

Lifeblood

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Sex

BY ASVIN PHORUGGAM

WHO HAS THE POWER?

EDITORIAL

Welcome to our summer edition of *Lifeblood* as we investigate the pleasure of sex. Sex holds a variety of meanings of pleasure for us at different times of our lives. Those meanings and the experience of sex often vary for diverse individuals. The pleasure of sex can range from the sensual joy of getting off through to the satisfaction derived from a mutual and enduring intimacy. Wherever your position on this continuum of sex, it is your reality as you derive your meaning and function in that moment. This edition celebrates full and satisfying sex lives but also confronts one other factor that we have to deal with in the light of HIV: risk. We hope *Lifeblood* achieves a balance in the tension between pleasure and risk. Whether we are HIV negative or HIV positive our sex lives are not centrally about this virus but about the much more intensely human experience of connection. Each of us, over time, has developed our own ways to incorporate the shadow of HIV into our sex lives. This edition also celebrates this assortment of ways that we as gay men have balanced pleasure and risk through our participation in robust and dynamic safe sex cultures. To this end, our front page examines the differences in sexual knowledge and experience of younger and older men. We also investigate similar divergence between positive and negative men. Public and private sex is confronted through stories on the Internet and pornography. Sexual health, addiction and dysfunction are further areas explored. Gay men's sexual perceptions of various chemicals and locations are delved into. So it's all about sex, pleasure and risk in 2003. The editorial team hopes you find matters in this topic that are worthy of discussion with your friends. Happy reading!

Chris Clementson is the editor of *Lifeblood*

Sex is a three-letter word that rolls off our tongues easily. It serves many purposes for both young and old. Sex can be an expression of love, intimacy, commitment, sharing and pleasure... just to name a few. It can also be merely a bodily function. Some use sex as a commodity. Some feel obligated to provide sex to their partners. Some may perceive sex as a power trip. Whatever the reason gay men have sex, sex has become more complicated for all of us.

SEXUAL EXPERIENCE
Our level of sexual experience, often influenced by our age, and HIV are two of the complications. Victoria has been in the centre of the storm due to its unusual rise in annual HIV diagnoses (from a low base of 139 people in 1999 to 197 in 2000 to 233 by 2002). No one knows exactly what has caused this rise in Victoria. A number of explanations have been offered: complacency combined with safe sex fatigue, treatment optimism, love and intimacy, assumptions about partner's HIV status, drugs and alcohol, responding to the hot and horny moment, low self-esteem and depression, lack of HIV transmission knowledge, and a wide range of aging issues which includes erectile dysfunction, fear of missing out on sex... Take your pick! This HIV rise affects all age groups. However sex between

different age groups could be a further complication. Knowledge about sex is generally dependent upon our lived experience. While not always true, older men are often more interested than their younger partners in pushing the boundaries of sex. As well HIV/AIDS has had an enormous impact on gay men's sex lives. Because of HIV/AIDS condoms play a vital role in gay men's sex. Early messages such as "Always fuck with condoms" encouraged gay men to stop getting or passing on HIV.

Today these messages alone are no longer as effective. *Touch wood everything will be OK*, produced by the National Centre in HIV Social Research (NCHSR), was a qualitative research project into 56 gay men's sexual behaviour in Sydney and Brisbane. It acknowledges that most of these men practise safe sex most of the time. However they sometimes fuck without condoms, being willing to take calculated risks according to the known or believed HIV status of themselves and their partners. This is generally based on their knowledge around HIV transmission. The study states that the HIV positive men were more knowledgeable about HIV.

PERSONAL EXPERIENCE
Also, men (both positive and negative) who have lived through years of the HIV/AIDS 'crisis' are more likely to have a greater knowledge around the transmission of

HIV than their younger, less experienced partners. This may also mean that, through their own learned experience, they are more familiar with a variety of other ways they have used to reduce the risk of catching and passing on HIV. While all these ways are not as effective as condom use, trying to reduce the risk of HIV transmission is never an irresponsible decision. These different methods are born from a careful consideration of their complex and sophisticated knowledge gained from personal experience. Their decisions may be influenced by a number of factors, the principle of which is a belief that they know their HIV statuses. As well they consider the relative risk of being a bottom or being a top; when, where, how and who they have sex with; knowledge around viral load, and the relative risks in relation to withdrawal (pulling out before cumming inside a person). This complicated and sophisticated knowledge is often based on years of experience that has incorporated the reality of HIV into their sex lives. It attempts to balance two sometimes competing realities: HIV prevention with full and satisfying sex and emotional lives. Where do young gay men, especially those who are new into the scene (where the highest pool of virus is situated), fit into the pool of HIV

knowledge? If knowledge equals power, they are one of the least powerful populations amongst gay men because their knowledge is limited by their lack of experience. Their notion of safe fucking is always with a condom, as it is the most effective way to prevent catching or passing on HIV. From their experience any sexual activities outside this framework are classified as unsafe. However more experienced gay men work on their experiential knowledge that this is not necessarily always so. A condomless fuck could also be safe if a couple are of the same HIV status or if the particular other risk reduction strategies work together effectively at the 'right time' of that fuck. But when does this 'right time' occur? No one is able to give a precise answer to this question. This is why the other ways guys use to reduce catching or passing HIV are not 100% reliable. For example we know that about one in five guys who contracted HIV recently believe they became positive when they were tops, something they considered less risky than being a bottom. **NEED TO UNDERSTAND**
A large proportion of young gay men experience some difficulties when they first hear that unprotected sex does not always equal unsafe sex. Many are doubly surprised to learn that some

gay men choose to adopt other ways to reduce the risk of passing on or getting HIV rather than using condoms every time. However, young gay men need to understand these issues because they are likely to come across more experienced gay men who occasionally practise these other ways. Mackie and O'Donnell raise this important issue in the 2002 paper *Sexual Transmission of HIV Among Gay Men: Current Issues*, prepared by the Queensland and NSW Health Departments.

Consideration should be given to what impact a culture of non-condom use by certain sub groups of gay men may have on... young gay men with limited direct experience of HIV/AIDS, who have never known a time in their sexual life where condom use has not been the expected norm.

What actually happens when two age groups intersect where both attempt to apply variations of safe sex frameworks? One has knowledge and experience in sex and HIV. The other has limited knowledge and experience in sex and HIV. Both want to fuck each other. Both want to minimise the likelihood of catching or passing on HIV. Knowledge equals power.

Asvin Phoruggam is a Health Educator with the VAC/GMHC

Webcam & streaming videos mean that gay men can peer into the bedrooms of men across the other side of the world and watch them getting off, live—yet at the same time, do so in the private world of cyberspace that imparts none of the risk of a furtive fondle in the bushes of a local park.

BY ANDREW MILNES

CYBERsex

The internet is one of the most significant technological developments that has had a huge impact on the lives of queer men around the globe. It has enabled the free flow of queer information in previously oppressive states like China, and has been influential in cultural exchange, queer political activism, building community and even enabling digital queers to meet others online at the touch of a button. Beyond all these, one rarely explored area of queer life for which the internet has far reaching consequences, is with our concept of space, desire and public sex.

