actually tried to push it in but I felt a bit put off and then when I removed it, I felt dirty so I raced to the shower and that’s when I saw just on the end, there was a droplet, a little bit of blood. So I quickly had a shower and very carefully turned the shower on and jumped in and washed it off carefully without rubbing it in and that’s when I think was the time that I got infected because that’s the only time there’s ever been anything visible there. (SC50)

2. This emphasis on the visible poses a problem for awareness of the invisible virus as ‘real’. Respondent SC57, finding his infection hard to believe, said ‘I asked [the doctor] whether we could pinprick me, get some blood and see the virus. So he could show me my HIV. Not somebody else’s, mine.’

What a medically trained person would regard as ‘exposure to blood’ is very different from the lay view. The medical notion of ‘lesion’ appears not to be accepted in lay understandings of piercings, dentistry and so on. Breaches to skin integrity often failed to reach salience until after seroconversion and reflection, sometimes during the interview itself. Several men were aware that receptive oral sex in the presence of bleeding gums or other oral lesions was risky. However, except where there was a visible and obvious cut, many respondents had no conception that the apposition of abraded mucous membranes might be risky in the absence of the exchange of a perceptible volume of fluid such as blood or semen.

Semen

All the men thought semen a risk, though some thought this was true only of large quantities:

Safe sex would be oral sex um, in fact to the point where even if someone did ejaculate into my mouth or vice versa um, I’d read that it would take so many litres of infected semen um, to register a response in so far as seroconverting someone. So I would say that whilst that was unsafe in terms that there was a risk involved, the risk is minimal but I still wouldn’t do it. (SC35)

So he actually put his penis in you. Then ...?

Then I realised what was happening and said, ‘You know, I would prefer that not to go on to do that’. That, that’s what I believe[d].

So you then asked him to stop ...

I wanted to stop unless he was going to ...

Put a condom on?

Mm.

So you were quite aware.

I thought the actual coming itself, as I said the build-up, was actually where it would come from. (SC52)

Such a view of the low infectivity even of semen encouraged a ‘just a little won’t hurt’ attitude to unprotected anal intercourse, particularly if it was brief and did not involve the insertive partner ejaculating. The practice of withdrawal (discussed in Chapter 6 under ‘Anal intercourse’, pp. 149–52) may involve semen going somewhere other than inside the partner’s body, which raises the question whether ejaculation itself is eroticised in the way that it is in pornographic films, which almost invariably show what are known as ‘come shots’ or ‘money shots’.³

Do men model their practice on what they see in videos? Is there evidence of men investing the ejaculated semen with fetishistic value? The transcripts revealed practice that corresponded to that in films (for example SC02 and José quoted in Chapter 6, pp. 151–2), but evidence of men according erotic value to ejaculated semen, or to the sight of ejaculation through the air, was rare. One man did prefer withdrawal for this reason:

So you watched. Were you checking to see that he didn’t ejaculate in you?

Um, it wasn’t that I was checking to see that he hadn’t ejaculated in me. Um I just like to watch men ejaculate. (SC17)

Although much of the reported sexual practice echoed that in pornographic films, the almost universal depiction of ejaculation outside the body in pornography, both gay and straight, does not appear to have led to widespread fetishising of semen or the act of ejaculation, though a few men did say they enjoyed watching others come, or regarded ejaculating into a condom as a waste of a delightful substance to play with. However, introspection by the gay men themselves is not adequate evidence to confirm whether or not video pornography has a wide influence on gay men’s sexual practice; it may be that men often unconsciously copy behaviour seen in videos without being aware of doing so for erotic motives. A few frankly disliked contact with ejaculate, or thought it unpleasant stuff, not only because of any fear of infection.

He didn’t ejaculate over you or—?

Um, no. Well, that’s something that I tend not to let happen. I basically think that

3. As Stephen Ziplow says in *The Film Maker’s Guide to Pornography*, ‘one thing is for sure: if you don’t have the come shots, you don’t have a porno picture. Plan on at least ten different come shots’ (quoted by Williams 1990, p. 93).

semen is something that I don't want on me or near me. (SC44)

I couldn't bear to have someone blow on my face, I'd vomit [...] No, no, I can't even watch it in porn. I hate seeing men blow on women's or men's faces. (Chris)

The taste of ejaculate was rarely mentioned as an issue in relation to taking semen in the mouth in oral sex. Julian based his decision on whether to swallow his partner's ejaculate on purely sensual grounds:

if they want you to suck them off um you make a judgment within yourself whether you'll suck and let them ejaculate outside your mouth and pull them off, or suck them off until they actually come in your mouth and then you decide well, whether you're going to swallow it or spit out.

And how do you make that judgment?

