There's more to Health than HIV: Social Capital & Health in the Gay Community

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Abstract

The legal climate for gay men in the UK has undergone enormous change since the decriminalisation of 'homosexuality' in 1967 with changes in the social climate following. Bringing together concepts of 'social capital' and 'reflexive individualisation', the research explores how the changes have helped shape the gay experience, especially in terms of health and well-being. In recent history, gay men's health has been located within the HIV discourse, assuming a homogeneous gay identity and community. Yet gay men have various identities and a full spectrum of health needs, well beyond HIV and AIDS alone. The research pursues ethnography as method to provide 'thick description' of gay men's lives in context. After immersion in the context, access was gained to 24 gay men whose ages ranged from 17 to 73 years old. There were also five non-gay participants and six representatives of gay themed organisations. Participant observation, field notes and Internet data complemented semi-structured and unstructured interviews. The data were analysed using the thematic and grounded theory approach. This identified generational variations within the experience of gay men characterised by how the law defined them. The findings indicated that the social capital framework does not account for the experiences this minority group or the variations within it. Gay men displayed different styles of embeddedness, and ways of developing trust in others. Self-censorship hindered the development of these important skills. It also seemed plausible that these same conditions promoted reflexivity through the need to manage multiple identities in various social settings. With respect to health, it was HIV that structured much of their accounts, although they did vary across generations. Generation also structured the experience and practice in other areas of health. The project demonstrates the importance of both sexual orientation and masculinity in the construction of all men's health.

BACKGROUND TO THE RESEARCH – LOOSE ENDS & KNOTTY QUESTIONS

Good health and how to maintain it has become an omnipresent aspect of our daily routines. Hardly a day goes by without there being a news story relating to various aspects of the nation's health, be it smoking cessation, binge drinking or obesity to name but a few. Generally speaking the 'state sanctioned health ideology' (Davison, Frankel et al. 1992) is based on reducing activities known to be detrimental to health while increasing those things that are thought to promote good health. In the gay context the main emphasis relates to HIV prevention and safer sex and for good reason: gay men continue to be the biggest single group affected by the virus. Yet there is little recognition that gay men face the same health issues as all men, regardless of sexual orientation. Indeed, the needs of gay men are absent from the 'men's health' discourse. HIV is not the only health concern to face gay men, yet little if any health promotion or research targets these other issues in the gay context. Is the assumption that gay men do not smoke or that they are not obese? Or is it assumed that their health needs are met under the umbrella of 'men's health'? Neither is a sustainable argument. Gay men live varied lives, have a range of social networking styles and have a variety of good and bad health habits, as have all sections of society. Quite simply their various identities, social locations and experience of health need addressing, not only their sexual health.

It is increasingly acknowledged that there are many social determinants of health over and above bio-physiology of disease and injury. The notion of health is contestable and is as much a subjective experience as it is a biological fact (Blaxter 1990). Social factors such as our gendered construction, socio-economic status, degree of embeddedness and level of social standing are all proposed as key determinants of health inequalities. What is currently missing from our understanding is the effect sexual orientation has on the experience of

health. This thesis will locate these issues within the social capital framework. Social capital is premised on there being some intrinsic worth or value in our social relationships. Communities and individuals with high levels of social capital or social embeddedness are likely to have better health outcomes than those with lower levels. Through the bonding and bridging distinction social capital has been defined as the glue binding society together and the lubricant that permits the smooth running of society's interactions, (Smith 1997). As might be expected, social capital is itself a contested concept and although it offers a useful framework by which to explore aspects of health and community, it has not been problematised from a gay perspective and is currently premised on heterosexist norms and values. What seems to be lacking from the social capital debate is a contemporary understanding of how individuals are embedded in a variety of different styles of social networks that bear little resemblance to notions of the 'traditional' nuclear family. The social capital theory does not seem able to include such 'outsider' communities, nor keep pace with their rapid state of change. The structure of the project therefore attempts to marry the social capital theory with Beck's reflexive individualisation thesis. Combining both these theories allows the various forms of social networks and degrees of social embeddedness to be explored in the gay context without imposing any value or moralistic limits upon their utility.

Reflexive individualisation recognises the structural changes taking place in many western societies and therefore offers a more dynamic approach to exploring contemporary lifestyles. There are three interlocking levels at which the processes of individualisation can be employed to explore the gay experience and its potential impact on health and well-being. The first is at the societal, or macro level of analysis, exploring the effect of the social and legal changes that gay men have experienced in the last four decades. From a state of illegality until the late 1960s, gay men today have a level of equality here in the UK never previously enjoyed. The changes have made it easier for increasing numbers of gay men to come out as gay. These societal structures will affect the development of the gay identity. In the current research it is theorised that these societal changes could be structured into four discrete generations:

- The Criminal-Generation (representing those who where old enough to potentially know of their sexual orientation prior to 'homosexuality' being decriminalised in 1967);

- The Legal-21-Generation (representing those old enough to know of their sexual orientation between the years of 1967 and 1994 when the legal age of consent was set at 21 years);

- The Legal-18-Generation (representing those who knew of their sexual orientation after 1994 but before 2001 when the age of consent was set at 18 years);

- The Legal-16-Generation (who knew of their sexual orientation after the law was equalised at 16 years in 2001).