THRILL

Public sex itself is nothing new—it has always been part of the appeal of beats for many queer men. The thrill of the possibility of being caught, in flagrante delicto, has added a frisson to many an encounter—that is, until you are actually nabbed by the boys in blue for indecent behaviour. This may have been the experience of the men charged last year in the Flinders Street train station toilets! Beyond beats, across many venues in the queer realm, such as gay beaches, saunas, and dance parties with the simulated sex on stage and the occasional backroom, the line between public and private behaviour is hazy at best. The internet, however, has expanded this haziness, by being simultaneously globally accessible yet in other senses quite private. While it is possible to accidentally 'stumble' across pornography on the net, a user is generally given many warnings to leave and indeed, many sites won't let you in unless you actively log in and/or pay—more warning than you would get before stumbling accidentally into a beat. The net has enabled a strange nexus between exhibitionist and voyeur that was not possible a few years ago. Webcam and streaming videos mean that gay men can peer into the bedrooms of men across the other side of the world and watch them getting off, live—yet at the same time, do so in the private world of cyberspace that imparts none of the risk of a furtive fondle in the bushes of a local park. It enables both voyeurs and exhibitionists to have their sexual cake, and eat it too, so to speak.

PRIVATE AND PUBLIC

But in this brave new sexual world, does use of the internet have other unexpected repercussions, both as a challenge to the way that society has built up barriers between the private and public in sexual activity as well as in terms of bringing its own risks? Mainstream society has a deep anxiety about public displays of sexuality, particularly those sexualities classified as 'deviant', like gay male behaviour. The original acquiescence to decriminalisation of gay sex was in many ways about state control and splitting gay sex into 'bad' and 'good' sex—bad was anything in public or between multiple people, good between two citizens in the privacy of their own bedroom. As sex activist Pat Califia points out in *Public Sex*, "the legal difference between public and private sex is not a simple matter of choosing either the bushes or your bedroom. There are many zones in between—a motel room, a bathhouse, a bar, an adult bookstore, a car, a public toilet, a dark and deserted alley—that are contested territory where police battle with perverts for control." So where does cyberspace sit with regards those contested territories? What will be interesting in the next decade or so is to see the way the internet challenges laws and perceptions of private and public and what is 'decent' to do/broadcast in these realms, and how the public responds to that. A concerning harbinger perhaps is that in scenarios of both the internet and beat sex, it is the impressionable

sexuality of children ('what if they stumbled across sex at a beat'? or 'can your kids access porn from the net?') that has been used by conservatives to push for greater state control on public displays of sexuality. The continuing support, by authorities, of effective, sexually explicit online education to limit the spread of HIV is required whether cyberspace is a public or private space. Cyberspace is a sex space while there remains the possibility of guys meeting for sex through the net.

INHERENT RISKS

Does the Internet have its own inherent risks? Aside from the obvious issue of what's legal in your area, and the risk of meeting some psychotic through some chat room site (yes, there have been serial murderers who have found their victims online), there can certainly be a risk to your credit card with many internet sites! And of course, while the net itself can undermine the hegemony of straight society and government control, it also is not value neutral, culturally and economically. There is also the chance of sexual dislocation to over-frequent users, where their sexuality is so bound up with net-voyeurism that they suffer withdrawal and the inability to operate in the real world. These net-voyeurs inhabit a world like that envisioned by seminal Canadian film maker Atom Egoyan, a master depicter of the link between technology and alienated sexuality, where everything is only spectacle or simulation and 'we watch too much to be really wise'.

Yet the pleasure of both watching and being watched, particularly with displays of sexuality, is a significant part of queer culture. In a mainstream culture where queers still occupy enemy territory as it were, where any display of sexuality, even holding hands, puts us at risk of abuse or worse, it is no wonder that pushing those boundaries is so important. The only way to not take any public risks would be to remain in the closet (with the closet's inherent private risk and destructiveness). It might not be the same as 'in-the-flesh', real-time sex, but in a world where we are so bound up with technology that many people can't imagine living without a mobile phone, sex on the net and the thrills that it can impart are here to stay.

Andrew Milnes is an occasional contributor to Lifeblood

A long with the medals, with the inevitable fucking and fun times had by most, those infections probably returned to all manner of locations around the globe, including Melbourne and regional Victoria.

BY TEX MCKENZIE

DRIPPY

Drippy dick? An ooze of pus? Warts on yer cock, funny bumps on your bum? That burning sensation when you wanna piss but there just ain't no flow? Your hills are alive with the itch of tiny creatures burrowing through your pubic hair? Uh oh. Yep, it's time for a trip to... well depending on how old you are, memories of Little Lonsdale Street may spring to mind or more recent memories may have you tripping off to your local gay friendly GP, or perhaps the AIDS Council's Centre Clinic or the Melbourne Sexual Health Centre.

FRIENDLY BUNCH

For guys of my vintage who remember when sexually transmissible infections (STIs) had the generic title of venereal diseases (VD), drippy dicks and the like meant a visit to the VD Clinic. With a rather discreet entrance and minimal signage, the VD Clinic was one of the meeting places for us. The team at the VD clinic were a friendly bunch who sorted out your problems in a non-confrontational way without any perceived or real homophobic comments, something you couldn't be sure of getting at your regular 'family' doctor. Of course, some things don't change—it is still easier to go to an alternative sexual health clinic than to the doctor who in some cases sees mum, dad and the rest of your birth family.

How we as a 'community' met then and now is different... yet the same. Way back then there was the odd bar or pub, most of which were 'one nighters'. There was the infamous *Woolshed Bar* under the *Australia Hotel* in Collins Street and a few saunas and the like hidden away in the inner 'burbs. The sense of community was secluded rather than the rainbow-strewn glamour of Commercial Road and the excitement of gathering in the Catani Gardens for a spot of karaoke after Pride March.

MAGIC BULLETS

Yet the kinda' guys I cruise today at my favourite sex club have the same 'look' as the fellas we all would see hidden behind a dog-eared copy of *National Geographic* as we waited at the VD clinic for the magic bullets that would get rid of the itch or drip. Once the treatment had taken effect (after a week or so) it was back to the beat, club or pub for a new source of infection! The 'we' I refer to are actually the memories of a collection of guys I've chatted to. Boring old me only got to visit the VD clinic for three infections.

These guys are typical gay men when it comes to looking out for number one. They're first in line for the latest hairdo, to tread the mill in the gym, to pluck and wax, but to go for a yearly, let alone a quarterly check-up with their doctor...think again! Mind you, I'm just as remiss. I usually wait until I have several 'symptoms' before I present for a visit. Just what is it about men in general, and gay men in particular, that makes a visit to a health professional such a chore? Has HIV so changed the way we look at sex that we try to avoid anything that is associated with maintaining that pleasurable part of our lives? After all for the guys (and gals) I know who are HIV positive, visits to their HIV specialist are a regular thing for tests associated with viral load, t-cell counts, differing HIV treatments and side effects. Perhaps our gay sex culture has shifted to one that avoids these experiences unless they are blatantly necessary.

SATISFYING LIVES

General health seems to have fallen off the agenda for lots of us. The basics are the sort of stuff we hear perhaps too much. From the slip, slop, slap of the skin cancer messages to the 'wear a condom and use loads of lube' that we hear constantly, we know that people who keep in good health, including sexual health, can live a good deal longer and satisfying lives. All those decades ago, the men who had the drippy dicks went off to the VD clinic, had the shots or downed the pills and returned to warn those they had had sex with to go off for a test themselves. A regular beat-queen told me that the social networks in beats today tend to have STIs covered. When someone reports to their health professional with a dose of something nasty, the social interactions in these beats can zero in on the most likely route (root?) of transmission. This can lead the infected to heed suggestions of a check-up. Times change, but a culture of care and consideration can, and generally does, remain the same.