Basically, on the person and what their dick looks like. It's an aesthetic often—sometimes. Getting back to [occasional partner] um his is just like the sweetest nectar. I think it's like drinking from the fountain of youth. Just wonderful. Um some people's is a bit bitter. (Julian)

Pre-ejaculatory fluid

In response to questions about 'pre-come', awareness of pre-ejaculatory fluid was very variable. Most seemed unaware of the taste of it while performing receptive oral sex and either presumed or ignored its presence rather than perceiving it. Others acknowledged its presence but regarded it as not posing a risk. In general, despite confusion about its infectivity, pre-ejaculatory fluid (rightly) appears less salient as a risk than blood or semen. However, this view did not seem to be related to scientific beliefs about the potential of pre-ejaculate to carry HIV. Few men had views on this, and if they did they had heard that it could contain HIV and even spermatozoa. It is easy to suspect that the emotional, dramatic and poetic importance of blood and semen results in these fluids being seen as more polluting and more dangerous than pre-ejaculatory fluid, which is transparent, colourless, often difficult to detect and evanescent. It figures in no stories

and has no name of its own except one that indicates what it precedes. This invisibility is not just laymen's 'ignorance': it extends to medical science. Although a handful of studies (reviewed in Richters 1994b) have examined the pre-ejaculatory fluid of infected men for the presence of HIV, the research is not easy to find. Neither *Index Medicus* nor *Excerpta Medica* has a subject heading for pre-ejaculatory fluid.

Men displayed confusion and ambiguity about the risks associated with pre-come:

I know this [nudging] is wrong, but what's going on in my mind at the time is oh it's only a pre-come if that. So, um you know, and I know that you can transmit diseases through pre-come. Even without pre-come and I know you can um I think it's possible for people to fall pregnant with the pre-come. I'm honestly not sure um but yeah, you know, this is where it's like you know sheepishly say this doesn't happen very often. Um and like I said it's something I feel kind of guilty about afterwards and apart from once, fairly recently, um it's something I've managed to, you know, stop myself from doing. The funny thing is though that um I've never had anybody, you know, say anything negative about it when it does happen.
(Dirk)

From a physiological point of view, many men had a poor grasp of the concept of 'body fluids' as HIV risk. One man (SC48) thought he was protecting himself by wiping his partner's penis with his hand before performing fellatio, to remove any pre-ejaculatory fluid. This manoeuvre is reminiscent of the way schoolchildren use a grubby hand or cuff to ritually wipe the rim of the bottle before drinking from someone else's soft drink. It acknowledges the potential for 'pollution' by the body fluids of the other without being an effective form of cleaning from a bacteriological point of view. Of course, many cleansing and separation rituals are explicitly moral and aesthetic, and do not claim to address bacteriological 'dirt' rather than symbolic pollution. To wipe one's mouth on the table cloth is uncouth, but the reason for its offensiveness is not that it is seen as an infection risk. Such rules operate in a different realm from that of rational asepsis (such as sterilising the soft drink bottle before filling it in the factory). In this case, however, the claimed purpose of the act is presented in terms of HIV-prevention, but is ineffective.

Saliva

Although technically a body fluid, saliva was not often mentioned. Some men listed it in the context of giving a formal definition of safe sex and explaining the phrase ‘body fluid’, but their later descriptions of practice made it clear that they did not regard it as a danger like blood or semen or even doubtful like pre-ejaculatory fluid. Its use as a lubricant for anal sex was mentioned by several men. It was seen as neutral and water-like—or even having virucidal powers:

[oral sex] you know, it is said to be maybe, possibly a minimal risk, but saliva kills the virus (SC15)

Faeces

It is a reality of anal eroticism, whether fingering, fisting, rimming or intercourse, that contact with faeces occasionally occurs. The word ‘mess’ was delicately used to refer to this:

when I first instigated all my sexual experiences which would have been back in the late seventies, [...] oral hygiene was a real thing with men back in those days and there was a lot of douching and guys used to douche before they would go out and all that sort of thing. [...] sex was always to me anyway was always a very clean thing, um, and I think one of the biggest problems we’ve had since the HIV/AIDS thing has come along um, because of the men are scared of ruining the flora and fauna and whatever is in your system there is not so much douching, er, so it can be a messy business these days and that can be an unpleasant aspect of it, well particularly with anal sex (Tom)

Dirk preferred receptive to insertive anal intercourse, partly because of the issue of contact with faeces. He felt that anal sex with condoms was much cleaner and more manageable:

Um I mean I've never been involved with anal sex without, but you know the whole idea of doing it without is—yeah, that's definitely no [...] the condom makes it a lot cleaner of course, you know, once if there's any shit on it then you can sort of like just roll it inside out and get rid of it and that's the end of it. Um but there's still—oh no, it's—the sight of it can put me off if I'm not in the right frame of mind. (Dirk)

but for Tom the mess was more of a problem if there was a condom to dispose of:

er, they're messy, you know there's the mess you have got to get rid of when you have finished it all and it's not necessarily just, if you have come it's not necessarily just sperm there's a lot of other rather messy stuff which is just easier to wash off (Tom)

Nonetheless, Tom preferred to use a condom if he was not sure how clean his partner was:

I think anybody who was unclean if you went down on them and saw that there was anything nasty looking down there, I think yeah yeah you probably would. (Tom)

Again, as was the case for blood and semen, only visible faeces seemed to provoke notice. Only two respondents raised the issue of the possible transmission of hepatitis through traces of faecal matter on door handles, lubricant dispensers and so on.