A positive outcome of having four generations is that it allows the variations of experience to be examined and reported. The drawback however, is that it hugely inflates the word length of this thesis having to explore the same issues four times.

The second level at which the reflexive individualisation thesis provides a framework from which to explore the gay experience is at the community level. Originally the changing climate led to the emergence of various gay communities and safe spaces where gay men could interact with one another. However, it is being argued that the increasing number of gay men coming out has diminished the collective understanding of what it is to be gay. The importance of what was considered gay safe space has also lost its influence and many gay men are now marginal to the gay community. This thesis explores how gay men have re-embedded themselves into smaller-scale, reflexivity constructed social networks.

The last level at which the reflexive individualisation thesis provides a discourse to explore the gay experience is at the level of the individual. It is proposed that the stigma of being gay does two things: firstly, self-concealment means that it is possible to establish a gay identity at any time throughout adulthood. In the current sample for instance, some participants in the criminal generation had only recently 'come out of the closet', whereas some of the younger generation had been out for much of their teenage life. The different

lengths of 'gay career' were not dependent on age. It is likely that the generational context and gay career intersect and that the processes of individualisation were instrumental to the emergence of the many gay identities and diverse communities.

The second important feature at the individual level is the emergence of the reflexive gay self. The first element of this relates to the need to conceal aspects of their gay identity in hetero-normative settings. This high degree of self-monitoring and the presentation of multiple identities promotes a heightened state of reflexivity. The second aspect in the individualisation is how gay men are in a better position from which to 'cobble together' their biographies, (Beck and Beck-Gernsheim 2002), since they are freed from 'traditional' obligations and roles that continue to bind some networks together. It is being argued that reflexivity in the gay context forms part of the gay habitus and supplants old ways of being and doing.

The processes of individualisation are therefore important to the social capital framework as they offer a convincing account of the changes taking place in society without devaluing or privileging any one way of relating over another. In sum, the thesis offers an eclectic mix of theory and debate to explore the experience of being gay. Styles of social embeddedness, level on the social gradient and socio-cultural position are all taken into account when constructing a case for the inclusion of the gay experience in the social capital framework and men's health discourse.

A NOTE ON THE RESEARCHER - MULTIPLE IDENTITIES & SPLIT PERSONALITIES

In qualitative research, it is acknowledged that researchers are social actors who bring their own particular subjectivity and orientations into the research environment, (Phoenix 1991; Denscombe 2002). It would therefore be dishonest to suggest that my social and cultural background would have no effect on the research process. This makes it necessary to declare some aspects that might be relevant to the research. At the start of the project I was in my late 30s, I had grown up in a working class mill village in Lancashire, where my family still live; I was the first person in my family to attend university. Before coming out

as a gay man in 1991 I had been in a heterosexual relationship for over seven years. Since coming out I have steeped myself in several aspects of the 'gay communities' and lifestyle. My sexual orientation is central to my identity.

My interest in the research area began through my numerous attempts to stop smoking. It seemed that public health's concern for gay men related only to HIV and AIDS. There were no systems or structures set in place that acknowledged the other health needs of gay men. My other route to the research question came from researching aspects of social capital in a working class community. Social capital at that time was, (and still is), steeped in the heterosexual assumption, (Weeks, Heaphy et al. 2001), and bore little resemblance to my understanding of community life as a gay man.

My interest and social position, however, should not be read as being partisan, as this was not the case. Throughout the research the challenge was to keep an open mind as to the various possibilities and not to close myself off to experiences that did not fit with my own. This endeavour was a learning and reflexive experience rather than a confirmatory exercise. Throughout the five years of the research my understanding of social capital changed as different aspects of it came up for critical examination in the current context. My understanding of the gay community and identity also changed substantially, (we do live in a reflexive age which even the most 'objective' researcher cannot escape). On the one hand, it is acknowledged that this thesis is not a value-free account of gay life as clearly, this is not possible:

> Another criticism of the value-free approach to objectivity is that it asks for the impossible. Researchers cannot strip themselves of their values. Such values will have been inculcated through family life, education, religion, the media and the community and be so deeply embedded that they cannot simply be taken off like a jacket and hung in a corner until it is convenient to put them on again, (Denscombe 2002: 166).

But nor is it 'fictional journalism' (Morse, Barrett et al. 2002), lapsing into philosophical relativism, (Foley 2002), or an autobiographical account. My position and limited insider knowledge eased access into aspects of the gay community from where I took a number of different, and at times competing, identities and roles. On some occasions it was fruitful to

stress my student label so as not to come across in an academically threatening manner. At other times the prestige of being an 'NHS Research Fellow' was required to access professional organisations. Some occasions demanded that I adopt a hypermasculine identity when building relationships with others who themselves had a hypermasculine identity. There was also the persona of the 'ex-married man', which provided me access to the Gay Married Men's Group; and my identity as a Ph.D student, which allowed me access to the Lesbian & Gay Chorus. They were all authentic and as much part of the research process as the interviewing and participant observation.