TEST AND TREAT REGULARLY

Before the Sydney Gay Games outbreaks of syphilis and gonorrhoea were established in the 'gay capitals' of Europe and the USA. It is likely these STIs travelled to Sydney with athletes, officials and tourists. Along with the medals, with the inevitable fucking and fun times had by most, those infections probably returned to all manner of locations around the globe, including Melbourne and regional Victoria. Right now, as we celebrate Midsumma 2003, those and other STIs could circulate around here. As a lot of these are treatable the take home message is not give up sex but test and treat regularly. Not all STIs ooze pus or are obvious (In a recent study at the VAC/GHMC Clinic 15% of about 180 participants had an asymptomatic STI). If you have been out and about during summer and you 'get lucky', consider a visit to your usual doctor or somewhere like the Melbourne Sexual Health Centre every six months. Acting fast to obtain simple remedies can cut down the complications that may arise in the future. This is true for both those 'old enough to know better' (and yes, I include myself here) and to those guys who are so new to the scene they feel as green as a cucumber. If in doubt, for any reason about anything to do with your health – sexual or otherwise—seek professional advice. Put yourself and your health back onto your agenda.

Tex McKenzie is a Health Educator with the VAC/GHMC

Consider the community's chemical landscape: a wide variety of substances, often originally developed for medical purposes are adapted for a normally unforeseen sexual usefulness.

BY STEPHEN SCOTT

CHEM Sex

The appropriation of new and developing technologies for sexual pleasure is virtually a tradition among Western gay communities. Particularly in the last thirty years, gay men have consistently been among the most innovative of sexual cultures, expressing their sexualities in ways that include external devices. These devices range from the utility of the cigar as a masculine symbol of sexuality, to the extremities of modern-enabled technologies, where radical sex acts can be performed between men across vast distances, for example through the administration of electric shocks from master to slave through the internet.

CHEMICAL LANDSCAPE

Such technologies usually take the form of physical or, more currently, virtual objects such as sex toys, media formats and computer software. However gay men's appropriation of modern chemicals to enhance and extend sexual activity has been at least as prolific. Consider the community's chemical landscape: a wide variety of substances, often originally developed for medical purposes are adapted for a normally unforeseen sexual usefulness. It is a relationship that parallels with our historically problematic, often subversive relationship with the legal system, the judiciary, and seemingly all of those other systems and processes that aim to control and regulate society. Take combination therapy for HIV for example. Applied with the specific aim of suppressing the virus' cellular reproduction in the body, HIV positive men in particular have quickly made the link between the effectiveness of these medications and the reduction of risk of HIV infection. Of course, scientists developing these drugs have rarely been concerned with the medications' possibilities as a safe sex device additional to condoms; the advent of anti-retroviral combination therapy was even greeted with anxiety that the availability of treatment for HIV would erode the importance of condom use. Less than a decade on from this point, even the most conservative public health experts recognise the HIV prevention utility of anti-retroviral drugs. The lowering of viral load (the amount of virus cells in the human body) among the HIV positive population has an impact on the rate at which HIV negative people become infected with HIV.

NATURE OR NURTURE?

Hormone and steroid use is another example of a usually unendorsed (even illegal) manifestation of chemical use with a deliberately sexual function utilised by gay male sexual cultures. Linked with 'muscle-mary' gym queens, the circulation of steroids among gay men has produced a sexual aesthetic within elements of the community psyche that could not exist without these substances. (That is, a particular steroid look exists that some guys find attractive.) Such developments beg the question: to what extent are our sexual attractions and desires shaped by external factors such as media representations, experiences of drug use or community cultural dynamics? If it is true that we are all 'born gay', are we also 'born' attracted to images or traits that draw from non-human or artificial sources, such as the gym queen with that particularly unnatural but extremely hot pig-dog look? Or are these attractions, like the rubber-clad daddy who gets you harder with every cigar he smokes, developed from the environment we find ourselves in? Where does our innate 'in-born' sexuality end and the influence of the modern world on sexual desire begin? To take this one step further, especially in relation to chemical drug use, let's look at some other examples. The use of amyl nitrate has been a gay community institution since at least the 1960s. Never intended in development for its most popular use, amyl has had

a long history of enhancing gay men's sexual pleasure – some of us may even have met gay men who seemingly can't achieve orgasm without its use. Crystal meth has come to occupy a similar space in the chemical landscape – a uniquely sexually arousing drug that massively bolsters stamina enabling the user to fuck for hours and even days. Or at least he fucked it seems – many gay men will be familiar with the 'limp-dick' syndrome characteristic of drugs like crystal meth as well as ecstasy.

APPROPRIATION

Gay men have overcome this problem through appropriating yet another modern chemical substance. Originally developed as a medical intervention for erectile dysfunction, Viagra has become a recreational substance that goes hand in hand with the use of party drugs. The Melbourne Gay Community Periodic Survey has asked questions about Viagra use since 2001 and has observed an increase in use from 6.3% that year to 7.9% the following year (NCHSR, 2001 & 2002). Viagra is revolutionising gay men's ability to fuck while out of it on chemical drugs. Unlike drugs like Caverject, a drug that stiffens the erectile tissue but is administered through an injection at the base of the dick, Viagra is more than just an instant fake hard on – its dilation of blood vessels produces an elevated state of sexual interest and arousal which also heightens the pleasure of receptive anal sex. Just as with amyl, we may meet gay men who apparently can't achieve sexual satisfaction and indeed orgasm, without its use.

Alongside the proliferation of Viagra use among gay men, has been accompanying harm reduction information about drug interactions. It is widely known among gay men who use Viagra that combining the drug with amyl can cause a dramatic drop in blood pressure likely to result in a fatal heart attack. Such information has spread as folk knowledge among networks of gay drug users but has also been included in numerous health information resources produced by gay men's health programs.

CONDOM USE EASIER

Could the use of Viagra also contribute to sexual health risk? One school of thought (although generally lacking in substantial evidence) is that any drug use can increase the likelihood of unsafe sex and the risk of HIV infection. We do have evidence that the use of chemicals such as crystal meth increases the desire for and the longevity of sex, so it is important in these sexually enhanced environments to put into place strategies, such as sustained condom use throughout the sex session, to prevent the getting or passing on of HIV. However, it's no secret that condoms can have an adverse effect on some men's ability to maintain an erection, so it is possible that a substance such as Viagra in fact has the potential to make condom use easier and thus enhance gay men's sexual health. In this way, drugs such as Viagra may be viewed as a tool to enhance the safety of gay men's sexual lifestyles, rather than a threat to that safety.

Stephen Scott is a Health Educator with the VAC/GMHCC

If you are negative or positive & occasionally have unprotected sex you surely owe it to yourself to get as informed as possible on as many ways as you can to reduce the likelihood of hiv transmission.

BY DAVID MENADUE

CHOICES

It should hardly be surprising. All HIV-positive people don't think alike, particularly around the issue of unprotected anal sex. Or so it seems to me after discussions I've had with positive people on the subject in recent times.

