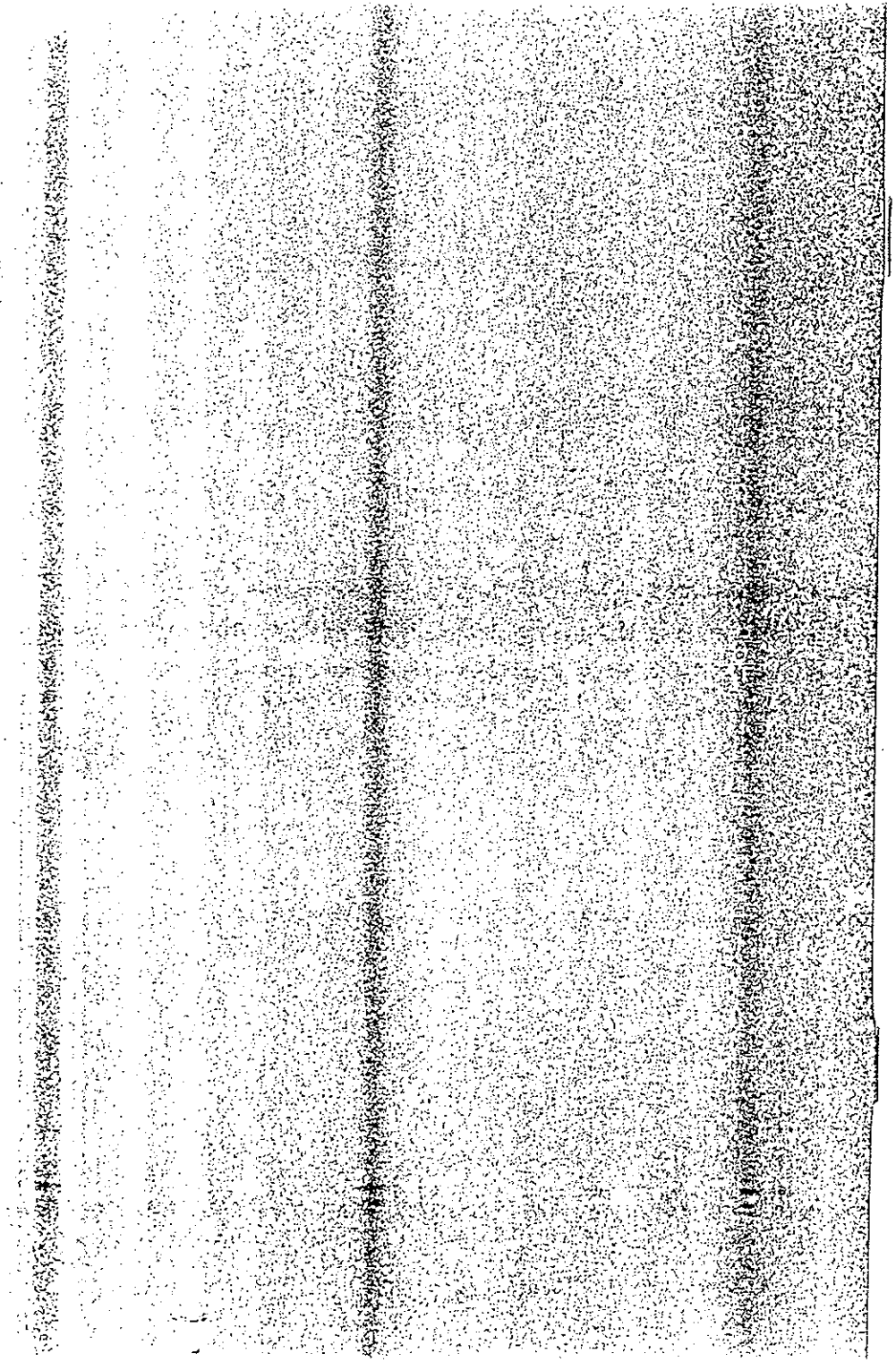

The Journal of Sex Research Vol. 27, No. 2, pp. 167-198 May, 1990

Sexuality in the AIDS Crisis: Patterns of Sexual Practice and Pleasure in a Sample of Australian Gay and Bisexual Men

R. W. CONNELL, Ph.D. AND SUSAN KIPPAX, Ph.D.
Macquarie University, Sydney, Australia

AIDS prevention work needs an understanding of the full spectrum of sexuality. A survey of sexual practices was conducted among gay and bisexual men in New South Wales, Australia. Interviews with 535 men indicate that the repertoire of sexual expression appears to be diminishing under the impact of the AIDS crisis. Particular sexual practices can be grouped into several clusters or factors, and scales can be constructed which focus on anal, oral/tactile and esoteric practices. These factors appear stable for sex with regular or casual partners. Pleasure and practice are not isomorphic; some men have modified their sexual behaviour and given up some of the practices they enjoy. Pleasure is gained from a broad spectrum of activities, but patterns of genital primacy (oral-genital and anal-genital) and communicative primacy are present.

KEY WORDS: Sexual practice, homosexuality, AIDS, pleasure.

Introduction

The complexity of sexuality has been recognized in sex research since Freud's (1905/1964a) documentation of the nuances and contradictions of desire and Ellis' (1897/1923) pathbreaking anthropology of sexual variation. Sexual relations have multiple layers of personal and social meaning, and sexual practices have enormous diversity of form. Sexual contact can be simultaneously a vehicle of personal relationship, the highest form of bodily pleasure, a means of individual expression, and a bearer of social symbols.

This complexity is dramatically demonstrated by cross-cultural research on sexuality, such as the important anthropological work on

This study was conducted with the assistance of June Crawford, G. W. Dowsett, Don Baxter, Lex Watson and Rigmor Berg. We also acknowledge the help of Marie O'Brien, Dianne Miller and Vikki Sinnott, and the massive contribution of the team of interviewers and the 535 respondents. The study was funded by grants from the Australian Commonwealth Department of Health, the NSW Department of Health, and Macquarie University. Requests for reprints should be sent to R. W. Connell, School of Behavioural Sciences, Macquarie University, NSW 2109, Australia.

homosexuality in Melanesia by Herdt (1981) and in America by Williams (1986). Within Western European culture, sex research has also been fertile in ideas about different styles of sexuality. Psychoanalysis has traditionally distinguished oral, anal and genital stages of sexual development and proposed that adult sexuality might become organized around (or fixated on) any of these foci or zones. A hierarchy of practices (in terms of pleasure or involvement) may emerge from what Freud (1905/1964b) wryly called the "polymorphously perverse disposition" of the child. Marcuse (1955) made the important theoretical suggestion that this emergence is socially structured. He hypothesized that the "performance principle" in industrial civilization narrowly channels sexuality towards reproductive ends, gives a primacy to genital activity, and represses other aspects of sexuality as "perversion."

Erikson (1965) urged that Freudian concepts such as *orality* also refer to styles or modalities of interaction. One distinction of modality or *mode* has been very important in some conceptions of male homosexuality, that between "passive" and "active." While this distinction has been greatly exaggerated as a guide to homosexual relationships, an "insertive"/"receptive" distinction is potentially important for sexual conduct. An important distinction is also made within Western culture between mainstream and stigmatized sexual practices—though the boundaries shift over time, as Rubin's (1976) evidence on oral sex indicates. Here the emergence of *sexual subcultures* is at issue.

Yet this insight into the complexity and multi-levelled character of sexuality is always in danger of being lost, even in the most distinguished contributions. Kinsey, Pomeroy and Martin (1948) stripped away the emotional meanings of orgasm to get a quantifiable unit of sexual behaviour. Masters and Johnson (1966) abstracted the social context to get sex into the laboratory. At the other extreme, Foucault (1980) was so preoccupied with effects of social power and the construction of sexuality in discourse that he neglected pleasure, creativity and relatedness.

The same tendency to lose the full complexity of sexuality now repeatedly appears in perceptions of the Acquired Immune Deficiency Syndrome (AIDS) crisis. Public and media perceptions of the AIDS crisis have strongly stereotyped *risk groups*. A group such as "gay men" is seen as an undifferentiated bloc and discussed as if its social identity were itself a cause of the disease. Even those who understand that there are quite specific pathways of transmission may still stereotype a group by defining it in terms of just one practice. Thus gay men, in relation to AIDS, are often defined in terms of anal intercourse.