Libido

[E]ven though I'm quite healthy HIV has fucked up a lot of other things for me, I've got to get hormone boosting every fortnight, which is probably why I'm so bloody horny these days [laughs], god I almost can't believe it it's like sex every five minutes [laughs]. (Tom)

The notion of horniness or libido appears as an implicit folk theory of their own sexual behaviour or career in some of the interviews. Sometimes this was a notion about the essential nature of gay men, or at least the respondent himself.

But isn't that the reason why gays are so sexually active? Because they're not allowed to express the other part of their sexuality in public?

No. They're just randy. [laughter] (S Albert)

José, who before he came out had had sex with women and what he called 'safer sex' with some friends, implied that he had come to gayness because the availability of partners attracted him. Nowhere in his interview did he mention finding men's bodies attractive, or more attractive than women's. What he found appealing was the act of intercourse with many partners:

When I first realised I was gay [...] I was about twenty-five. Yeah, AIDS was just making the news. It was the gay plague and there were stories in *Time* magazine about men who'd had thousands of sexual partners and I remember reading that ... I was very excited at the prospect of having ... thousands of sexual partners ... And that's probably ... [becomes subdued] (José)

Men often gave being 'horny' or turned on as their reason for having failed to stop something unsafe happening in an encounter, not so much as an excuse but as an understandable reason—the discourse of the irresistible power of the male sex drive.

The knowledge of the body

In epidemiological studies attempting to quantify the risk of seroconversion resulting per sexual contact of a particular sort (such as Vittinghoff et al. 1999) researchers tend to assume that men can accurately report whether they have engaged in a certain act, such as unprotected anal intercourse or not, although researchers acknowledge that the reports may be affected by social desirability concerns or faulty memory.

However, researchers in such studies can never see or unambiguously ascertain the physical nature of the sexual contacts reported by the respondents. They are experienced as social and emotional events, within which certain ‘sexual acts’ take place. Most of the acts have conventional names, but there is no easy match between what people say they did sexually and the actual configuration of body parts, mucous membranes and fluids involved. Legalistic or epidemiological definitions of anal intercourse (intromission of the penis into the anus, for however short a time) do not correspond with men’s own conceptual categories. One man’s harmless ‘nudging’ (see pp. 140 and 153–4) may be another man’s grudging admission of ‘very brief insertion without a condom, not all the way in’ and a third man’s anguished confession of ‘unprotected anal intercourse’.

Nor can we assume that respondents necessarily *know* the physiologically relevant features of what happened. Especially if they were unfamiliar with anal intercourse, men often could not report whether the partner had ejaculated; they had no library of validated or labelled sensation memories to draw on and compare with the one under discussion.

And you don't know, seemed uncertain if he came in you? I'm sorry I'm being repetitive ...

It doesn't matter. There was nothing running down my legs or anything ... and you know I don't know whether you'd notice. I guess you probably would notice but I didn't. [...]

Would you say your behaviour was typical that night?

No, no, I was going to say that I have had other encounters before. But I have never had anal sex before, um, you know, that's the only occasion I could put it down to.
(SC05)

Drug use, fuzzy memory or passion might obscure awareness of ejaculation even for an experienced respondent. Nor were men always sure whether a condom had in fact been used, as happened to respondent SC33, who thought he had never had receptive anal intercourse without a condom but recognised the sensation when doing it voluntarily after becoming HIV-positive. He narrates one of the sexual encounters that might possibly have led to his seroconversion:

However, about two weeks before that I was in [city overseas] and I met someone and we had um anal intercourse and I don't think he wore a condom. Although he told me that he did. [...] So I assumed that he did have a condom on but however because of recent events with someone who wasn't wearing a condom and who fucked me was, I mean it was completely different. I wasn't aware of that at the time. The sensation is totally different with a condom and without a condom. [...]

That was the only time at that point that I can remember that I actually enjoyed it because I don't, I just don't like being fucked. [...] It was, it was amazing and I couldn't understand why it was so different. But afterwards, I did ask him, 'Did you wear a condom?' And he said, 'Yeah, I did'. But I did look around the room and you know, like what did he do? Where did it go? There was no KY [lubricant] or anything like that. There was no sign of any kind of wrapper, nothing. I couldn't work it out. (SC33)

Such men are vulnerable to being lied to by more experienced and less scrupulous partners:

I also gave him anal sex and ...

With a condom?

Yeah with a condom and I remembered just turning around and it was off. So I just went, 'Piss off' and I left.

You thought the condom was on?

Yeah well I put it on. Started having sex and then it was like in-out several times and all that sort of stuff and it was off. So he had actually penetrated me while it was off as far as I could gather.

What made you realise? What made you turn around?

I think I was just turning or whatever, had enough or whatever and sort of like, yeah. I got him to pull out turned around and he didn't have a condom on. So it's like, 'What's this?', you know. Started with one.

What did he say?

'Fell off,' or whatever, yeah. And I think I said, 'Well your dick shouldn't be so small', and yeah, I left. (SC49)

Another respondent mistook the sensation of the partner's cock ring (around the base of the penis or the penis and scrotum together) for the rim of a condom.