DING-DONG

One positive friend and I had a 'ding-dong' argument about this several weeks ago. We'll call this person Nigel (I definitely don't know any Nigels so that's safe) and the conversation starts when we both agree that there are a lot more people willing to have unprotected sex in sex-on-premises venues these days.

"If a guy comes to me wanting to fuck me without a condom, I figure he's made a choice in his head. He must know that I could be positive, so he's either positive himself or he's prepared to take the risk," said Nigel.

"But he doesn't know your status," I replied. "Don't you think you owe him that bit of information?"

"It's ridiculous to even talk about telling someone your status in a backroom. It's not only going to destroy the moment sexually, people are just not prepared to break the silence in those places to share any information, including that sort of information."

"I take your point but you can refuse to have penetrative sex. There are other things you could do, after all. Or you could give them a condom or even roll one on the partner if they're wanting to top – in my experience most people accept the message that you're trying to make."

"Why should I have to give up the sex I like the most—anal sex? I really disagree that I should have to take sole responsibility for the other person in this situation. Each person is in charge of their own body and they make their own choices and mistakes. I'm not responsible for their conscience."

"Yes but what about your own conscience? Don't you feel some concern that you might have infected a negative partner after you've had unprotected sex like that? If the other person knew you were positive, then I accept that you've allowed them to make an informed choice. But if they don't know, they could be assuming that you're negative after all. Some negative guys think that positive guys wouldn't dare have unprotected sex and that people offering unprotected sex must be negative."

DELIBERATE

The conversation deteriorated rapidly after that because my friend Nigel decided I was accusing him of deliberately trying to infect other guys. I wasn't, although in Victoria the law states that you cannot act recklessly to put another person in danger of catching a serious infectious disease. Although it may be difficult to prove a charge in these situations, the law would not necessarily take into account the vicissitudes of backroom scenarios in safe sex negotiation.

If we positive people can't agree on safe sex rules, we're even further apart from a lot of negative guys in our thinking. According to *Touch wood*, *everything will be OK*, a National Centre in HIV Social Research report, the positive men in that study had a much greater understanding of HIV risk reduction strategies. In other words, they actually understand the current thinking about a low viral load's likelihood of making you less infectious sexually. They know that a positive being a bottom is less likely to transmit HIV than being a top and they take this knowledge into account in unprotected sex.

RESPONSIBILITIES

Touch wood interview transcripts reveal some facts about sexual behaviour even where the partner's status is not known. Many people cannot use condoms properly because

they lose an erection or find it ruins the sexual moment. Many guys find the sexual negotiation process nigh on impossible in sex-on-premises venues (much as Nigel does). Some guys of both status take certain cues about the way a partner behaves during the initial meeting period to decide for themselves whether a person is of the same status or not.

Some pos guys, particularly aware of their responsibilities, are factoring risk reduction strategies other than condom use into their behaviours to try to minimise the chance of transmission. These include being a bottom (even if their preference might be to be a top), refraining from anal sex if their recent viral load results have been high or making sure they do not come inside a partner.

CREDIT OR BURDEN?

According to *Touch wood* negative guys are less aware of these strategies and therefore may be more at risk. On the few occasions when negative guys don't have protected sex they are less likely to be aware that being a top is potentially less risky for transmission than being a bottom. When negative guys are in relationships with positive guys they have not always understood the implications of a high viral load on infectivity. They have often relied on their positive partner to keep abreast of these issues – and to their credit (and maybe their burden) the pos guy has usually done so.

Negative guys would benefit from getting up to speed with this information about clinical markers in HIV treatments if they think they might occasionally have unprotected sex. They should also be aware of changes in thinking around concepts of 'shared responsibility' in sex. *Touch wood* reports that many negative guys view this concept, which has been used in AIDS Council education campaigns for years, as referring to a positive partner always using a condom. However for some pos guys shared responsibility may mean taking the receptive position in UAI. They may also think that taking part in unprotected sex, without status being established, is consensual and therefore a sharing of responsibility.

INFORMED

My friend Nigel certainly takes this view. I differ in that I will only have unprotected sex with other positive guys. I don't like the fact that there still is risk for my HIV negative partners even when I bottom and they top. If you are negative or positive and occasionally have unprotected sex you surely owe it to yourself to get as informed as possible on as many ways as you can to reduce the likelihood of HIV transmission. As well think twice before you make assumptions about another's HIV status. You simply can't be sure of this from the various cues that happen when you first meet, the place where you meet to have sex (there are no positive-only sex venues that I know of!) and whether or not your partner wants to use a condom.

David Menadue is Vice-President of PLWHA Victoria

Whatever the complexity, there are occasions when all men don't perform as they want. If we begin to think about this in terms of a normal occurrence that all men face at some point then we are a lot further along the path to resolution.

BY GUY HUSSEY

FLOPPY

Guy Hussey talks with Bev Brain, a psychologist with the VAC/GMHC Counselling Service, about the vexed issue of performance problems in casual sex.

NOT ALONE

GH: What is sexual dysfunction in the broadest sense?

BB: I want to premise this by expressing my reservations regarding the use of the term 'sexual dysfunction'. It often implies that the person who is presenting with the issue is lacking in something or is not complete and this not the case. However, in saying this I do not underestimate that sexual functioning is important and can be a major issue for those individuals who perceive that they have a problem. Counselling can assist individuals to explore their concerns. From my experience many men believe they are the only one who has this issue. Men are greatly relieved when they find that many others have similar experiences.

'Sexual dysfunction' in the broadest psychological sense is when a person presents wanting assistance and support while they explore not being able to perform in a particular sexual way that is important for them. The important aspect is that the individual, not the therapist, has identified this as a problem. Often therapy is the only safe, non-judgmental space that a man has to voice fears and concerns regarding sexual functioning. Friends are often the last people men will share this information with. We live in a community that is still very guarded around sex, or at least talking about sex in a way that could raise feelings of inadequacy. Therefore, the opportunity to talk openly about concerns can be limited.

PRESSURE

GH: So you have obviously worked with men around these issues before?

BB: Yes. It is not uncommon for myself and other counsellors here to work with men with sexual performance issues.

GH: We can break sexual dysfunction down into quite a lot of different aspects. What is the main one from your experience as a counsellor?

BB: One of the most commonly reported concerns is not being able to maintain an erection. The pressure men put on themselves, as well as their expectation around future performance, is a major concern. I often find this is related to aspects of communication within their sexual encounters. Commonly they feel as if this communication is missing. This makes it harder for them to perform because there is this expectation of performance left hanging, with no space for communication about this when the expectation is not achieved. I see this most when men are engaging in casual sex, as opposed to sex within a relationship. Sometimes, though not always, there is space within the relationship to talk about these issues without the individual's stress levels rising significantly.

CAUSES

GH: I am sure, whether we would like to admit it or not, that trouble 'keeping it up' is likely to have happened to many of us at least once, regardless of the cause. Do you think it is important for men to explore these issues in counselling when they first present?

BB: I believe it is not up to me to determine this as a counsellor. Only the client can say what they want to work with and when to do it. In saying that though, often as a client works on specific issues, for example self-esteem, the consequences of these other issues impact on many aspects of their life. This impact can include how they experience sex. It is important to recognise that simply thinking about something does not really constitute working on that issue. They need to ensure that the way that they are working with a particular issue goes somewhere that is constructive and has meaning for them.