There is no doubt that anal-genital sex is an important pathway, though it is certainly not the only one, for transmission of the human immunodeficiency virus (HIV). Nor is there doubt that anal-genital sex plays an important part in the psychological and social construction of male homosexuality in our culture. Yet anal sex is not a single kind of activity. A distinctive feature of male homosexual sex is that the same person can be both the insertive and receptive partner. And there may be a great deal to gay sexuality beyond anal intercourse. That practice is only part of a sexual history or a sexual repertoire where, for instance, oral-genital sex may play a role of equal importance. There is, potentially, a great diversity of sexual practice. Sexual activity takes its meaning from this whole context.

Attempts to change sexual practice, like attempts to change any human practice, must be based on an understanding of its meaning. Attempts to substitute "safe" for "unsafe" practices depend on the meanings those practices have and the degree to which new practices provide emotional satisfaction and find social support. So for AIDS prevention work, it is important to have the full picture of sexual practice and its meanings.

The purpose of the present study is to supply, within the limits of practicality, a comprehensive view of the sexuality of an Australian sample of gay and bisexual men in the face of the HIV epidemic, and of the social contexts of their sexual practices and sexual pleasures. The study was conducted in New South Wales (NSW), Australia. The capital of NSW, Sydney, is a city of 3.4 million which has the most visible gay community in Australia. It has the majority of AIDS cases so far diagnosed in the country and has been the scene of the most energetic community response. The research was designed at the initiative of a community-based organization concerned with AIDS prevention, and it is intended to produce findings of use for educational practice and prevention policymaking, as well as contributing to the social-scientific understanding of sexuality.

This report focuses on five issues:

(a) What is the sexual repertoire—both in terms of total experience and current practice, with regular partners, casual partners and prostitutes?
(b) Within this repertoire, what is the emotional profile? There may be foci of pleasure and emotional satisfaction which are important for the design of prevention program.

(c) What broad types of sexuality can be distinguished? Different types of sexuality might require different prevention approaches.
(d) What are the social correlates of these types of sexuality? Significant differences between social groups would suggest *targeting* strategies for prevention work.
(e) What is the relationship between sexual pleasure and sexual practice?

After describing the procedures of the study, this paper will consider each of these questions in turn.

Fieldwork and Sample

The Social Aspects of Prevention of AIDS (SAPA) project is a joint undertaking of the community-based AIDS Council of NSW and social scientists from Macquarie University and the University of Sydney. The first stage of a long-term research program was a survey of social and sexual practice among gay and bisexual men. Most AIDS prevention research, in Australia as in the United States, has been confined to metropolitan samples. The SAPA sample was mainly drawn from metropolitan Sydney but was also designed to include men from rural areas and smaller cities in NSW and the Australian Capital Territory in numbers roughly proportional to the population.

A non-clinical sample was sought to complement and move beyond the clinical research currently underway in Sydney (Sydney AIDS Study Group, 1984). It was also decided, to maximize the quality of the data and the diversity of the sample, to use face-to-face interviews, rather than the self-administered questionnaires which are common in U.S. research, and to do as many interviews as possible in respondents' homes, rather than at a university or medical facility. This resulted in a very complex and time-consuming piece of fieldwork which is described in detail in a report available from the authors (Connell et al., 1988). Fieldwork lasted from September 1986 to March 1987. Interviewers were mostly gay or bisexual men; all were recruited specifically for this project and were given detailed training which covered the design of the project, technicalities of the questionnaire, general AIDS issues, and problems of interviewing about sexuality. Respondents were recruited via appeals in mainstream mass media; advertising and news items in gay media; distribution of cards at clinics, saunas, gay community events, etc.; circulars and visits to gay men's groups and organizations; and personal networks (e.g., "snowballing" from early respondents). There were 535 interviews completed. The interview schedule covered approximately 1,000 items of information and usually took from one-and-a-half to two hours to complete.

We defined the population for the study as "men who have sex with men," or have had within the last five years, regardless of identity. Eight-nine percent of respondents described themselves as gay or some equivalent term; 8 percent described themselves as bisexual or heterosexual. Broad social characteristics of the sample are shown under *structure variables* in Table 6. A comparison with census and labour force statistics across a range of variables (details in Connell et al., 1988) shows that many characteristics of the SAPA sample resemble, to a fair approximation, those of the general population of adult men in NSW. Differences emerge in religion, with a high proportion reporting none, and in region, where the sample has a concentration in the neighbourhood of Oxford Street, the main center of gay commercial and social life in Sydney. A difference also emerges in social class, with working-class men underrepresented. The class bias is unfortunate but is by no means as marked as in comparable U.S. research (e.g., Bauman & Siegel, 1987; Research and Decisions Corporation, 1984). Given the difficulties of such fieldwork, the SAPA sample is satisfactorily diverse.

The Inventory of Sexual Practices

The study's major source of information on sexual conduct was an inventory of items on sexual practices, which was explored in the interview from several points of view.

Pilot interviews for the project used a long undifferentiated list of practices. This was conceptually cumbersome and proved very slow to administer; some way of condensing the interview without losing detail was essential. Accordingly, we adapted from Campbell et al. (1986) the device of distinguishing in the layout of the questionnaire general categories of practice from details subsumed under them. For instance, the section of the inventory on unprotected anal intercourse looked like this:

03. Anal Intercourse (Fucking) without condoms
    1. Active-giving (fucking partner and cuming inside)
    2. Receiving (being fucked with partner cuming)

(Interviewers used the colloquial or the more formal expression, whichever the respondent found more comfortable.) It was possible to record responses for both general and specific categories. But if a respondent reported, for instance, *no experience* of the general category, the

specific categories were skipped. This considerably shortened the administration of the inventory.

The inventory contained 16 general categories of practice, with 40 specific categories, making 56 items in all. These general categories as well as 4 specific items for which the original general categories turned out to be ambiguous (fingering the rectum, fisting the rectum, using cock-rings, using other sex aids) are listed in Table 1.

In the course of the interview, the interviewer worked through the full inventory up to 7 times, with different orienting questions. The three which are of most concern here were specified as being about *sex with men* in one's private sex life:

(a) *Experience/enjoyment.* "With each one, could you tell me if you have tried it—and if you have, how much you enjoyed it?" (3-point rating scale)
(b) *Frequency: regular partner.* "How often in the last 6 months have you done any of the activities below with your regular male partner/s?" (3-point rating scale)
(c) *Frequency: casual partners.* "How often in the last 6 months have you done any of the activities below with your casual male partners?" (3-point rating scale)

The other "runs" with the full inventory concerned *safety of sexual practices with men, experience/enjoyment with women, safety with women,* and *sex with prostitutes.*

A shorter form of the inventory was used in a section asking about changes in practice made in response to awareness of AIDS (details in Connell et al., 1989). The general items of the full inventory were further used as the basis for appraisal questions about the most satisfying practices. Those of relevance here are:

(d) (with men) "Of all the sexual activities you enjoy, which two do you find the most physically satisfying?"
(e) (with men) "Of all the sexual activities you enjoy, which two do you find the most emotionally satisfying?"

Besides the inventory, specific questions were asked about a number of aspects of sexual practice: anal and vaginal intercourse, frequency of sex, number of partners, communication during sexual encounters, early sexual experience, sex with women, prostitution, drug use when having sex, and sexually transmitted disease experience and precautions.

All told, the questionnaire included 505 items concerned with aspects of sexual practice. Few respondents would have answered all of them, as "filter" questions eliminated some sections of the questionnaire for most, e.g., those who did not use prostitutes or had no sex with women. Nevertheless, a typical interview would have covered around 300 of these questions, and it was common for a respondent at the end of the interview to comment on the comprehensive grilling his sex life had been put through.

Major Variables and Method of Analysis

The shape of the sexual repertoire and the existence of foci were studied by straightforward frequency tabulation of the individual items in the inventory of sexual practice and tabulation of the ratings for physical satisfaction and emotional satisfaction.

For the study of types of sexuality, the ratings of enjoyment and of frequency for each sexual activity (46 items) were examined. It was our intention to "reduce" these data to more manageable proportions if scales could be constucted. The process by which this was done is described in a later section. To anticipate its results here, principal components analysis of the ratings of *enjoyment* did not produce clear-cut patterns. However, the same method applied to the ratings of *frequency* yielded clear factors, and three scales were constructed, respectively Oral/Tactile Practices (OTP), Essentially Anal Practices (EAP) and Infrequent Esoteric Practices (IEP).