OVERVIEW OF THE THESIS

The layout of this thesis is straightforward and somewhat conventional; it is divided into five parts. The first part deals with what is known about the gay experience. It begins by giving an insight to the research by briefly outlining some of the issues that will be addressed. The literature review chapter sets out some of the issues that will be explored within the social capital framework. The amount of potential literature is daunting; social capital has captured the attention of many. It was decided to only focus on what might be relevant to the current research. Chapter one therefore explores the issues of social embeddedness and the fact that the extent to which social capital is currently conceptualised may not resonate with the experiences of gay men. There is also a critical examination of what have been deemed the two cornerstones of social capital: first the norms of trust and reciprocity, and secondly bonding and bridging social capital and degree of social embeddedness. There is increasing evidence that social capital is important to health and well-being; but patterns of health behaviour may differ between gay and straight communities and populations. The relationships gay men have with their 'families', their partnering choices and the absence of mixed gender may have major ramifications for the construction of social networks and experience of health. Clearly, this is the main thrust of the thesis and so receives a great deal of attention. The final part of the first section explains how the research was undertaken along with the rationale underpinning many of the methodological decisions.

Part two of the thesis is the start of the results section. Chapter three explores the changes to the social and legal climates that have taken place for gay men over the past 50 years. This structure arose from the data when it became evident that there were different age cohorts, (generations), who each have different experiences of being gay; and that their length of 'gay-career' also affected this experience. 'Generation' and 'Gay-Career' then structure the remaining chapters by offering a way to illustrate the differences and similarities of experience between the different groups. Chapter four reports the experiences of being gay by exploring 'Heterosexism, Homophobia & the Nature of Trust'. It does this by exploring the various levels of discrimination the men had endured and the consequences of such prejudice on the formation of trust. Trust is positioned as one of the main characteristics of social capital with Putnam theorising it to exist in two states: thick and thin. The current research challenges this conception and explores the nature of trust rather than the outcome of trust/mistrust. The suggestion is that living in a heterosexist and homophobic society is not conducive to formulating the necessary conditions to have a leap of trust in others that perhaps members of the majority group have.

Part three of the thesis explores the social embeddedness of gay men. Much attention is given to kinship bonding ties and weaker bridging ties in the social capital framework but there is little recognition of the many different forms contemporary family structures can take. Chapter five reports on the experiences of the families of origin and of procreation. Traditionally, such styles of families are considered the guardian of bonding ties/social capital and the site of much moral and instrumental support. However, gay men may not value or have positive memories of this style of family life. They may instead opt to form their own style of network ties. Chapter six therefore explores how gay men construct their chosen families. The first part looks at intimate couple relationship. Here the 'terms and conditions' that form the basis of these relationships are explored as are the looser ties found in the friendships. These levels of embeddedness could loosely be characterised as coming under the label of 'bonding social capital'. In chapter seven, the wider level of social embeddedness is explored in the experiences of community and civil engagement.

Part four of the thesis then moves on to how gay men experience health and seek to manage it. There are three chapters. The first, chapter eight, examines the HIV discourse. The experience of HIV has changed since the 1980s and with the onset of HAART (Highly Active Anti-Retroviral Treatment), it is now considered a manageable condition rather than being life-threatening, (at least here in the western nations). Yet the way in which public health and gay men's health organisations continue to frame HIV as the only health issue affecting gay men is discordant with their experiences and expectations. For many gay men the AIDS crisis no longer exists and for many others, it never existed. The eighth chapter therefore explores how gay men reflexivity negotiate their way through the safer-sex messages to form a reasoned understanding of what is safe and unsafe sexual activity.

Chapter nine examines the lifestyle choices that gay men actually make. As much attention is given to HIV and safer-sex, little appears to be given to gay men's other lifestyle choices. Yet there are many other health issues currently being highlighted within the men's health discourse, including smoking cessation, alcohol consumption, physical activities and diet. The different styles of engagement with these other health issues are discussed in this chapter, premised on the idea of there being a range of activities with participants falling somewhere in between 'reflexive' or 'resistant' health citizens. Chapter ten then explores the attitudes, beliefs and practices of the men in the sample. Currently sexual orientation is not considered when researching or promoting health in areas other than HIV. Gay and straight men are therefore treated differently. Within the men's health discourse, heterosexuality is assumed and often evident, which could potentially exclude the health messages reaching a gay audience. At the heart of this chapter is an exploration of how both masculinities and sexual orientation structure the experience and practice of health.

The final part of the thesis attempts to piece together the complex picture that emerged from the data. The impact of 'social capital' is not rejected but its limitations are recognised and developed to include the experience of the outsider. The reflexive individualisation thesis is proposed as a tool to explore contemporary relationships and so move the social capital debate away from network structures that appear to have more

relevance to pre-industrial times. At the end of this section is an epilogue offering an 'auto-critique' of the research and the researcher.