GH: We know that sexual problems are sometimes associated with HIV and treatment side effects. Now if we think outside the box of HIV related treatments are there other pharmaceutical drugs that have an effect on performance or the inclination and desire to have sex?

BB: The main ones outside of HIV medications are anti-depressants and anti-anxiety drugs. They can affect libido, the capacity for erection, the capacity for ejaculation and some people can gain weight as a drug side effect that may affect their sense of sexual attractiveness. However, this is not the same for everyone or with every drug. It is essential to talk to your doctor if you experience any side effects. But taking these drugs does not have to be to the detriment of other aspects of your life, including sex. It is important to feel comfortable enough to discuss this with your GP even though some GPs may consider the depression or anxiety as the primary concern and any side effects as a secondary matter. Good communication with your GP will help in the negotiation to change drugs to suit your particular circumstances. I believe the important factor here is that you should not stop taking medication because you believe you have no other choice. Often there are choices and alternatives when investigated further.

OTHER ASPECTS

GH: I would imagine that when issues of sexual dysfunction first appear we tend to take it quite hard. I suppose it can be related to other aspects of our lives. What might some of these other aspects be?

BB: Men need to think contextually, that is, consider what else may be happening in their lives when sexual problems occur. For example changes in sexual behaviour could be contingent upon different aspects of life such as work pressure and the end of a relationship, to name a couple. In these instances men need to be kind to themselves and not apply too much pressure on themselves about this issue when there are other factors beyond their direct control. In acknowledging factors that may be influencing sexual dysfunction men can reduce the pressure they have put on themselves to perform. Normalising the impact of sexual performance in the light of the other factors may improve actual performance.

GH: With other aspects of our lives being affected we know that gay men can easily put themselves at risk? What are some of the risks for men because of sexual problems?

BB: Frustration can be one of the results for people with a low libido. This can also result in an individual actively seeking out sexual activity that is going to excite libido. This search can push them into performing sexual acts that they otherwise may not have participated in and sometimes these activities can result in un-negotiated and unprotected sex. Other individuals may assume the receptive position as opposed to the position of top that they would prefer if they were capable of sustaining an erection. Unprotected receptive anal sex is a higher risk for HIV transmission.

GH: Are there any personal strategies that men could put in place around difficulties with sexual function?

BB: Firstly, and most importantly, I suggest men look at what else is going on in the rest of their lives as the difficulty could be as a result of a range of factors. If it continues to happen, check first with your GP because the problem could be something physical and quite possibly something that is easily treatable. Clarifying the real split between the physical and mental factors provides a clear structure to work with in counselling.

DUD ROOT?

GH: On the occasions when a guy can't perform sexually there can be a real sense of failure and self blame. So you are saying there may actually be more to think about than a person just thinking that they are a 'dud root'?

BB: I definitely think this is quite complex. Everyone is different; individuals differ in their expectations of sex. For example some people are not assertive enough to ask for what they want sexually and emotionally. They finish up thinking they are a sexual failure as their own expectations were not met and they read this as the other person's needs not being met as well. Some people engage in casual sex but they also need all the intimacy of dialogue, negotiation and conversation to get them to a point of sexual satisfaction. When these factors aren't present they can't perform. For others there remains the vestiges of internalised homophobia that make it difficult for them to be satisfied with their performance. The tension between their desire for sex and their feelings of guilt can make the whole experience dissatisfying. An example of this is when a person is repulsed by bodily fluids, such as cum, which they may think represents what they find difficult about their homosexuality. At the point of their partner's orgasm they can't continue and may need to rush to the shower. While this is a physical reaction the counsellor can work with the thought process leading up to this response to assist them to be happier with themselves and their sex life.

Whatever the complexity, there are occasions when all men don't perform as they want. If we begin to think about this in terms of a normal occurrence that all men face at some point then we are a lot further along the path to resolution. If people find that they cannot think this way, then therapy could be the answer. I have certainly had some clients who say they feel very supported talking with their counsellor about things that go wrong in their sex lives rather than discussing them with friends outside of these sessions.

SAFETY

GH: If men want to seek some professional assistance, what can they expect or should they be looking for?

BB: Professionally, look for a safe environment in which to explore the issue and to openly discuss concerns without feeling judged. An understanding therapist will recognise the importance of the issue and support the client's wishes in working through the matter. On a personal level some people may feel shame and be uncomfortable talking about this sensitive subject. Acknowledging this as you enter counselling may help overcome this difficulty and make counselling more successful.

Guy Hussey is a Health Educator with the VAC/GMHC

At the end of the day it doesn't matter who is more likely to fit the community perception of hiv positive or where pos guys are more likely to drink because it really could be either guy.

BY VIC PERRI

PERCEPTION

Never assume because...as the old saying goes. Well when it comes to sex it couldn't be truer. Some gay men can make assumptions about another gay man's HIV status for a variety of reasons.

EXPECTING

There's the typical assumption made about a buffed, muscly and healthy looking guy who can't possibly have HIV because he looks so fit. Or the young guy in his late teens or early twenties. "He's so green. He hasn't been around the scene long enough to pick up anything, surely not."

It works the other way too for HIV positive guys. I know an HIV positive guy who was willing to have unprotected sex with a guy he thought was also HIV positive. "He looked so thin. I thought he probably had lipo-atrophy (*loss of fat in the legs and arms*) or lipo-dystrophy (*re-distribution of fat*). When I disclosed my HIV positive status to him expecting a 'yeah me too' instead he said, 'Oh, well I'm not actually but that's ok. We'll just use a condom'."

CLUES

It's not only the look of a guy that influences some gay men's choices about how they have sex together. It can also be the physical space as well. Where the space actually is can influence gay men's assumptions about another guy's HIV status. How about a young, healthy looking guy having a drink in a swanky, modern bar south of the river compared to a bearded guy in his thirties having a drink in a more down to earth looking bar north of the river. Who do we assume is more likely to be living with HIV? The assumption may be the older bearded guy. This may be right or it could be wrong. At the end of the day it doesn't matter who is more likely to fit the community perception of HIV positive or where pos guys are more likely to drink because it really could be either guy. However some gay men are inclined to guess from these clues that one of them will more likely be living with HIV and this may influence whether they fuck with or without a condom.

We know that many gay men live in the metropolitan area of Melbourne and, in fact, in Melbourne's inner city suburbs. If that's the case then, we may also deduce that more gay men living with HIV also live in the inner suburbs. Does it mean that if a guy is doing a beat in the inner city he is more likely to come across someone with HIV than someone who is doing a beat in Pakenham? Maybe so, but again that isn't necessarily a safe assumption. Why? Well, for two reasons. One is that a person living with HIV could be living anywhere. More may be living in the inner city but there are HIV positive gay men living in the middle and outer suburbs as well. HIV positive gay men also reside in regional and rural Victoria.

THOUGHT PROCESSES

There is also another point. There is nothing to stop a gay man (whether HIV negative or HIV positive) travelling to any beat regardless of where they actually live. I know of a guy who lives in Prahran who will quite happily drive to Coburg for sex. "Oh well you see there's a better chance of picking up a straight, married guy from a different cultural background." This hope or expectation of a potential casual encounter with a straight,

married guy from a different cultural background may enhance sexual fantasies but it could also influence the thought processes if the possibility of unprotected sex arises. "Is he or isn't he? Well he's married with three kids. I haven't seen him out on the scene. Probably really only occasionally does this beat. So maybe he's negative." Well maybe. But if you are HIV negative when it comes to possibly picking up an incurable virus that, even with and because of treatment, can be fraught with difficulties, it's a pretty risky thought process. The fact is that a risk is a risk. This married guy could very well have HIV and not even know it himself. An assumption could also be made about picking up a farmer at a beat on a lonely highway in the middle of a rural area. "Mmm...he wants me to fuck him without a condom. What about HIV? Surely he hasn't got it living out here. I'm in the middle of nowhere for God's sake." If you're HIV positive that assumption encourages you to insist on a condom. If you are negative, is it worth the risk?