The analysis of the social contexts of sexuality involved a study of the statistical relationships between these measures of sexual practice and three sets of variables characterizing the respondents' social setting. Here our analysis drew on two recent developments in social science. One is the demonstration that gender and sexuality form a large-scale and multifaceted structure of social relations (Connell, 1987; Epstein, 1988). The other is the move in general social theory beyond structuralism towards interactive models of person-and-society based on a concept of the mutual constitution of structure and practice (Giddens, 1984; Secord, 1982). As argued elsewhere (Connell, 1987, pp. 92-95), such models require a recognition of the dimension of time and the historicity of social practice. Practices develop not only in mutual constitution with generalized structures but concretely within particular institutions and interpersonal milieu. Further, practice is historical in the sense that particular practices always are human responses to a situation, to a configuration of events—such as the HIV epidemic itself.

The analytic framework derived from these considerations defines, first, variables which tap aspects of social *structure.* Large-scale orderings of social relationships are constructed in history and change

historically, but in cross-sectional survey research, they can be treated, to a fair approximation, as fixed patterns of social division. The structure variables selected for this analysis on the basis of our knowledge of Australian social structure are familiar social descriptors: region, age (we are concerned with its social rather than its biological aspect), national and religious background, and four aspects of economic position and class situation.

The framework defines, second, variables which describe aspects of the interpersonal *milieu*, the immediate settings and face-to-face relationships of everyday life. Nine such variables were selected which prior research (or practical experience within Australian gay communities (by organizations such as the AIDS Council of NSW)) suggested might shape responses to the AIDS crisis. They cover level of involvement in gay social life (two variables), sexual identity (two), the pattern of household and emotional relationships (two), and aspects of sexual "lifestyle" (three). Details are shown in Table 6. Each variable is defined by a single question in the interview. (The measure of the *importance of anal sex* in the lifestyle group might be considered an aspect of personality and thus beyond the reach of ordinary prevention work, but it is included here as it is also an important culture-trait of a particular gay milieu.)

Third, the framework defines variables that have to do with the specific *situation* created by the AIDS crisis. Nine variables were selected to tap respondents' stances towards the epidemic and connections with it: knowledge about safe and unsafe sex and media exposure (four variables); contact with HIV-infected people, with safe sex practices, and own antibody test status (three variables); and two measures of attitude, towards condoms and towards AIDS issues generally (prudent vs. rash). Four of these variables are single items, and five are multi-item additive scales constructed during our data analysis. Further details are shown in Table 6.

With each of the single-item variables, an analysis of variance was conducted on each of the three sexual practice scales: OTP, EAP and IEP. With the five situation variables in the form of scales, product-moment correlations were calculated for each of the three practice scales.

Table 1

The Sexual Repertoire

Percent who have engaged in each practice in sex with men. All items are general categories from the inventory of sexual practices apart from those marked "s" for specific category.

	(A) Ever	(B) In Past 6 Months	(C) In Past 6 Months	(D) In Past 6 Months
		With Regular Partner	With Casual Partner	With either Regular or Casual Partner
Kissing	100	55	68	92
Oral-genital sex	100	53	69	92
Masturbation by self	100	(n.a.)	(n.a.)	(n.a.)
Sensuous touching	100	55	72	94
Mutual masturbation	98	53	67	90
Anal intercourse without condoms	95	31	24	48
Fantasy (e.g., pornography)	95	37	45	67
Oral-anal contact	86	25	22	40
Anal intercourse with condoms	81	28	44	59
Fingering the rectum(s)	80	32	34	54
Anal intercourse without cuming	79	25	26	43
Sex aids	53	12	9	18
Cock-ring(s)	51	17	15	25
SM/bondage without blood	36	11	8	15
Fisting the rectum(s)	35	5	8	11
Watersports	29	5	2	7
SM/bondage with blood	12	1	1	2
Scat (sex with faeces)	7	1	1	2

The Repertoire

An outline of the sexual experience of the men in the sample is provided by Table 1 column A. Practices (general categories) are listed in order of the percentage who report that they have ever tried them. This simple frequency count reveals three groups of practices. (i) Those which are part of universal or almost-universal experience in the sample, ranging from kissing and oral-genital sex to mutual masturbation and unprotected anal intercourse. (ii) A range of activities that are part of the majority experience without being universal, from rimming, through anal intercourse without ejaculation, to the use of sex toys. (iii) Sexual activities that are part of the experience only of a minority: SM/bondage, scat and watersports.

There is a difference between what people have experienced and what they currently do. Though 86% of the sample have experienced oral-anal contact, 20% say they do not like it in the insertive mode, and 13% say they do not like it in the receptive mode. Other circumstances such as the availability of partners and the impact of the HIV

epidemic itself, affect what is in the current repertoire. So a lower proportion, in this instance 40%, are likely to have oral-anal contact as part of their current sexual repertoire than the number who have tried it at some time.

Columns B, C and D in Table 1 show the range of sexual practices reported over the six months before the interview. To produce column D (the current repertoire), composite variables were constructed for each major category. In all cases, the frequencies are lower than in column A.

The most common practices in the current repertoire are kissing, sensuous touching, masturbation, and oral-genital sex. These four practices are engaged in by over 90% of the men in the sample. Anal intercourse in all its forms (e.g., oral-anal contact, fingering the rectum and fantasy (which commonly includes anal-oriented pornography)) is next in line, and in each case, approximately half the men include the practice in their current repertoire. The remaining sexual practices, such as fisting the rectum, scat and watersports, are not at all popular.

Changes in the relative position of items within each column are of particular interest. Most notably, anal intercourse without condoms is sharply down in relative frequency. Compare, for instance, its numerical relationship to mutual masturbation in column A and in columns B, C and D. It is likely that this reflects the reception of the "safe sex" message, documented in other parts of this study. Indeed, with the exceptions of kissing, oral-genital sex, sensuous touching and masturbation, all sexual practices have a markedly lower frequency in columns B, C and D than in column A. Nothing has moved up the table to compensate. The average current repertoire is distinctly narrower than total experience.

It is clear from columns B and C of Table 1 that the repertoire with "regular" and with "casual" partners is very similar. It is not the case that respondents seek one kind of partner for one practice and another kind of partner for another. There is little support here for the stereotype of a distinctive "fast lane" sexual lifestyle based on casual partners. The major difference between the two lists is in the indications of greater caution with casual partners, particularly in relation to anal intercourse (less unprotected, more protected). The lower frequencies with casual partners for rimming, SM/bondage and watersports might also be interpreted this way. With regard to these esoteric or minority practices, an equally plausible interpretation is that men who enjoy these activities find it relatively difficult to find like-interested partners. They have more opportunity to engage in these practices if they have a regular partner with similar sexual interests. For this reason, as well as for reasons of perceived safety, the variety which remains in current sex life has become somewhat more concentrated into regular relationships.

Is there any evidence that men who are losing desired sexual outlets are turning to prostitutes for them? Only 6% of our respondents report having paid for sex in the previous year, but it is still possible to explore relative frequencies. There is no evidence for a "displacement of unsafe sex" hypothesis. The numbers are small, and the practices which reach even a 1% level of demand are those which are a universal part of sexual experience generally: kissing, oral-genital sex, etc. On this evidence, one would not be especially concerned about prostitution as a pathway of HIV transmission in the population tapped by this sample. Whether the same is true for other populations is another matter.

Table 2

Enjoyability

Percent who rate each practice *very enjoyable* and *not enjoyable* (top and bottom categories in 3-point scale).

	Very Enjoyable	Not Enjoyable
Kissing	76	1
Oral-genital sex	79	2
Masturbation by self	51	6
Sensuous touching	90	1
Mutual masturbation	60	3
Anal intercourse without condom	70	6
Fantasy	41	6
Oral-anal contact	40	14
Anal intercourse	28	15
Anal intercourse without cuming	25	17
Fisting or fingering the rectum	24	14
Using sex aids/cock-rings	18	16
SM/bondage without blood	9	10
Watersports	4	13
SM/bondage with blood	2	8
Scat	0	7

The Emotional Profile of Sexuality

Tables 2 and 3 give results of two approaches to the emotional meaning of the practices in the repertoire. We asked respondents to rate each activity in terms of pleasure on a 3-point scale. Table 2 presents, for major categories, the percentages rating the practices as *very enjoyable* and the percentages rating it *not enjoyable*. The items

are presented in order of frequency *ever done*, as shown in Table 1 above.

Only one practice approaches universal endorsement as highly pleasurable: sensuous touching. (The specific category that approaches this level is *massage, caressing, cuddling*.) This fact points to the *relational* character of sex for the men interviewed. This response would not be expected if their sexuality was mainly organized around "impersonal" sex. Also significant on this count is the high rating for kissing.

Oral-genital sex and anal intercourse *without* condoms rank reasonably high for enjoyment. In contrast, anal intercourse *with* condoms is rated as *very enjoyable* by only 28% of the sample. In fact, 15% rate anal intercourse *with* condoms *not enjoyable*, a relatively high frequency of rejection.