PART ONE

THE GAY EXPERIENCE – SETTING THE SCENE &

EXPLORING THE ISSUES

CHAPTER 1

<div align="right">REVIEWING THE LITERATURE – STATING THE CASE</div>

The degree to which we are socially embedded continues to receive a great deal of attention because of the potential links to health and well-being. Much recent work is framed within the social capital debate. The relationship between social capital and health is receiving a great deal of attention (for instance, Kawachi, Kennedy et al. 1997; Campbell, Wood et al. 1999; Cattell 2001; ONS 2001; Sixsmith, Boneham et al. 2001; Blaxter and Poland 2002; Campbell and McLean 2002; Muntaner and Lynch 2002; Sixsmith and Boneham 2002; Swann and Morgan 2002; Veenstra 2002; Davey Smith and Lynch 2004; Kritsotakis and Gamarnikow 2004; Kunitz 2004; Muntaner 2004; Shortt 2004; Szreter and Woolcock 2004; Islam, Merlo et al. 2006) though none have attempted to address differences that will exists between heterosexual and gay populations. The changes to the social and legal climate that exists for gay men make their experiences differ from their heterosexual counterparts. The purpose of the current research is to explore both the experience of social capital and health in the gay community.

In terms of health, HIV and AIDS has been part of the gay landscape for over 25 years. Since the first reports in 1981 of the 'strange cancer killing homosexuals[1]' in the New York Times, there have been changes in the way HIV is perceived and experienced. Back in the 1980s, gay men strove to combat AIDS and were largely successful in stemming the tide of new infections with the safer-sex campaigns (Hickson, Davies et al. 1998; Grulich 2000). However, things have changed. Collectively, HIV and AIDS are no longer perceived as a crisis as successful treatments have transformed it from a killer disease to a manageable condition (Rofes 1998). Many more heterosexual people now have HIV (Cook, Downing et al.

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[1] The term 'gay' will primarily be used rather than 'homosexual' because of the pervious connection with the sickness and pathologisation.

2003; Kimmel, Hearn et al. 2005). Despite this, public health policy continues to locate HIV and AIDS in the gay identity and community in the UK. Consequently, the HIV discourse is likely to affect how gay men experience their other health issues.

Health itself is a contested concept with many factors affecting how it is experienced over and above biology and physiology:

> People's lives are made up of work, family, friends, and neighbours, practical tasks and obligations which have to be fulfilled. All of this affects their view of their health, the decisions they make about it and what they do when they feel unwell (Cornwell 1984: 20).

The way gay men experience their social networks may also have ramifications for their experience of health, so too might the socio-cultural legacy in which they grew up suggesting generational differences. Here, the importance of individual biography being located within a historical context cannot be understated:

> Neither the life of an individual nor the history of a society can be understood without understanding both (C. Wright Mills 1959: 3).

The historical context in which gay men grew up will affect how they experience health and well-being:

> At any given historical moment, there are competing masculinities – some dominant, some marginalized, some stigmatised – each with their respective structural, psychosocial, and cultural moorings that, in turn, influence variations in men's health (Sabo 2005: 336).

Throughout the past four decades society has shifted its position on 'homosexuality' though the conditions that existed for some of the older gay men should not be forgotten. It would be fair to say that for much of the last century, gay men in Britain lived under an extremely authoritarian regime. It might be difficult for a heterosexual to appreciate the level of symbolic violence inflicted on gay men in recent times. Rights and privileges routinely afforded the heterosexual population were denied gay men. Pre 1967, it was illegal to be a 'homosexual' in the UK, and if caught, the punishment handed out by the state was often imprisonment with hard labour. Post 1967, gay men's legal status changed for those over 21 years as long as sex was strictly between two people and in private. Following 1967, the

number of arrests of gay men actually went up (Weeks 1990) leading to the criminalisation of a new generation who could now be charged with 'Gross Indecency'. It is under such conditions that the gay identities emerged. Currently, the law has been equalised giving both heterosexual and gay people the same legal recognition and protection.

The changes in legal status also made it possible for gay men to construct gay spaces but it was by no means made easy. Here in Manchester, gay bars and clubs are still (2006) raided by the police. In the 1960s, the Licensee of the Union, a bar in Manchester received one year's imprisonment for having 'outraged public decency' by 'exploiting abnormality' (Hindle 1994: 32). Back in the 1970s, when it was no longer illegal to be gay, the raids were often part of James Anderton's moral cruised against homosexuality. For instance, in 1978 he had attempted to bring a prosecution against Napoleon's club for 'Licentious Dancing' because men could be seen dancing together by passers by (Whittle 1994). In 1994, 45 police officers, including the Tactical Aid Group raided the Mineshaft arresting 13 men for public order and indecency offences. Two of the men were arrested for kissing which the police construed as indecency. In 2006 the police raided Falcon, a men-only bar which was attempting to attract a 'sex-on-premises' clientele. So despite homosexuality no longer being a criminal offence, there remains some hostility and gay men continue to face many levels of discrimination, especially in areas where they are not considered to meet the heterosexual standard. At a macro level of interaction, there is institutionalised heterosexism which is defined as:

> An ideological system that denies, denigrates, and stigmatises any non-heterosexual form of behaviour, identity, relationship, or community. [It] fosters individual anti-gay attitudes by providing a ready-made system of values and stereotypical beliefs that justify such prejudice as natural (Herek 1990: 316).