INFLUENCES

What about a sex on site venue? Much like the regional geography influencing the type of sex one has, so too can the type and location of a venue. Some gay men make assumptions based around a particular venue being frequented by many gay men with HIV. "Oh yeah that place has heaps of pos guys going there." Some gay men think therefore that many gay men with HIV may not frequent another venue. This assumption can be incorrect for both HIV positive and HIV negative gay men. For HIV positive gay men this assumption about another patron in a venue, reputed to be frequented by many others of the same HIV positive status, can lead him to feel a false sense of security. Eventually, if he has unprotected sex in that venue, he may underestimate the likelihood of having unprotected sex with a HIV negative guy. Also an HIV negative gay man having sex in a venue he presumes to be less frequented by HIV positive gay men can have a false sense of security. This presumption may influence his sexual practices leading to potential HIV risk.

Of course the location and kind of space where a gay guy has sex aren't the only factors influencing what a guy actually does. There are many things involved including his emotional, psychological and physical state at the time. However this distinguishing of venues, based around misleading perceptions, can be risky in terms of getting or passing on HIV.

Vic Perri is a Health Educator with the VAC/GMHC

The relationship between risk and pleasure, positions the pleasure taking as 'in the moment', 'immediate and not in control', and 'succumbing to the irrational'. If reducing risk is considered the rational, then pleasure taking becomes the irrational.

BY GUY HUSSEY

RISKY

Some twenty years into the HIV/AIDS epidemic and it seems that risk has become very attractive to gay men! Or has it? What is it about risk that may be so appealing? Some gay men have been demonised because of an occasional willingness to engage in risky activities such as un-protected anal intercourse, otherwise known as rubberless fucking or barebacking. The National Centre in HIV Social Research (NCHSR) 2001 Annual Report of Behaviour documents a rise over recent years in the number of men who are now engaging in any type of anal sex. So if there is actually more fucking going on, an implication is that un-protected sex is also bound to rise. Do we have a death wish? I think not.

DESIRE

Why is it that when we have fun and seek pleasure we engage in risk? At its simplest, when we engage in sex we want pleasure. Pleasure is an intensely human desire and can range from fun and escape through to the intense satisfaction that is derived from physical and emotional intimacy. If our desire is to attain this pleasure, what is wrong with that? The answer may be, that without HIV these sexual practices are only about pleasure. With HIV these pleasurable activities have taken on risk as well. Obviously this answer is not only about the here and now. The beginnings of how we as gay men engage with the risk of pleasure were established a long time ago but they appear to be recognised and discussed more now. It was mainly the gay male community who created Australian HIV prevention education, as it was members of our communities that HIV most concerned. Those early pioneers started a sketch that has later been filled in by members of our community through their individual practices. The aim of the sketch was to establish and maintain men's abilities to effectively negotiate fun, safe, dirty, desirable, enjoyable and intimate sex, within the context of not passing on or getting HIV. In some ways this was a rite of passage that our communities, and its organisations, had to be successful at to prove to government that we had a pivotal role to play in the national HIV/AIDS partnerships that have kept HIV in check in Australia.

SEX AS RISK

While twenty years into the HIV/AIDS epidemic in this country there have been a lot of new directions, some things have not changed a great deal. During this time, one consistency has been that gay men have had their sex lives, and in particular fucking, reduced from our desire for pleasure to essentially the level of risk that it poses to them or to someone else. Indeed, the driving force behind this view of sex as risk has been, to a great extent, the earlier established and continuing HIV prevention educational framework. This framework's purpose is to limit the spread of HIV through constituting our sexual pleasure as risk. When we now speak about risk, we talk about it in the context of sexual practices that are by and large very pleasurable. In a world without HIV these sexual practices would only have been about our desire for pleasure. In the world with HIV these pleasurable activities have taken on the meaning and reality of risk as well. We equate the risk of sex with the pleasure of sex. This poses a dilemma for HIV prevention education. Now risk it is not just risk, it is risk/pleasure. We cannot be responsible, both politically and humanly, and educate about one without the presence of the other.

IRRESPONSIBLE

With the recent rises in HIV diagnoses in Victoria we have needed to reflect on the strengths and limitations of this education framework. This reflection has recognised that it would be irresponsible and impossible to present a picture of HIV prevention without drawing gay men's attention to the risky aspects of sex. But at the same time, it is irresponsible to expect gay men to continue to support a framework that, by and large, has positioned them as irrational beings, when it comes to sex because of their desire to derive pleasure from it. The relationship between risk and pleasure, positions the pleasure taking as 'in the moment', 'immediate and not in control', and 'succumbing to the irrational'. If reducing risk is considered the rational, then pleasure taking becomes the irrational. By concentrating exclusively on the risky aspects of sex in our paradigm of education with gay men, that education has and will continue to become less relevant to gay men's lives. Beyond the cultural influence of this educational framework perhaps it is the relationship that gay men have always had with risk that makes it attractive and pleasurable? Consider this: some guys are in a toilet surrounded by the smell of fresh and stale piss, getting a blowjob from someone, and getting fucked by someone else. They are certainly in a space of perceived risk. But from their perspective, they are also in a space of intense pleasure. Part of the pleasure may be the adrenaline rush that is only recognisable by willingness to engage with risk and certainly in some contexts even a measure of it. Like the risk in this sex example, I enjoy white water rafting and derive pleasure from it with the chance of drowning and being crushed against rocks always a measure of exhilarating rafting. This exhilaration enhances the pleasure of it.

HUMAN EXPERIENCE

If I want some types of pleasure I have to be prepared to engage with some risk. I can only ever recognise this particular pleasure in relation to the risk that it presents to me. Similarly, to become more relevant, HIV education cannot be solely about one aspect of sex (the risk of disease) when in sex there are so many more pleasurable factors that are the reality of human experience. The challenge for our community is to find a realistic HIV education framework that balances the risk of HIV with the natural pleasure of gay men's sex lives.

Guy Hussey is a Health Educator with the VAC/GMHCC

Its merit as a form of instruction notwithstanding, the fact that porn has nothing to do with connecting with another human being is precisely the point and probably the foundation of its most profound and consistent characteristic: tedium.

BY COLIN BATROUNEY

PENETRATION

Fuck me man! Oh yeah, fuck my hole, oh man yeah!" So goes the dull mantra of a thousand gay porn movies. Encapsulated in its blank verse are the prescribed, manufactured fantasies of countless gay men perched in front of flickering screens, mesmerised by the rote sexual exercise that passes as gay erotica.

PORNOGRAPHIC ISOLATION

In the wholesale discount of gay experience that gay porn represents, there is probably nothing that throws isolation into starker relief than the bald depiction of sex for the casual consumption of gay men. Its merit as a form of instruction notwithstanding, the fact that porn has nothing to do with connecting with another human being is precisely the point and probably the foundation of its most profound and consistent characteristic: tedium.