The overall pattern of these ratings implies a capacity for gaining pleasure from a broad spectrum of activities. This is promising, from the viewpoint of AIDS prevention strategies that seek to replace high-risk practices with low-risk ones. But limits to this strategy are also evident. Among practices having low frequencies of occurrence, the ratio of *not enjoyable* ratings to *very enjoyable* rises steeply. This means that among the minority of gay/bisexual men who have tried these forms of sexual conduct, a high proportion reject them. There seems to be some history of dipping a toe in and finding the water cold.

To investigate whether there are particular foci of emotion among these practices, we asked respondents to look over the whole inventory and identify the two sexual practices *most physically satisfying*, and the two *most emotionally satisfying*.

The tally of *most physically satisfying* responses is shown in the first column of Table 3. The two practices that stand out far above the rest are genital-anal intercourse and genital-oral sex; both commonly lead to orgasm. It appears that some kind of *genital primacy* is present. This is of course different from the genital primacy identified by Marcuse, whose argument treated homo-eroticism as part of what was socially repressed. Nevertheless, it is striking to find so marked a pattern in a sample of gay and bisexual men. Our finding raises the possibility of some convergence between the sexual expression of gay and straight masculinities over the last generation, in the context of the social reconstitution of homosexuality traced by Altman (1979, 1982).

Table 3

Satisfaction

Percent who cite each practice as one of the two *most physically satisfying* or one of the two *most emotionally satisfying*.

	Most Physically Satisfying	Most Emotionally Satisfying
Kissing	14	37
Oral-genital sex	49	23
Masturbation by self	7	3
Sensuous touching	27	59
Mutual masturbation	16	10
Anal intercourse without condom	54	36
Fantasy	2	3
Oral-anal contact	6	3
Anal intercourse with condom	11	8
Anal intercourse without cuming	3	1
Fisting or fingering the rectum	3	1
Using sex aids/cock-rings	1	1
SM/bondage without blood	2	2
Watersports	0	0
SM/bondage with blood	0	0
Scat	0	0

The dilemmas of "safe sex" AIDS prevention strategies are dramatically shown in these figures. One of the practices (anal intercourse without condoms) which has the highest proportion of gay and bisexual men rating it as *most physically satisfying* is also the most dangerous. The obvious replacement, anal intercourse with condoms, is nominated as most physically satisfying by only 1 in 10 of the sample. The other practice (oral-genital sex) which is an erotic focus for a comparable number is of uncertain safety. Both practices involve ejaculation and the exchange of body fluids.

Sexual erotica are a focus for a small minority. Fantasy sex (the general category includes pornography, as well as dressing up) does not appear a credible line of development for safe sex strategy—there is an enormous difference between the numbers who have tried it (Table 1) and those who find it enjoyable or most satisfying (Tables 2 and 3). Perhaps the most consoling figures here are those that show that other practices with a degree of risk—fisting, oral-anal contact, anal intercourse without ejaculation, SM/bondage with blood—have not established themselves as erotic foci for many in the sample. As we have shown elsewhere (Connell et al., 1989), these practices have dropped in frequency when compared with 5 years before. There is also something positive in the fact that two safe practices—mutual mastur-

bation and sensuous touching—are next in line as foci after anal intercourse and oral-genital sex, though at only half the frequency.

Judgments of *most emotionally satisfying* are tallied in the second column of Table 3. Here there are important changes. The most common emotional focus, by far, is sensuous touching. Next comes kissing, then anal intercourse without condoms; further back, oral-genital sex; the rest comparatively nowhere. Some practices on which hope has been placed as a "safe sex" displacement, such as mutual masturbation and protected anal intercourse, are emotional foci only for one in ten respondents; not a large base to build from.

It would appear that in terms of emotional satisfaction, the pattern of genital primacy has been overlaid by, and to some extent displaced by, a pattern of *communicative primacy*. In sensuous touching and in kissing, the sense of whole persons in contact, not just bodies, is particularly strong. The other practice in the inventory with strong communicative character (i.e., fantasy), stresses the imaginary rather than the real personal contact and ranks low on emotional satisfaction. The form of safe sex which is *least* communicative (i.e., solo masturbation) ranks low as a focus of emotional satisfaction. The possibility that the communicative dimension of sexuality might be a major source of positive sexual pleasure, if it can be sustained, has important implications for AIDS prevention work which seeks to present a pro-sex message.

Types of Sexuality, based on Experience/Enjoyment

We have mentioned three types of patterning in sexuality, by *erotic zone*, by *mode*, and by *social definition*. A study of the intercorrelation of items in the inventory casts light on the presence or absence of these patterns. Respondents were asked to rate their enjoyment of each sexual activity on a three-point scale. In this analysis, *no experience* was included with the lowest level of enjoyment. The variable of experience/enjoyment is presumed to define the level of pleasurable involvement in a particular practice. A 46 × 46 correlation matrix, based on the specific practice items in the inventory, was calculated.

Mode. If mode is the major pattern of differentiation in gay sexuality, then correlations between one insertive practice and other insertive practices should be higher than the correlation between that practice and its matched receptive practice. If, on the contrary, the correlations between matched insertive and receptive practices are higher than correlations among insertive (or among receptive) practices, we would conclude that other forms of differentiation are stronger. This might

suggest the importance of a practice or ethic of reciprocity within gay relationships, where partners exchange modes in relation to the same practice.

Table 4

Mode

Section of experience/enjoyment item intercorrelation matrix showing clear mode effect for anal but not oral-genital sex. I = insertive, R = receptive. Brackets mark coefficients for different modes of the same practice. Asterisks mark coefficients for the same mode of similar practices. (See discussion in text.)

		Oral-Genital Sex				Anal Intercourse					
		No Ejaculation		With Ejaculation		No Condom		Withdrawal		With Condom	
		I	R	I	R	I	R	I	R	I	R
Oral-genital											
No ejac.	I	1.00	(.46)	.26*	.11	.10	.09	.33	.23	.19	.17
	R		1.00	.23	.16*	.14	.14	.28	.29	.15	.12
With ejac.	I			1.00	(.42)	.31	.17	.13	.07	.13	.10
	R				1.00	.20	.23	.15	.17	.04	.13
Anal Intercourse											
No condom	I					1.00	(.35)	.39*	.20	.38*	.24
	R						1.00	.14	.58*	.17	.61*
Withdrawal	I							1.00	(.50)	.28*	.19
	R								1.00	.19	.52*
With condom	I									1.00	(.53)
	R										1.00

The highest intercorrelations—those above .4—were almost without exception between different specific categories under the same general category, or between variations on the same physical performance. As illustration, a section of the matrix dealing with oral-genital sex and anal intercourse is shown in Table 4. Generally, the strongest relationships are between receptive and insertive modes of the same practices (shown in brackets). This pattern is very general in the larger matrix and suggests that pleasurable involvement is organized around types of practice more than around mode of that practice. Thus, for instance, the correlation of insertive oral-genital contact with receptive oral-genital contact is much stronger than the correlation between insertive oral-genital contact and insertive anal intercourse. Indeed, the strongest associations between oral-genital sex and anal intercourse are between those practices which involve ejaculation and those which do not. It is clear that the mode effect is at best weak.

There is nevertheless some suggestion of a mode effect; but the modal pattern occurs only *within* a set of practices, with the same or

similar physical performance. Looking at the anal intercourse items in Table 4, the coefficients between items of the same mode are noticeably higher than those between items of opposite mode, and on a par with those between the insertive and receptive modes for each practice. The oral-genital items do not follow the modal pattern. This analysis suggests that we should think of a mode as specific to the enjoyment of anal intercourse and not as a general feature of sexuality or personality.

Social definition. In the overall inter-item correlation matrix, several groups of items emerge. Those which form the best-defined group are watersports, SM/bondage and fisting the rectum, with firm links to scat and use of dildos. A pattern of adventurous or "heavy" sex is suggested. Few of the men in our sample had ever experienced these activities (see Table 1); we call them "esoteric" sexual practices. The item intercorrelations reflect the presence of a large number of men who have never experienced these activities and a small minority who have experienced several. The picture suggests a subcultural organization of sexuality.

Erotic zone. No other cluster of items was very strong. A factor analysis of the enjoyment/experience items yielded a strong factor of esoteric sexual practices, but no others that would produce robust scales. There are suggestions of a "body fluids" factor, an anal factor, a communicative factor, a soft or tactile sex factor, but none of these is clear-cut, and all involve overlapping items. In particular, the data provide no support for the idea of erotic zone as a major principle differentiating sexual experience/enjoyment.

