

PLEASURE, PASSION, PULCHRITUDE, SEX, AND TECHNOLOGY: HIV PREVENTION IS ABOUT TO GET EVEN MESSIER

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I coined the phrase ‘choreography of sex’ over twenty years ago now, during my early research on gay men and HIV prevention. The term also draws on my own experience as a sexually active gay man who had come-out long before the onset of the HIV pandemic. At that time, I was struck by gay men’s capacity in casual sex to embark on quite complex, deeply connecting and very satisfying sexual encounters with complete strangers, sometimes without a word exchanged, a name provided or any further communication sought. I came to regard this as not just skill or technique, but more as a capacity to ‘read’ in one’s own body and that of another man and exchange shared meanings sufficient to produce mutual pleasure.

Part of the explanation was a shared understanding of the choreography of sex, not just as a planned or repeated sequence of moves and outcomes, but also as improvisation. Just as dancers require experience, training and creativity as part of the performance, so too do sexual actors. Indeed, sex consists in performance, and performance is about producing meaning.

Why is this important? Well, it struck me, then, that if we were going to insert condoms successfully into gay men’s sexual encounters, we needed to understand more than just which sex act was occurring. Sex is not just behaviour; it is a social practice, and practice equals behaviour plus meaning. I was astonished to see in early HIV research and, unfortunately, in a lot of current research, that sex is still often reduced to behaviour, to a meaning-less act by much biomedical, epidemiological, psychosocial and behavioural science.

I have been more surprised, however, at the very scientists and practitioners who utilise these meaning-less conceptions of sex; because a large number of them – and I know this from a long history in HIV work in Australia and internationally – have wonderful and active sex lives themselves. How can we scientists not learn from our own bodies, desires and experiences – what I termed also many years ago our ‘bodies-in-sex’ – and bring these understandings to research and interventions? Surely, we can’t all be lousy lays?

So, when I was asked to contribute to this panel today, I decided to pick up on some of the ideas in the choreography of sex, some of the meanings experienced by bodies-in-sex, to reflect on what prevention, and particularly biomedical prevention, might learn by thinking about sex as practice, i.e. as behaviour plus meaning. Let’s use the example of microbicides. My first thought as a gay man about using a microbicide gel is ‘Oh my God, more mess!’ I remember all those awful, early, water-based lubes that dried out half way through sex so that you had to stop and re-apply them. Then there were the lubes that didn’t ever dry out and could never be washed out of your sheets. Seriously, sex is messy business. It’s a case of: ‘Oh let’s put a towel down, I’ve just changed the sheets’, or ‘Do you mind if we take the table cloth off the table first?’, or ‘Can you just reach that pack of “Wet Ones” before I leak all over the new car seat covers?’. And tell me: how do you keep all that microbicide in there while standing ready for action in a sex club, trying desperately not to cough? The technological fix of a microbicide cannot erase the meaning of the mess.

My point is that whatever one’s understanding of microbicides and their purpose and efficacy, their use will involve not just effectiveness and technical application, but also the negotiation of the meanings of sex, of wet and messy bodies, of touch and feel, of taste and smell, of signifying HIV or STIs, of defining of bodies-in-sex as ‘at-risk’. To be effective, microbicides will need to become part of the choreography of sex and induce improvisation.

What about pleasure in sex? Where does it figure in biomedical prevention? Do you remember the scene from the film ‘9½ Weeks’, where Kim Basinger and Micky Rourke are having sex in front of an open refrigerator, smothering each other with chocolate sauce, strawberries, ice cream and eating them off each other’s bodies? Talk about improvise! We human beings are wondrous when it comes to transforming the expected to the unexpected, the familiar to the surprising, the pure to the perverse. Whether it’s ice cream or leather, flavoured condoms or lube, live webcam sex or pegging with strap-ons, inserting cum cubes or courgettes, plugging in e-stimulators or teledildonics, or simply adding more people, our inventiveness and cyborgian capacities can eroticise objects, co-opt social processes and multiply the players to confound any narrow technical logic of biomedical prevention strategies ... and we need to remember that these so-called confounders actively constitute the substantive logic of sex as practice. They can never actually be controlled for.

What of the relationality of sex? Biomedical prevention strategies have to negotiate many relational forms, not just husband and wife, or male-to-male encounters of surface or depth, but many polyamories both traditional and

modern, the various obligational and transactional imperatives in sex, the highly structured formats of BDSM, the improvisation of the casual encounter, and so on. Then there are the feelings associated with public and private sex, shame and honour, ritual and rebellion, pleasure, pain and redemption. These are not variables or context; we must take the social relations of sex as central to the deployment of all prevention interventions, from conceptualisation and design to development and delivery. We must not regard the social as confounder, as an annoyance to be mopped up later.

If we don't factor in all this sweat, bump and grind from the start, and understand the meaning in the making, the purest of biomedical interventions will be far less effective as practice and in practice. The way forward lies not in relegating the social to the margins, or as prelude or postscript to the real business of biomedical prevention, but rather in embracing the social as constitutive. After 31 years of pandemic, we still don't hear much about sex as pleasure, and pleasure as culture. And we hear too little of sexual cultures, their construction, production and evolution, an analysis of which could greatly enhance understandings of risk calculus, of motivation and meaning, of the ascendancy of pleasure, of the triumph of touch over technology.

And herein lies the challenge: if we cannot apply our own desire to our actions, if we cannot see our choreographed pleasures in the application of our devices, or recognise our improvisational sexual skills in the deployment of our technologies, then our prevention endeavours will surely fall short of our aspirations, and the end to HIV will remain elusive. Thank you.