Gay porn is not exceptional in this sense although there are those who would argue that it is. There are those, most notably pornographers, who argue that gay porn has somehow carried on a 'sex positive' crusade that was begun in the early days of gay liberation, a crusade that became more urgent after the emergence of HIV. Gay pornographer Paul Morris contributed to an online discussion on barebacking (the practice of choosing to not use condoms in anal intercourse) organised by the University of Southern California. He commented on the marketing of porn that depicts unprotected anal intercourse saying, "I see the men who explore these capacities [having unprotected sex] and are willing to do it on camera for other people as heroic. I admire them and love them. And my obligation is to clearly represent precisely what they do, and release it." Morris acquits his obligation, expressing his love at \$120.00 a pop.

EXPLOITATION

By accessing Morris's site on the internet you can read his 'Academic Lecture' delivered to the World Pornography Conference in 1998. In his lecture, a spirited, self-interested defense of barebacking videos, Morris, whose titles include *Knocked Up* and *Raw Shots*, concludes that gay porn should develop "toward a greater eloquence and inclusivity [sic]—and toward possibilities more creative than worn-out concepts like 'safe' and 'unsafe' have allowed—the practice of porn should veer away from the directed film and toward the more straightforward and generous practice of real documentation." The practice Morris suggests is perhaps most straightforward and generous to Morris himself who saves on the money it would take to create a 'directed film' thereby increasing his profit margin in his exploitation of those he 'loves'. In his search for possibilities that are more "creative than worn out concepts like 'safe' and 'unsafe'" Morris is merely capitalising on another set of prohibitions to exploit in the marketplace.

PORN CULTURE

The inflated claims that Morris and his ilk make for gay porn ignore the most profound impact pornography has in the lives of gay men and in the shaping of gay culture. Given that culture involves the training, development and refinement of mind, taste and manners there can be no denying that porn and porn imagery plays an active role in this process for gay men. Indeed the business side of porn tirelessly re-treads the tastes

and manners of gay men in servicing the insatiable appetite of the market. It is perhaps the porn industry's crowning achievement, and no small irony, that this multi-lateral exploitation is sold as sexually liberating.

PORNOGRAPHIC IMAGINATION

Gay social theorist Cindy Patton has posed the questions, "Is watching porn a sexual activity in itself or are porn videos an aid to the imagination, doing the work of fantasy production for the viewer?" Well, it would seem the answer to both questions is no. Watching porn is not, in itself, a sexual activity. By its bland description of sexual mechanics, pornography is dismissive of the imagination by serving up scenarios that are as formulaic as boot-scooting, but for the fact that they are not as socially interactive.

PORNOGRAPHED CULTURE

Philosopher and social theorist Michel Foucault put forward the notion that the words and images, found within a culture, create that culture. If that's the case then gay culture has been 'pornographed' so completely that our very sexual identities have been formulated to suit the marketplace. The prototypical gay man is built around the notion of consumption and the consumption of sexual fantasy in particular is marketed and sold as a communal norm that is then packaged as an empowering enhancement of our sexuality. But the function of gay porn is not to enhance sexuality, like other forms of prescribed fantasy it enhances masturbation. In this regard porn is truly subversive in the sense that it shifts the emphasis of sex from a complex multi-layered form of expression to nothing more than a prerequisite physical function of ejaculation. After all, what would porn be without the cum shot?

PUMP AND CUM

As sexuality, and indeed sex, is composed of much deeper impulses and desires, gay porn (or all porn for that matter) falls short of the most profound consequence of sex: communion with another human being. The final indignity of gay porn lies in the fact that it has nothing to do with the fantasies of grind, pump and cum, but that it is essentially antithetical to the nature of situating sex within relationship to another person. Its sweaty, auto-erotic heave ignores the fact that, as people, gay men are distinguished by fellowship, fraternity, passion, sex and mutual love and are not merely a bunch of wankers.

Colin Batrouney is the Manager of the Health Promotion Program of the VAC/GMHC. Quotes and ideas presented in this article were sourced from works by Paul Morris, Cindy Patton, Michael Scarce and Robert Kirsch

Viewing the engagement in lots of different sex through the prism of dependence reduces human sexuality to simple binaries like normality versus pathology or safety versus risk. The human experience of sexuality is much more complex than this.

BY CHRIS CLEMENTSON

ADICKT

Do you think with your dick? Have you ever thought you might like sex just a little too much? Do you have a persistent desire for sex? Is this desire maintained or even increased despite consequences such as:

- Impaired judgement?
- Finding it difficult to stay away from the person you sexually desire?
- Distressing withdrawal symptoms on separation?
- A loss of interest in other things?

SEX ADDICT

If you answered in the affirmative to a number these questions you could fall somewhere on the spectrum between being a healthy, well adjusted, sexually active gay man to what some proponents of the self help movement call being a sex addict. Yes, there probably is a very thin line between pathologising gay men's sex lives and celebrating the vibrancy and rich sexual diversity that constitutes gay men's sex cultures.

Helen Keane, who was based at the National Centre for HIV Social Research (NCHSR) in Sydney, has authored an article that critiques the psychological construction as an addiction of the desire for lots of and different types of sex. She asks whether the suggestion of pathology is really just a conservative, moralistic view of sex. She even suggests that the proposed healthy alternative to sex addiction is a simple substituting of one object of desire with another more socially acceptable object.

SEXUALLY FEARFUL

Keane contends that addictive and healthy sex may not be as different as they first appear. The sex addiction movement took root in the 1980s at the same time as HIV/AIDS were entering into the reality of our sex lives. The 80s were a sexually fearful social context. This fear was reinforced by ads such as the one depicting the never-ending line of beds questioning how many people you actually sleep with when having sex with one person. The purpose of this fear was to promote the sexual disease control strategy of reducing the amount of partner change.

The fewer the number of partners the less likely a HIV negative partner is to come in contact with an HIV positive partner. However during the mid 80s, gay community based organisations determined that this was a less effective strategy than the reality based, sex positive approach of promoting safe sex whenever you are fucking. Safe sex will prevent the chance of HIV being passed on whilst partner reduction, to be effective, ultimately is still dependent on some form of safe sex. The sex negative models of partner reduction and addiction view sex as a dangerous force with health and well being implications for the individuals who engage in too much sex. It's not surprising that these schools of thought blossomed at a time when AIDS was starting to ravage lives.

HUMAN EXPERIENCE

Psychologically sex addiction is constituted similarly to other diseases of dependence such as alcoholism or chemical dependency. But one significant difference between sexual desire and substance desire is that sexual desire is an innate human experience. This desire waxes and wanes due to a variety of factors including age and head space...we probably all can remember the teenage embarrassment of the unsolicited erection due to the vibration of public transport! There will always be high and low libidos. Some people like to engage in lots of sex and a variety of different types from the vanilla to more esoteric activities such as BDSM.