Two interesting patterns thus emerge from the data on pleasurable involvement. First, mode is not important except in relation to anal intercourse. Instead, reciprocity may be important in structuring sexual practice. Second, there appears to be a subcultural pattern of esoteric practices. Apart from these, there are no broad patterns of differentiation shown. Men in the sample gain pleasure from a wide spectrum of sexual practices. These data do not point to early cathexes which fix later experience; rather, pleasurable involvement embraces the three erotic zones: anal, oral and genital.

This suggests that the AIDS educator may need to focus interventions on a practice-by-practice basis. Apart from the two cases noted, broad-brush work hoping to pick up generalized types of sexual motivation may miss its goal. However, the fact that a large number of men nominate anal intercourse as the most physically and emotionally satisfying practice must be noted. Pleasure may not be perfectly reflected in practice.

Types of Sexuality, based on Current Practice

The analysis of the repertoire and the emotional profile indicated an important distinction between the extent to which a particular practice occurs and the emotional investment in it. Accordingly, we conducted a separate investigation of types of sexuality through analysis of the inventory items scored in terms of frequency. The organization of practices on this basis proved more clear-cut than the organization of pleasure just discussed.

Questions about frequency of practices had been asked separately in relation to regular and casual partners, and not everybody in the sample had both. Further, the classification of respondents on the basis of relationship status was based on a question about current relationships, but the frequency questions in the inventory of sexual practices asked about practice *in the last six months,* resulting in some people (correctly) answering frequency questions about a relationship which no longer existed. Clearly, it was desirable to amalgamate the questions if possible. Separate factor analyses were conducted on the two subpopulations answering questions about casual and regular partners, and factor structures were found that were so similar that we had no hesitation in collapsing the data and treating all the questions as defining a single sexual repertoire.

Three groups of items emerged from this analysis: a group of *tactile and oral* sexual practices (kissing, oral-genital sex, mutual masturbation, sensuous touching); a group of *anal* practices (oral-anal contact, fingering the rectum, anal intercourse); and a group of relatively rare *esoteric* practices (watersports, fisting the rectum, SM/bondage). These groupings were sufficiently well defined to allow the construction of scales, a great convenience in our analysis and in using this study as a baseline in further research. The *casual* and *regular* items were amalgamated to produce three composite scales, which we call Oral/Tactical Practices (OTP), Essentially Anal Practices (EAP) and Infrequent Esoteric Practices (IEP).

Characteristics of the scales are shown in Table 5, and their texts are given in the appendix to this paper. Scale scores represent the extent of sexual activity within the particular type defined by the scale. (A person who was celibate for the last six months should score zero on each scale.) Distributions of scores on the oral/tactile (OTP) and esoteric practice (IEP) scales are skewed, reflecting the high numbers of people who do the former and the small numbers who do the latter. Nevertheless, the three scales all achieve satisfactory reliability.

Table 5

Characteristics of Sexual Practice Scales

	No. of Items	Range Possible	Mean Score	Standard Deviation	Alpha
Oral/tactile practices (OTP)	6	0-6	5.3	1.4	.86
Essentially anal practices (EAP)	8	0-8	3.7	2.5	.79
Infrequent esoteric practices (IEP)	8	0.8	0-8	1.5	.81
Intercorrelations:		OTP	EAP	IEP	
OTP		1.00	.44	.15	
EAP			1.00	.42	
IEP				1.00	

The Oral/Tactile Practices (OTP) scale appears the most complex. It includes items relating to oral sex (kissing and oral-genital sex), but it also includes mutual masturbation and sensuous touching. One of its items, oral-genital sex, was shown above (Table 4) to be one of the most physically satisfying practices, while another two, sensuous touching and kissing, were the two most emotionally satisfying practices. One might see this scale as particularly connected with the interpersonal dimension of sex. None of the practices is socially proscribed, except in the sense that gay sex as such is; within the Australian gay community these practices are not subject to censure and are acceptable to all. At the same time, these items might be characterized as a "safe sex" cluster. The scale contains the items which are almost universally practiced. Its existence, and the pattern of inter-item correlations, suggest that a number of men engage in these practices and no others; for some men, it is a repertoire in its own right. The correlation of this scale with the EAP scale is reasonably high, but it has only a small correlation with the IEP scale.

The Essentially Anal Practices (EAP) scale is perhaps easier to interpret and label. It contains nearly but not quite all the items focused on anal practices: oral-anal contact, fingering the rectum and all the anal intercourse items. It does not, however, include the use of sex toys or dildos, or fisting. It contains one of the practices which many found both physically and emotionally satisfying, anal-genital intercourse without condoms. The items included in this scale are not practiced universally, but they are each practiced by at least half the men in the sample. Inasmuch as this scale correlates with both the other scales, it represents practices which are the main focus of differentiation within the sample.

The Infrequent Esoteric Practices (IEP) scale contains almost all the esoteric practices which emerged in our analysis of pleasurable involvement, with the exception of scat. This scale can be interpreted as measuring engagement in a rather specific subcultural world. It is clear that in this instance, the organization of pleasure and practice are almost identical. The scale has a very low mean (see Table 5); very few men engage in these activities.

For the bulk of our sample, the correlational analysis points to two major patterns of difference in relation to frequency of sexual practice, which are the basis of scales OTP and EAP. It is tempting to see this as reflecting differences in zonal orientation, call the one scale "oral" and the other "anal." However, there is more to it than that. The first scale is an oral *and* tactile sex scale. The practices in it satisfy both emotional and physical desire and, as well, may reflect the availability of partners. It contains the relatively safe practices, and these are done by almost all the men in the sample.

The second scale seems focused on anal intercourse and has a more obvious zonal interpretation. Even here, however, more than zone is at issue. This scale contains the most risky of the practices. As the scale means indicate, markedly fewer men in the sample engage in those practices to any great degree. A plausible interpretation is that the two scales reflect some re-organization of sexual practice in response to the HIV epidemic.

Social Correlates of Sexual Practice

Relationships between the three practice scales just discussed and the three sets of variables—structure, milieu, and situation—described above are shown in Table 6.

We look first at IEP (infrequent esoteric) and EAP (essentially anal) practice scales. The small number of men who engage in the esoteric practices can be characterized on some structure variables. They tend to be middle-aged men who are Australian or of English-speaking background and of Protestant religious persuasion. Although the pattern of differences on the anal practice scale parallels that on the esoteric scale, the differences are not significant. However, men with high rather than a very low income are more likely to have a high score on the anal scale.

When we turn to the milieu and situational variables, there is a sense in which men who engage most in the anal practices and those who engage in the esoteric sexual practices fit the stereotype of the "fast lane" gay man. Men who have a large number of gay male friends, who have had more personal contact with the epidemic, and have been tested, are likely to engage in a wider variety of esoteric and anal prac-

tices. Further, they seem to be more closely tied to the Oxford Street community (although not a statistically significant result) and are more likely to recognize AIDS pamphlets. Those men who rate anal sex as very important to them are also likely to engage in more anal and esoteric practices. Interestingly, men who report that some or most of their friends practice safe sex are also likely to engage in more esoteric sexual practices.

Table 6

Bivariate Relationships of Three Sexual Practice Scales

Probability levels shown are for F test in analysis of variance using categories shown, except for final five rows which are probability levels for correlation coefficients. (a) $p < .10$, (b) $p < .05$, (c) $p < .01$.

	PRACTICE SCALES MEANS OTP	EAP	IEP
STRUCTURE VARIABLES			
AGE			
< 20 (n = 22)	4.95	2.95	0.45
20–29 (n = 200)	5.38	3.73	0.55
30–39 (n = 208)	5.41	3.77	0.98
40–49 (n = 77)	5.36	3.45	0.87
50+ (n = 28)	4.92	3.71	0.61(b)
REGION			
Oxford Street neighbourhood (84)	5.48	4.25	1.21
Inner city (138)	5.40	3.60	0.78
Eastern suburbs (82)	5.24	3.43	0.58
Northern suburbs (43)	5.67	3.88	0.74
Southern suburbs (14)	5.43	3.21	0.64
West and SW suburbs (57)	5.16	3.65	0.60
Extrametropolitan NSW (75)	5.16	3.52	0.64
Australian Capital Territory (42)	5.36	3.50	0.62
COUNTRY OF BIRTH			
Australia and New Zealand (439)	5.34	3.67	0.82
Other English speaking (54)	5.50	4.13	0.63
Non-English speaking (39)	5.13	3.10	0.23(a)
RELIGION			
Protestant (144)	5.42	4.00	1.04
Catholic (88)	5.28	3.39	0.63
Other religions (57)	5.19	3.72	0.49
Agnostic/none (241)	5.36	3.55	0.70(a)
LABOUR FORCE STATUS			
Employee, full-time (323)	5.45	3.98	0.75
Self-employed, full-time (60)	5.23	3.81	1.05
Part-time work (60)	5.32	3.33	0.70
Not in workforce (48)	5.06	3.21	0.65
Unemployed (41)	5.17	3.32	0.59

Table 6—Continued

Bivariate Relationships of Three Sexual Practice Scales

Probability levels shown are for F test in analysis of variance using categories shown, except for final five rows which are probability levels for correlation coefficients. (a) $p < .10$, (b) $p < .05$, (c) $p < .01$.