Institutionalised heterosexism legitimises heterosexual dominance and control and endorses intolerant behaviour against gay men. Societal disapproval positions gay men as deviant and so opens the way to prejudice and discrimination at the micro level of relations. This discrimination is often termed 'homophobia' and has been defined as:

> The fear of homosexuals and/or the fear of being perceived as a homosexual
> (Bank and Hansford 2000: 65).

Risk of homophobic bullying in schools or savage attacks by individuals are part of everyday life. The notion of homophobia also relates to the belief that heterosexuality is the only normal and moral state of being (BMA 2005). Some prefer to use the term 'sexual prejudice' to refer to the negative attitudes and behaviours that heterosexuals' exhibit towards those perceived to be of a different sexual orientation (Herek 2000). The idea behind such a move away from homophobia is because:

> It conveys no assumptions about the motivations underlying negative attitudes…
> and avoids value judgments about such attitudes (Herek 2000: 19).

The focus is more far-reaching and takes account of prejudices towards the person, community, and behaviour. Weeks et al. (2001) terms this the 'heterosexual assumption'

> an all embracing institutional invalidation of homosexuality, and the presumption
> of heterosexuality (Weeks, Heaphy et al. 2001: 41).

What is key to them all is the low social status that gay men are afforded. They all refer to the deviant nature of being gay and the dominant 'natural' status of heterosexuality. For instance, gay relationships have been given more legal recognition and can now form formally recognised civil partnerships. However, these partnerships are not legally allowed to be called marriage which is still considered the preserve of heterosexual couples. Is discrimination towards gay men disappearing or is it being reshaped by the dominant group who continue to set the terms and conditions of for the gay populations to abide by? In some social spheres, the gay identity no longer carries the same stigma as it once did. It now seems that the stigmatised identity is supplanted by stigmatising some gay sex acts, such as anal sex which is then used to characterise all gay men. The recent moral panic associated with 'bareback' sex (unprotected anal intercourse) only seems to add to this re-shaped form of gay stigma.

Has the changing social and political climate reduced the social stigma of being gay and in at least some instances, raised the social status of the gay identity? There is still a heavy burden to 'act heterosexual' in many social settings through risk of discrimination. Gay men

are still routinely denied access to the usual markers of status and respect afforded the heterosexual population. Often, gay issues are framed within a discourse of 'moral dilemma' where the superficial stereotype of the gay identity is assessed for its suitability to marry another gay person; or the appropriateness for gay men to rear, adopt or even work with children. This not only challenges the moral worth of gay men, but also elevates heterosexuals to a position of moral entrepreneur from which to impose their norms and values on a minority group. These symbolic gestures send out a very clear signal to both the gay and straight communities of the gay man's continued deviant status and consequently lower social standing.

Despite the social and legal climate substantially changing over the past decade, the effects on health of past and present sexual inequalities are broadly ignored in the public health discourse. Attention is typically directed towards other determinants of health inequalities, such as socio-economic forms of disadvantage. One reason for this absence of interest may relate to gay men being considered to be affluent and middle-class and able to take care of themselves (Hindle 1994; Rofes 1998; Dowsett 2001; Keogh, Dodds et al. 2004). Being void of difference and without need may suit public health practitioners and policy makers but it is not an empirical reality. Gay men are a heterogeneous population comprising of many competing identities, needs, and styles of relating. How they construct their identity is no longer restricted to the camp flamboyant stereotype portrayed by celebrities such as Larry Grayson and John Inman from the past; and Dale Winton and Graham Norton presently.

1.1 – INTRODUCING REFLEXIVE INDIVIDUALISATION THESIS

In late modernity, the usual markers of identity, such as class and location based identity markers are increasingly redundant (Giddens 1991; Beck and Beck-Gernsheim 2002; Sweetman 2003). Does this extend to sexual orientation? Throughout the changing social and legal climate, the gay identity has gone through some major changes with some sections embracing a hypermasculine discourse of the 'leather men, clone, skins and scallies'. The individual now has a vast array of possible identities they can actively choose from free

from the constrains of their ascribed statuses (Giddens 1991; Sweetman 2003). Have the changes affected how gay men construct their masculine identities? The emphasis is on individual preference rather than institutional obligation. Past roles and identities may not be useful or desirable in the gay context, which points to the active construction of the reflexive identity. Sweetman discusses how under certain circumstances, reflexivity can become habitual:

> Certain forms of habitus may be *inherently* reflexive, and that the flexible or *reflexive* habitus may be both increasingly common and increasingly significant due to various social and cultural shifts (Sweetman 2003: 529 - original emphasis).