Viewing the engagement in lots of different sex through the prism of dependence reduces human sexuality to simple binaries like normality versus pathology or safety versus risk. The human experience of sexuality is much more complex than this. This addiction model loses the aspects of consent, mutuality, power and the role of fantasy in enhancing reality. The sex addiction/dependency model often presumes that sex has a singular meaning and often defines this meaning as something akin to a committed, mutual and durable relationship that enhances the life and well-being of each of the two individuals involved. This view limits the broad range of experiences that constitute gay male sexuality. In this dependence model pornography is viewed as merely an escape from reality or a masturbatory aid. This model cannot encompass pornography's capacity for enhancing connections both in the context of a relationship and casual encounters. Sadoomasochism is pigeonholed as being centrally about fear and brutality whereas proponents of these practices would emphasise the role of consent, respect for boundaries and personal space and the pleasure that can be gained from role-playing, theatre and performance.

OBJECTIFYING

Keane's critique of the pathologising of lots of sex or alternative forms of sexual expressions points out that a pathology views these activities as objectifying people. The addict's object of sexual desire, or even romance, only exists to satisfy this driven need. This of course ignores the possibility of mutuality in desire as well as the real sense of belonging and appreciation, though passing, that can be derived from erotic desire. The sexual ideal proposed by those ascribing to the addiction paradigm often is a singular sexual relationship that you enjoy but not to the detriment of any other shared activities. Relationship becomes the socially desired purpose of sex and the relationship itself produces self-knowledge and self-actualisation for each individual. In reality, this so-called healthy sexual ideal objectifies both partners in order to sustain a relationship that has a self-improvement purpose.

In human sexuality generally, and particularly in gay cultures, there exists a variety of sexual appetites and many different tastes to satisfy those appetites. Perhaps we should view the pathologising of lots of sex with different partners with a healthy scepticism. Remember it was only a few short decades ago that homosexuality was pathologised as a psychiatric illness. If you enjoy a lot of sex you are also capable of developing your own personal framework to ensure that it is healthy and life giving for you and your partners. Sexually active adults are capable of consensual arrangements that are mutually satisfying.

*Chris Clementson is a Health Educator with the VAC/GMHC. This article is sourced from **Taxonomies of desire: sex addiction and the ethics of intimacy***



READ About It

✧ **LIFEBLOOD VOLUME ONE 2001 -2002** ✧ This attractive, coffee table style compilation of over sixty articles that made up the first year of *Lifeblood* is available by contacting lifeblood@vic aids.asn.au or phone **9865 6700**



✧ LETTERS ✧

I always read your *Lifeblood* issues which, to date, frankly I have found somewhat patronising. I persist because I suspect there is a genuine intent to help HIV patients, somewhere behind it all. Today, I was refreshed to read your articles concerning discrimination, etc and congratulate you for prioritising as you have. I have only been HIV for three years or so and from the outset been up front about it, thinking it the least complicated and most efficient approach to take. Sadly, because of the very experiences you touch on, I now take a different view: say nothing and sans faire-y-en! Given that I am highly sexually active, 95% top, I am concerned at the ethics but no longer wish to deal with the anguishes that extend even to murder threats. And, don't be surprised because many HIV boys confirm the very same experiences!

Undoubtedly, the worst experiences are from the gay community, not the straights! Clinicians agree there do exist homophobic homosexuals! As a British gay novelist, himself HIV, put it, we are indeed a minority in a minority. What really strikes me as sad is that the HIV community cannot get together to work for their own mutual benefit. The support services are poor frankly, badly advertised and limited in application. Whether it is justified or not, I am unable to comment personally, but general opinion in the HIV community seems to be that administrative and leadership personnel are not focussed on their real needs. I don't know. The recently opened centre in Commercial Road may be an exception.

I myself have fought hard to achieve my high physical fitness and health level, but I reflect on the high number of men who simply give up, and witness first hand their behaviour out there that indicates sometimes alarming low self esteem, fast track ill health that implies increased medical and social service costs, and utter disregard for others. Can't we get ourselves together to help each other mutually? I am happy to listen and learn from others. Most is attitude and psychological, really.

My best regards,
(Name & contact supplied)

After the fabulous success of the Victorian AIDS Council/Gay Men's Health Centre's (VAC/GMHC) presence at Midsumma last year we again extend our arms to you to come and share the fun with us.

We will be participating in two events: Pride March (Sunday February 2) and then Carnival Day (February 9).

Pride March is an activity that absolutely anyone can participate in. If you have thought about marching and don't know whom to march with, then why not march with the VAC/GMHC. We welcome all members of our wonderfully diverse community. Carnival Day is a fun day and a highlight of the year. Some of you have already indicated that you want to share a space with us, give us some brochures/leaflets and posters to display or just volunteer and be a part of our presence. If you are an individual or belong to a group then come along and join in.

The VAC/GMHC is also organising a fundraiser. The Red Ribbon Dash 2003 is to raise funds for the fight against the HIV/AIDS epidemic, and to develop community interest in the cause. The event commences at Alexandra Gardens, goes along the Yarra River to Como Park and returns to Alexandra Gardens, concluding at the 2003 Midsumma Carnival. The event would have broad appeal with scope for participants of all levels of age and ability, where participants can 'design their own dash' from serious runners to more casual participants. The nature of this event reflects the trend toward an increased level of physical fitness (especially through running and walking) observed in recent years.

If you want to be a part of the VAC/GMHC participation in Midsumma 2003 contact me on 9865 6700.

Vic Perri
Health Educator

✧ GROUPS ✧

Young & Gay—is a six-week discussion group for guys aged 26 and under. Trained facilitators lead guys from a variety of backgrounds and at various stages of identifying that they are attracted to other guys.

Next group begins March.

Momentum—Over 26, just coming out or feeling isolated, or if the commercial scene just isn't working for you? This six-week discussion group could be for you.

Next available group begins 11 March.

Relationships—For both single and 'attached' men, the course covers issues such as forming relationships, negotiation, trust, being sexual, communication, intimacy, homophobia and more.

Next available group begins 13 March.

Momentum and Relationships drop in—Former participants can come together for some structured discussion and to socialise.

Gay Asian & Proud (G.A.P.)—is a drop-in/support group for Asian guys. Meet other guys, have fun & feel proud about being gay! Each session covers a different topic. Launching with YellowKitties (Asian lesbians) for 2003 at the Chinese New Year on 1 February.

Negative Partners—group provides a safe and supportive environment where the negative partners of HIV positive men can gain access to information and support around sexual and relationship issues. New group starting in April

**For more information call VAC/GMHC on 9865 6700
Monday to Friday or email lifeblood@vic aids.asn.au**

✧ WHAT'S ON ✧

Enda Markey—by popular demand—Caper's Cabaret
124 Burwood Rd Hawthorn 8.30pm Sunday 16 February.
Bookings **9819 1797**

Red ribbon dash—Fun-run from the Midsumma Carnival in Alexandra Gardens 1pm Sunday 9 February.
Call Graeme on 9865 6700 for details.

Midsumma Volunteers—Want to help out during Midsumma (Pride March 2 Feb and Carnival 9 Feb)? Be a Lifeblood Guard or bump in and bump out, staff VAC stall at the Carnival. Contact Vic on 9865 6700.

Positive Life—Listen into this program about HIV/AIDS and hear people living with HIV share their experiences every Wednesday @ 8.00pm on JOY Melbourne 94.9 FM.

Volunteer training—Orientation for potential VAC/GMHC volunteers at the PLC (51 Commercial Rd Sth Yarra):
7-9.30pm Wednesday February 12 & March 12.

✧ LIFEBLOOD ✧

Lifeblood is a bi monthly health promotion supplement published by the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC). The next edition will be published on 7 March 2003.

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design

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