	PRACTICE SCALES MEANS OTP	EAP	IEP
OCCUPATION			
Managers/professionals (184)	5.52	3.75	0.78
Paraprofessionals/clerks (113)	5.39	3.73	0.71
Sales/manual (91)	5.35	4.10	0.89
ANNUAL INCOME			
< $12,000 (113)	5.13	3.19	0.56
$12,001-18,000 (100)	5.22	3.70	0.64
$18,001-26,000 (142)	5.50	3.99	0.80
> $26,000 (168)	5.46	3.74(a)	0.97
HIGHEST LEVEL OF EDUCATION			
Up to year 10 (115)	5.05	3.70	0.60
Completed high school (134)	5.54	4.04	0.99
Diploma or trade certificate (71)	5.34	3.46	0.58
Some college or university (213)	5.39(a)	3.49	0.77
MILIEU VARIABLES			
RELATIONSHIP STATUS			
None at present (64)	3.62	1.93	0.30
Monogamous (112)	5.61	4.07	0.65
Several at same time (35)	5.86	5.14	1.60
Regular relationship plus casual sex (151)	5.70	4.25	1.15
Casual only (165)	5.54	3.35(c)	0.50(c)
HOUSEHOLD SIZE			
One person (129)	5.21	3.30	0.66
Two people (237)	5.49	3.80	0.88
Three people (83)	5.34	3.99	0.90
Four or more (81)	5.14	3.57	0.41(a)
OWN SEXUAL IDENTITY			
Gay/camp/homosexual (475)	5.40	3.71	0.79
Bisexual (40)	5.20	3.53	0.40
Other/heterosexual (15)	3.87	2.67	0.93
ATTRIBUTED SEXUAL IDENTITY			
Gay/camp/homosexual (348)	5.36	3.69	0.85
Bisexual (32)	5.53	3.81	0.75
Heterosexual (93)	5.38	3.67	0.55
Unsure/don't know (57)	5.10	3.70	0.51
PROPORTION OF FRIENDS WHO ARE GAY MEN			
None/a few (48)	4.83	2.83	0.65
Some (150)	5.37	3.49	0.43
Most (313)	5.46	3.87	0.93
All (23)	4.78(c)	4.04(b)	0.87(c)

Table 6—Continued

	PRACTICE SCALES MEANS OTP	EAP	IEP
MILIEU VARIABLES (cont.)			
EVER MEMBER OF GAY/BISEXUAL ORGANISATION			
Yes (361)	5.34	3.66	0.79
No (169)	5.39	3.75	0.70
USE ANY DRUGS FOR RELAXATION AND PLEASURE (includes alcohol and tobacco)			
Yes (470)	5.38	3.73	0.80
No (65)	5.09	3.25	0.49
FREQUENCY OF CASUAL SEX IN PAST MONTH			
None/no response (203)	4.91	3.34	0.62
1–5 times (232)	5.61	3.66	0.78
6–15 times (79)	5.67	4.37	0.80
> 15 times (21)	$5.48_{(c)}$	$4.52_{(c)}$	$1.81_{(c)}$
IMPORTANCE OF ANAL INTERCOURSE			
Very important (112)	5.30	4.29	1.04
Quite important (204)	5.40	4.05	0.82
Not important (166)	5.34	3.40	0.61
No response/don't know (53)	5.26	$1.79_{(c)}$	$0.40_{(b)}$
SITUATION VARIABLES			
HOW MANY FRIENDS PRACTICE SAFE SEX			
All (36)	5.42	3.44	0.47
Most (287)	5.46	3.67	0.86
Some (133)	5.13	3.83	0.89
A few (42)	5.29	4.14	0.43
None/don't know (32)	5.25	2.62	$0.13_{(b)}$
FEELINGS ABOUT CONDOMS			
Completely acceptable (167)	5.37	3.46	0.66
Quite acceptable (297)	5.35	3.75	0.80
Quite unacceptable (53)	5.45	4.15	0.89
Completely unacceptable (9)	4.56	4.00	1.22
PURSUES AIDS INFO IN MEDIA			
Yes (499)	5.35	3.65	0.75
No (35)	5.46	4.14	1.00
ANTIBODY TEST STATUS			
No test/no response (174)	5.25	2.83	0.39
Negative (270)	5.42	3.86	0.69
Positive (91)	5.32	$4.73_{(c)}$	$1.69_{(c)}$

(Continued on next page)

Table 6—Continued

SITUATION VARIABLES (SCALES)	CORRELATION WITH PRACTICE SCALES OTP	EAP	IEP
Aids pamphlet awareness (PA)[d]	0.03	$0.09_{(b)}$	$0.07_{(a)}$
Knowledge about safe sex (KSS)[e]	$0.09_{(b)}$	$0.07_{(a)}$	0.01
Knowledge about unsafe sex (KUS)[f]	$-.06_{(a)}$	$-.07_{(b)}$	−.02
General issues (GI)[g]	$-.10_{(c)}$	0.04	0.03
Contact with epidemic (CE)[h]	0.03	$0.09_{(b)}$	$0.15_{(c)}$

Notes:
[d]High scores mean respondent recognizes more of the AIDS pamphlets circulating at time.
[e]High scores reflect correct (by AIDS educators' standards) judgments about practices that are in fact safe.
[f]High scores reflect correct (by AIDS educators' standards) judgment about practices that are in fact unsafe.
[g]High scores reflect rash or optimistic judgment about AIDS issues in general, e.g., immunity, early availability of a vaccine.
[h]High scores reflect personal links with people with AIDS.

So in one sense, the stereotype of the "fast lane" gay man is confirmed. However, in two extremely important ways, that is an inaccurate picture of contemporary gay sexuality. First, both esoteric and anal practices are more common within regular and monogamous relationships; men who have only casual sex engage in these practices to a lesser extent. Second, only half the men in the sample engage in anal practices, and extremely few men practice esoteric sex. It is oral/tactile practices which most accurately characterize the sexual practice of the majority of gay men in our sample.

With regard to the oral/tactile practices, little in the structural variables distinguishes those who do from those who do not. High scores have a consistent but nonsignificant association with income and a significant association with education. Among situational variables, OTP is linked with the general issues (GI) scale, which measures rashness or optimism with regard to opinions about HIV transmission. As one might expect, men who score high on the OTP scale are more likely than others to be cautious. The clearest links with oral/tactile practices would appear to be among the milieu variables, where high scores go with having *most* friends who are gay and with having relatively high frequencies of casual sex.

The results which indicate a positive relationship between education and income on the one hand and variety of practice on the other, as well as the significant relationships between number of gay male

friends and all the practice scales, suggest men who are economically and socially secure have a wider and more varied sexual practice. This interpretation is confirmed by the finding that the frequency of casual sex is higher among those men who have high scores on all three practice scales.

In summary, structural variables appear to have little impact on the sexual practices of our sample. There are more links between the practice scales and the milieu variables. These are mainly to the variables that directly describe the social organization of sexuality or sexual relationships. It is not surprising, in a general sense, to find practice embedded in relationship. What is interesting here are the indications of the specific kinds of relatedness that give rise to high levels of sexual activity. The presence of a "relationship" and friendship base (perhaps, again, providing security), as well as chance to participate in casual encounters, is important.

Among the situational variables, measures that might reflect exposure to general sources of information are not strongly linked to practice. However, the two variables reflecting connection with the HIV epidemic have definite relationships to EAP and IEP. The scales of knowledge about the safety of practices are correlated with OTP and EAP but not IEP, in a way that accords with a finding in our exploration of these scales (Kippax et al., 1988, p. 45), that men who engage in a particular practice are more likely to rate that practice as safe.

Social Correlates of Sexual Pleasure

The measures of enjoyment or pleasure yield a slightly different picture from the frequency of practice measures. As respondents were asked to nominate the two most physically and emotionally satisfying practices, the categories of practice were collapsed in terms of the empirically most frequent pairings (see Table 7). The three sets of contextual variables—structure, milieu and situation—were cross-classified with those practices in the inventory chosen for physical satisfaction, and separately for emotional satisfaction.