If habitus is a product of our upbringing, then it is difficult to see how the cultural climate in which gay men have been brought up will not affect their habitus, dispositions and ways of 'being in the world' (Bourdieu, 1984: 466). Growing up in the shadow of prejudice and marginalisation is likely to instil an adaptive need that accommodates 'new' modes of relating, being and doing that were not anticipated when exploring the notion of habitus in a heterosexual context. A black person will have known of his or her 'blackness' both culturally and socially in the early stages of socialisation where it is visible and affirmed. A gay person however, may have slowly come to terms with his altered state of 'being in the world'. That makes the gay habitus in the generic sense plausible while acknowledging the need to view it as essentially different in the generational context. Unless the notion of habitus was explored in this context, it is unlikely to have had any resonance so unlikely to have been considered.

We can turn to Goffman to explore why gay men may have had a greater need to be reflexive and self-monitor. Firstly, the stigma they carry is not always apparent. In hetero-normative settings, they can hide their sexual orientation and 'pass' as heterosexuals if they so wish. Secondly, the stigma and low social standing they embody increases the potential of discrimination from the majority group were it known. Managing discredited identities therefore involves making stark choices:

> To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where (Goffman 1963: 57).

Clearly, in the gay context, this is regulated by the extent to which they are 'out' and in which networks and settings they are out. There will be occasions when they have to 'play it straight' and conceal their gay identity in heteronormative settings:

> For the majority of people that live on the sexual margins of society, there are layers of their lives where they can feel safe to be themselves, and then there are layers where they feel risks attached to being found out as non-heterosexual are too great, and they must conceal their sexual lives. Due to the constant need to self-monitor in order not to be caught out, the effort of moving between these disparate layers can be exhausting (Weeks, Heaphy et al. 2001: 185).

THE GAY COMMUNITY

Though the notion of the gay community is problematic, its presence in popular discourse, and absence of suitable alternatives makes its use unavoidable. The notion of 'community' is also central to the concept of social capital necessitating its use further. The gay community is made manifest by the need for space away from the hetero-normative environment. It needs distinguishing from the 'gay scene' which often relates to the amalgamation of pubs and clubs targeting gay men. The gay community can exist away from such places so could relate to a psychological sense of community (Sarason 1974) rather than a geographic location. The gay community and gay scene are important features of gay life and seem to act as the epicentre for much gay interactions and modes of relating (Hindle 1994; Weeks, Heaphy et al. 2001). Gay men require the relative safety of the 'gay community' so that they can engage with other gay men, construct their identities and as such, be more open with their sexual orientation:

> In such spaces, non-heterosexuals can be themselves, without having to explain who they are or wait anxiously for a misunderstanding about their lives. And in this way they can protect themselves from hostility or rejection (Weeks, Heaphy et al. 2001: 188-189)

The reality is that there are an ensemble of 'communities' that co-exist that could be loosely defined as the gay community.

The commonsense idea of a community being geographically bounded is increasingly becoming difficult to sustain. For instance, communities now exist in cyber-space where face-to-face interaction is not even required (O'Neil 2002). The gay community is a relatively new phenomenon. Traditionally, the gay community would be considered as a community of identity/interest and not place. Recently however, large gay metropolises have sprung up and the 'gay village' is a common feature to many cities throughout the world (Whittle 1994). For an increasing number of the gay population, the gay community is one of identity *and* location. The gay community is a reflexive community in that, as Lash comments:

> first, one is not born or 'thrown', but 'throws oneself' into them; second, they may be widely stretched over 'abstract' space, and also perhaps over time; third, they consciously pose themselves the problem of their own creation, and constant re-invention, far more than traditional communities; fourth, their tools and products tend not to be material, but abstract and cultural (Lash 1994: 161)

There are many different gay groups/identities that co-exist and share a reciprocal relationship with the gay community in providing many gay men with a shared sense of meaning. This diversity means no single unified construct exists leading to the notion of gay communities rather than 'community' (Hindle 1994; Dowsett 2001). This takes account of there being a unified experience while acknowledging the many structural, geographic and socio-economic factors that all go to make up what it is to be a gay man in the 21st century.

SAFE SPACES, QUEER PLACES & THE CONSTRUCTION OF MASCULINE IDENTITIES

It is not simply about the safety offered away from the hetero-normative environment, though this will be important. Having such spaces are vital to the construction of masculine gay identities in four distinct ways:

Firstly, they engender a sense of belonging to a community that can lack physicality. Having somewhere gay men can call their own, away from the hostile hetero-normative environment, attaches symbolism and meaning to what are often a collection of bars and clubs. Secondly, such venues offer gay men somewhere they can engage with other gay men on their own

terms, while practising their own norms and having their own set of values. Weeks and his associates (2001) highlight this, pointing out that:

> Non-heterosexual spaces within cities can provide the places or 'scenes' that can be important to the individual's sense of belonging. These play a crucial role in facilitating the formation of sexual involvements, friendships, partnerships and social networks, and can offer the promise of a new and 'freer' life (Weeks, Heaphy et al. 2001: 84).

Thirdly, the freer life provides them space where they can begin to 'cobble together' their new biographies (Beck 1994) and reflexive identities away from their families and communities of origin. Finally, being in gay-normative environments allows gay men to construct a private 'space' in a public place. The private and public dichotomy has always been blurred in gay terms as indicated in the laws around Gross Indecency above. Gay men, as all men may, need to construct a private space in which they can connect and be intimate in an exclusively gay male public environment. Their masculine performances will be manifestly different in front of a mixed audience in terms of gender or sexual orientation.