With one or two exceptions, the situation and milieu variables do not show significant associations. Importance of anal intercourse and antibody status are, as one might expect, significantly related to choosing anal intercourse without condoms as most physically and emotionally satisfying.

Emotional pleasure and physical pleasure are closely related; those who find a practice emotionally satisfying are highly likely to find that same practice physically satisfying. The one exception is kissing and sensuous touching. Those who endorse these practices as one of the two most emotionally satisfying find a wide range of practices other than these physically satisfying.

Table 7

Most Frequent Pairings on Satisfaction

Number of men who nominate particular pairs of practices as the two most physically satisfying and the two most emotionally satisfying. $N = 535$ in each case.

	Number of Men
Two Most Physically Satisfying	
Anal intercourse without condoms/oral-genital sex	143
Anal intercourse without condoms/other sex*	131
Oral-genital sex/other sex	98
Other sex/other sex	79
Anal intercourse without condoms/other anal intercourse	76
No response	8
Two Most Emotionally Satisfying	
Kissing/sensuous touching	119
Anal intercourse without condoms/kissing and sensuous touching	111
Oral-genital sex/kissing and sensuous touching	55
Anal intercourse without condoms/oral-genital sex	50
Anal intercourse without condoms/other anal intercourse	46
Other sex/other sex	39
No response	115

*Other includes all sexual practices except anal intercourse and oral-genital sex.

The major finding is that pleasure, particularly emotional pleasure, is associated with a number of structural variables. Age is significantly related to the nomination of practices as emotionally ($p < 0.0005$) and physically ($p < 0.03$) satisfying. Young (20–29) gay and bisexual men are less likely to nominate anal intercourse without condoms and more likely to nominate kissing and sensuous touching as the most emotionally and physically satisfying, while older men (40 plus) are more likely to nominate anal intercourse without condoms and less likely to nominate kissing and sensuous touching as the most satisfying.

Nomination of anal intercourse without condoms as emotionally satisfying is also significantly related to occupation ($p < 0.005$) and to education ($p < 0.0006$). Men with least education and those in sales/manual jobs are most likely to nominate anal intercourse without condoms and oral-genital sex as emotionally satisfying and least likely to nominate kissing and sensuous touching.

Clearly, enjoyment, particularly emotional enjoyment, is constituted within certain social contexts. Therefore, equally clearly, it

can be reconstructed. Anal intercourse is structured differently for different men, and over time. The data suggest that time has had an impact on the way in which sexual pleasure among these men is understood. Although they are difficult to unravel, there appear to be both a generational difference and a difference which is a function of maturity. Men who were sexually active during the so-called "permissive" era find most sexual pleasure in anal intercourse without condoms, whereas younger men are more likely to find pleasure in sensuous touching and kissing. This latter finding may be due to lack of experience and, in that case, will change with time. It may also be a function of the impact of the HIV evidemic.

Relationship between Pleasure and Practice

Our analysis has presented two aspects of sexuality: one that deals with pleasure and the other with practice. Sexual practice, in a very general sense, appears focused on oral and tactile sex, these practices being almost universal, as well as on anal sex. There is also a small group of men who engage in esoteric practices. The second pattern, which is associated with pleasure, is focused on genital primacy, both anal and oral, and communicative primacy.

The ways these two aspects of sexuality connect to structural and milieu variables are different. Further, with the exception of those who engage in esoteric sex, men in our sample do not always do the things they like or always enjoy the things that they do. It appears that practice is mediated by something other than pleasure alone. Table 8 gives, for each sexual practice, a view of the relationship of behaviour to enjoyment.

The item by item analyses show that:

(1) "safe" sex (defined in terms of AIDS educators' knowledge at the time of the survey)—kissing, anal intercourse with condoms, oral-genital sex without ejaculation, mutual masturbation, sensuous touching and fingering the rectum—is practiced by 70–95% of those who enjoy it;

(2) "unsafe" sex—anal intercourse without ejaculation, anal intercourse without condoms, oral-genital with ejaculation, oral-anal contact, toys, SM/bondage with blood and fisting—is practiced by 35–55% of those who enjoy it. For example, 84% of the sample say they enjoy insertive anal intercourse without condoms, but only 44% of those who enjoy it engage in this activity; and

(3) esoteric sex, such as watersports, is practiced by only 20% of those who say they enjoy it. Perhaps there is a difficulty of finding partners, as well as an assumption of danger.

Table 8

Enjoyment by Sexual Practice

Sexual Practice	Of total sample, percent who report practice *very enjoyable* or *quite enjoyable*	Of those who enjoy, percent who actually engage in practice (*often* or *occasionally*)
Sensuous touching	98.7	94.5
Dry kissing	83.5	91.1
Wet kissing	95.5	90.8
Mutual masturbation	95.5	91.8
Oral-genital—insertive no ejaculation	92.0	87.4
Oral-genital—receptive no semen	92.2	85.4
Oral-genital—insertive with ejaculation	85.4	45.1
Oral-genital—receptive with semen	56.2	47.2
Fingering the rectum—insertive	65.0	71.0
Fingering the rectum—receptive	61.7	69.4
Anal intercourse—insertive with condoms	58.7	72.9
Anal intercourse—receptive with condoms	52.8	72.8
Anal intercourse—insertive no condoms	84.0	44.3
Anal intercourse—receptive no condoms	72.9	42.3
Anal intercourse—insertive no ejaculation	54.8	52.6
Anal intercourse—receptive no semen	51.6	52.2
Oral-anal—insertive	57.2	48.0
Oral-anal—receptive	72.7	43.7
Use of toys—insertive	30.3	43.2
Use of toys—receptive	31.6	30.2
Fisting—insertive	22.2	35.3
Fisting—receptive	8.9	39.6
SM/bondage with blood—top	22.8	44.3
SM/bondage with blood—bottom	23.2	49.2
Watersports—giving	14.6	29.5
Watersports—receptive	12.9	31.9

These figures also point to a distinction which respondents draw with regard to the enjoyment of the insertive and receptive mode of three "unsafe" sexual practices. Insertive oral-genital sex with ejaculation is enjoyed by many more men than its more unsafe receptive counterpart. Similarly, insertive fisting is enjoyed by more men than receptive fisting. Also, receptive oral-anal contact is enjoyed by more men than insertive oral-anal contact. These three practices are the only three to show this difference. Although at first glance the distinction is related to risk (from hepatitis as well as HIV), such an explanation is not the whole story. If it were, we should expect to find a distinction between insertive and receptive modes of anal intercourse, for example. Many men do not find either the insertive mode of oral-anal contact, or the receptive mode of fisting and oral-genital sex, enjoyable.

Whatever the explanation of the above insertive/receptive distinctions, two things are clear. Sexual practice for gay men involves reciprocation. The majority of men enjoy all their sexual activities, but in those cases where there is a preference, men practice both the insertive and receptive modes, even if they do not enjoy both. Further, the more general analysis of the relationship between practice and enjoyment makes it clear that many men have changed their sexual practices; they have given up or modified those unsafe practices which they enjoy. Practice has been modified by a rational fear of HIV transmission.

Conclusions and some Implications for AIDS Prevention

The two patterns of sexuality traced in this paper go some way in explaining the shape of the AIDS crisis among gay men. The pattern of genital primacy, and especially the significance of anal intercourse, places the most risky sexual practice close to the heart of the social process of constructing gayness. The evidence shows the emotional charge still attaching to anal-genital practices. They have not been easy to change, even when knowledge about AIDS issues and safe sex became reasonably widespread (Kippax et al., 1988). However, they have been changed to some extent by the adoption of condoms, and they have been dropped from the repertoire of many men. Anal intercourse is a more common practice among those men with regular partners. Focus on anal intercourse as a source of satisfaction varies between social groups. This gives hope for a social reconstruction of sexuality, though it also points to the complexity of the forces to be taken into account.

There has been a move away from other unsafe practices, such as fisting the rectum; there has been an increased interest in oral-genital sex and sensuous touching and masturbation. Indeed, it is the latter practices, which are in the main safe, which make up the bulk of our respondents' sexual activity. It is also these practices which men are more likely to engage in with their casual partners. Whether this is due to availability and accessibility, or to fear of HIV, it is impossible to tell from our data; possibly it is both. Gay community involvement seems important here: men who mostly have gay friends are more likely to engage in these safer sexual practices.