These four elements are what seem important to the social construction of gay space and also, the sense of meaning and belonging individuals have towards such places. The rules of engagement and symbolism are manifestly different to those that must be followed when in a heterosexual setting. It is in such spaces that the gay identities have emerged. An important question here is how does the gay experience fit with what is currently understood within the social capital theory?

1.2 – THE SOCIAL CAPITAL FRAMEWORK – As it Stands

The importance afforded social capital most likely arises from the potential links it is thought to have with health and well-being. Social capital has been with us for some time now but over the last decade has captured the attention of the politician and social theorist alike. The basic ideas underpinning this theory highlights the benefits arising from good social relations:

Both a glue that bonds society together and a lubricant that permits the smooth running of society's interactions (both interpersonal and among people, groups, and organisations (Smith 1997: 170).

There have now been several reviews, interpretations and re-interpretation of what social capital is and how it has been variously defined (Portes 1998; Falk and Kilpatrick 2000; Woolcock 2000; ONS 2001; Baum and Ziersch 2003; Durlauf and Fafchamps 2004; Edwards 2004; Szreter and Woolcock 2004; Islam, Merlo et al. 2006). An essential ingredient to arise in all conceptualisations of social capital is that it is a resource found in our social networks:

Whereas economic capital is in people's bank accounts and human capital is inside their heads, social capital inheres in the structure of their relationships (Portes 1998: 7).

Social capital is positioned as the 'missing link' that explains why some communities are 'successful' and others are not (Durlauf and Fafchamps 2004). Essentially, communities considered to have high levels of social capital are described as socially cohesive, co-operative and caring where people work together for mutual benefit. Conversely, a community considered to have diminished stocks of social capital are described as one where people have become socially isolated, suspicious of others and reluctant to participate in community life. The common thread that stands out, is one of cooperation and reciprocal exchanges arising out of voluntary associations with others. Though there are many researchers investigating the potential and boundaries of social capital, they seem to be building on the work of the two main proponents - Bourdieu and Putnam.

Bourdieu's model took a neo-Marxist approach that explored the inequalities in power relationships and the uneven access to resources. Social capital was just one 'form' of capital that Bourdieu theorised and his other important contribution to this debate was his work on cultural capital. Unlike social capital, cultural capital was something that the individual built up. Likened to the muscles gained through bodybuilding, or the tan from sunbathing, cultural capital was not something that can easily passed from one individual to another though the 'right' conditions could be promoted through upbringing and education

(Sender 2001). Social capital in contrast was developed through social obligations through group membership:

> [social capital] is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition – or in other words, to membership in a group – which provides each of its members with the backing of the collectively-owned capital, a 'credential' which entitles them to credit, in the various senses of the word (Bourdieu 1986: 51).

For Bourdieu then, social capital was a product of the group with the advantage found within the individual.

For Putnam, social capital was both the outcome of collective action and an attribute that resided within the group/community (ONS 2001). The focus here is on the circumstances and actions that contribute to building stocks of social capital, specifically, the norms of trust and generalised reciprocity and various levels of civic engagement. In Putnamesque terms, the advantage gained from social capital appears to differ to what Bourdieu hypothesised. For Bourdieu, his was a class-based theory that attempted to explain the distinctions between the classes in ways other ways than material circumstance. There was always an element of 'inequality' between the classes and that under the right conditions, the various forms of capital could be transferred into economic capital and so maintain these distinctions (Winter 2000). Putnam's interpretation of social capital seemed to refer to a 'relative advantage' rather than material benefits. The smooth running of society and socially cohesive communities were the payoff, since as these conditions could engender improved health and wellbeing of the populations compared to those who lived in communities considered to be in decline. A comprehensive review of the social capital literature is beyond the scope of this thesis. The intention is to focus on the features that are important when exploring social capital in the current context. Much of what has been theorised about social capital has been set in the American context using quantitative data (Sixsmith, Boneham et al. 2001). Though this is fast changing, the understandings arising from non-heterosexual populations remain absent.

A CRITIQUE OF SOCIAL CAPITAL

Embedded within the social capital framework are two key features - the *structural* and *cognitive* components. The structural element concentrates on the networks and associations arising out of action and civic engagement (Baum and Ziersch 2003; Islam, Merlo et al. 2006). This is important in this context as the way gay men construct and then participate in their social networks is likely to differ from the heterosexual population. What is the impact of having a marginal identity and lower social standing on these structures? There is also the cognitive element that attends to outcomes arising out of voluntary associations. Here, the focus is on the norms, values, trust and reciprocity. Again, gay men may not have the same emotional security when embedded within their various social networks. This in turn may affect how gay men develop their trusting and reciprocal relationships. On both fronts, there are important differences to the construction and experience of social capital, which need exploring from this alternative perspective.

BONDING & BRIDGING SOCIAL CAPITAL – WHAT'S IN A NAME?