The fact that the main effects of the epidemic on sexuality have been a contraction of the repertoire and a more limited choice of partners (Connell et al., 1989) rather than a flowering of sexuality in new (safe) directions, points to the limited substitutability of practices. Yet our findings do suggest more constructive lines of development for preventive work. There are different sources of pleasure within sexuality. Preventive work might seek to build on the inherent gratifications of oral sex (without ejaculation), a form of genital sex which is generally considered safe. The emotional satisfaction derived from communicative sex deserves attention. It is notable that sensuous touching, the practice that ranks highest for *emotionally satisfying,* is also the practice that gets near-universal endorsement as *very enjoyable.*

We are not suggesting that there is a separate group of communicative practices which can be substituted for others. Rather, we are suggesting that the communicative dimension inherent in *all* sexual practices be emphasized as a source of pleasure. Besides confirming current practice and eroticizing condoms, one might suggest that "using condoms is your way of saying you care." Such an approach would build on a notable feature of the HIV epidemic so far, the strength of gay men's collective response to it.

In previous papers, we have emphasized how little support our data give for a "targeting" strategy directed at different groups of men. The data in this paper confirm the point to some degree, as shown by the overall lack of connections between the three practice scales and the structural variables. Yet the relationships between enjoyment items and the structure and milieu variables, as well as those connections that are found for the practice scales, suggest that underlying contours of desire do exist. Older men will need support to sustain their change to safer practices. It is they who consistently nominate anal intercourse without condoms as the most satisfying sexual practice. These men, particularly those without a regular partner, are highly vulnerable.

Our data show that men in several relationships, or who have regular relationships plus casual sex with others, practice a wider range of anal sexual activities. They are also more likely to endorse anal intercourse without condoms as most physically and emotionally satisfying. As well, these men have more frequent casual sex than men not in relationships. There is room for education about which partners gay men should use condoms with. Gay men may find it easier to sustain safe sex if they are given some autonomy with regard to condom use and thus can develop a sense of efficacy in the face of HIV.

Men who are young and those who are marginalized in one way or another—lower income, few or no gay male friends, very little education—need special help. Although these men are more likely to have casual relationships only and are thus more likely to have less sex

and/or to have oral-genital sex rather than anal sex, they are in need of more information about oral-genital sex. Many of these men have little if any sex because of their fear of HIV; such abstinence may be extremely difficult to sustain. In the long term, it may be wiser to encourage them to engage in such practices as mutual masturbation or oral sex without ejaculation.

There are many indications in our data of the vigour of responses to the AIDS crisis. The relationship between enjoyment and practice points to the active response of gay men. The pattern of reciprocity in gay sexuality holds promise for modification of practice: negotiation is likely to be easier in relationships where there is reciprocal sexual practice. This, along with the social networks constructing gay communities, may be seen as a base for a powerful collective response to the epidemic—a response which, as our data on practice indicate, must continue.

References

ALTMAN, D. (1979). *Coming out in the seventies.* Sydney: Wild and Woolley.

ALTMAN, D. (1982). *The homosexualization of America: The Americanization of the homosexual.* New York: St. Martin's Press.

BAUMAN, L. J., & SIEGEL, K. (1987). Misperception among gay men of the risk for AIDS associated with their sexual behavior. *Journal of Applied Social Psychology, 7,* 329-350.

BURCHAM, J. L., TINDALL, B., MARMOR, M., COOPER, D. A., BERRY, G., & PENNY, R. (1989). Incidence and risk factors for human immunodeficiency virus seroconversion in a cohort of Sydney homosexual men. *Medical Journal of Australia, 150,* 634-639.

CAMPBELL, I. M., BURGESS, P. M., GOLLER, I. E., & LUCAS, R. (1986). (A prospective study of psychological factors influencing HIV infection in homosexual/bisexual men.) Unpublished questionnaire. Victoria: University of Melbourne, Department of Psychology.

CONNELL, R. W. (1987). *Gender and power.* Stanford: Stanford University Press.

CONNELL, R. W., CRAWFORD, J., KIPPAX, S., DOWSETT, G. W., BOND, G., BAXTER, D., BERG, R., & WATSON, L. (1988). *Social aspects of the prevention of AIDS: Study A report no. 1—Method and sample.* Sydney: Macquarie University, School of Behavioural Sciences.

CONNELL, R. W., CRAWFORD, J., KIPPAX, S., DOWSETT, G. W., BAXTER, D., WATSON, L., & BERG, R. (1989). Facing the epidemic: Changes in the sexual and social lives of gay and bisexual men in Australia and their implications for AIDS prevention strategies. *Social Problems, 36*(4), 384-402.

ELLIS, H. (1923). *Studies in the psychology of sex, Volume 2: Sexual inversion.* Philadelphia: Davis. (Original work published in 1897)

EPSTEIN, C. F. (1988). *Deceptive distinctions.* New Haven: Yale University Press.

ERIKSON, E. H. (1965). *Childhood and society* (2nd ed.). Harmondsworth: Penguin.

FOUCAULT, M. (1980). *The history of sexuality* (Vol. 1). New York: Vintage.

FREUD, S. (1964a). Fragment of an analysis of a case of hysteria. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works* (Vol. 7, pp. 1-122). London: Hogarth Press. (Original work published 1905)

FREUD, S. (1964b). Three essays on the theory of sexuality. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works* (Vol. 7, pp. 123-243). London: Hogarth Press. (Original work published in 1905)

GIDDENS, A. (1984). *The constitution of society.* Cambridge: Polity.

HERDT, G. (1981). *Guardians of the flutes.* New York: McGraw-Hill.

KINSEY, A. C., POMEROY, W. B., & MARTIN, C. E. (1948). *Sexual behavior in the human male.* Philadelphia: W. B. Saunders.

KIPPAX, S., CRAWFORD, J., BOND, G., SINNOTT, V., BAXTER, D., BERG, R., CONNELL, R. W., DOWSETT, G. W., & WATSON, L. (1988). *Social aspects of the prevention of AIDS Study A report no. 2—Information about AIDS: The accuracy of knowledge possessed by gay and bisexual men.* Sydney: Macquarie University, School of Behavioural Sciences.

MARCUSE, H. (1955). *Eros and civilization.* Boston: Beacon Press.

MASTERS, W. H., & JOHNSON, V. E. (1966). *Human sexual response.* Boston: Little, Brown.

Research and Decisions Corporation (1984). *A report on: Designing an effective AIDS prevention strategy for San Francisco: Results from the first probability sample of an urban gay male community.* San Francisco, CA: Author.

RUBIN, L. B. (1976). *Worlds of pain: Life in the working-class family.* New York: Basic Books.

SECORD, P. F. (1982). *Explaining human behaviour.* Beverly Hills: Sage.

Sydney AIDS Study Group. (1984). The Sydney AIDS Project. *Medical Journal of Australia, 141,* 569-573.

WILLIAMS, W. L. (1986). *The spirit and the flesh: Sexual diversity in the American Indian culture.* Boston: Beacon Press.

APPENDIX: TEXT OF SCALES

All scales were constructed from items in the inventory of sexual practices. The three *practice* scales were constructed from items introduced by the question: "How often in the last 6 months have you done any of the activities below with your male partner/s?" and 'How often . . with your casual partner/s?" Items were scored 1 if the answer was *occasionally* or *often* in either case; 0 if the answer was *never* for both.

Oral/Tactile Practices (OTP)

1. Wet kissing/deep kissing
2. Dry kissing
3. Sucking (oral-genital)*
4. Being sucked (oral-genital)*
5. Masturbating (jerking off) together
6. Sensuous touching

*Either with or without ejaculation.

Essentially Anal Practices (EAP)

1. Oral-anal contact (rimming/roseleafing your partner) (giving)
2. Oral-anal contact (being rimmed/roseleafed) (receiving)
3. Anal intercourse (fucking): active-giving (fucking partner and cuming inside)*
4. Anal intercourse (fucking): receiving (being fucked with partner cuming)*
5. Anal intercourse (fucking) without ejaculation (cuming): active-giving (fucking partner without cuming inside)
6. Anal intercourse (fucking) without ejaculation (cuming): receiving (being fucked without partner cuming)
7. Finger in partner's rectum (finger fucking)
8. Finger in your rectum (being finger fucked)

*Either with or without condom.

Infrequent Esoteric Practices (IEP)

1. Having your parter urinate on your (watersports)
2. Urinating on your partner
3. Fisting partner (hand/fist in partner's rectum)
4. Being fisted (hand/fist in your rectum)
5. Receiving dildo/vibrator/toy
6. Giving dildo/vibrator/toy
7. S/M dominance/bondage: giving (top)*
8. S/M dominance/bondage: receiving (bottom)*

*Either with or without blood.