There are two important parts to the structural element of social capital – levels of civic engagement and voluntary associations. The different ways by which individuals embed themselves within their community or group has attracted several labels:

- Horizontal – Vertical ties

- Formal – Informal networks

- Strong – Weak ties

- Bonding –Bridging capital

They all appear to have similar meanings but it is Putnam's bonding and bridging forms that have become increasingly popular in the current debate. He describes the differences as such:

> Bonding social capital brings together people who are like one another in important respects (ethnicity, age, gender, social class, and so on), whereas bridging social capital refers to social networks that bring together people who are unlike one another (Putnam 2004: 11).

The benefits offered by bonding and bridging capital differ in that the former is said to be for getting ahead, which the latter is considered to be for getting by (Putnam, 2000). Bonding social capital relates to horizontal trusting and co-operative relationships with others perceived to be *similar*, such as kin. These networks are considered homogenous, close and intimate. The assumption here is that being 'similar' to each other engenders good social relations. Bridging social capital refers to the vertical social relations with people who are not alike in terms of social demographic and can differ in terms of age, ethnic group, or class, etc. (Szreter and Woolcock 2004). These styles of networks are heterogeneous and based on difference.

Highlighting these distinctions is important as they attempt to explain how the different forms of social capital work within the various social environments. The range of relational styles are likely to offer different recourses and have different values. It was Granovetter (1973) who reported the 'strength of weak ties', the benefits of which arise from increased access to information, etc.

> …individuals with few weak ties will be deprived of information from distant parts of the social system and will be confined to the provincial news and views of their close friends (Granovetter 1983: 202).

It is this type of weak bridging tie that is said to be in decline (Putnam 1995; Putnam 1996; Putnam 2000; Putnam 2004; Szreter and Woolcock 2004). The supportive benefits of bonding social capital can be offset or weakened by the limitations of the group knowledge, attitudes and behaviours where good or bad practices are enforced in equal measure. Similarly, too much bonding social capital and not enough bridging social capital can be socially divisive and create an insular society. Consequently, both are needed for the smooth running of society: bonding to provide the necessary support, when ill for instance; and bridging social capital to provide the necessary links to those outside the group. While such contentions seem indisputable, there seems an implicit assumption of a 'level playing field' or that different social statuses do not exist within society, which is clearly not the case.

Another difficulty to arise when distinguishing the various styles of relationships is the assumption that the various labels all mean the same thing and can therefore be used

interchangeably. This is not the case and though similar, there is a subtle difference between strong – weak and bonding – bridging dimensions:

> strong ties refer to people that are emotionally *close* to oneself; bonding ties refer to people *similar* to oneself, for example similar in interests, demographic factors or locality, and weak ties refer to people emotionally *distant* from oneself; bridging ties refer to people *different* from oneself (Ferlander 2003: 82).

Exploring the processes involved in how gay men form into social networks might be one area when social capital substantially differs from current conceptualisations. Gay men may or may not have an affinity with those perceived as 'similar'. Exploring these alternative ways of relating may start to add clarity to social capital's creation and maintenance in minority groups.

The late modern rise of the reflexive individual has brought about enormous changes to the structures that were previously the stock and trade of the social capital debate. If social capital is to be a useful framework to explore issues of society, community, group or individual, there needs to be a redrawing of some of the boundaries that takes account of these changes. For instance, it might be that class is no longer the most appropriate indicator of community as individuals construct a do-it-yourself biography (Beck 1999). If so, how can similarly 'classed' communities be compared in a manner that measures differences in social capital? Within the reflexive individualisation thesis, there are also major changes taking place within 'traditional' family structures (Beck and Beck-Gernsheim 2002).

Too often, 'traditional' notions of the 'family' or 'communities' of origin are uncritically positioned as the cornerstones of social capital (Edwards 2004; Kritsotakis and Gamarnikow 2004). Embedded deep within the concept are constructions of normality that no longer exist for many in contemporary society. Such conceptualisations typically valorise 'traditional family' structures and view anything that deviates from this ideal type as a threat to social cohesion (Edwards 2004). Edwards' referent was gender, but it would seem that sexual orientation fits equally well with many of her arguments. As Edwards points out;

> Interpretations of the state of contemporary family life and intimate relationships can be broadly characterised as concerned with: breakdown and demoralisation; individualisation and democratisation; and continuity and enduring power relations (Edwards 2004: 2).

The perception is that the changes occurring due to individualisation are eroding the very fabric of society and are consequently one of the main reasons for the decline in social capital. Beck however, points out that there is some confusion as to what individualisation means. He stresses that it does not mean 'atomization, isolation, loneliness, the end of all kinds of society, or unconnectedness' (Beck 1994: 13). Rather, what Beck suggests is that:

> 'Individualization' means, first, the disembedding and, second, the re-embedding of industrial society ways of life by new ones, in which the individuals must produce, stage and cobble together their biographies themselves (Beck 1994: 13).

In light of this, it seems that the interpretations of these changes are context dependant. In feminist terms, the idea of individualisation could be construed as liberatory in that it points to independence from the family constraints and a high degree of financial and social autonomy for women (Lewis and Bennett 2003). Similarly, the same processes may liberate gay men from the type of networks that have historically suppressed them. That is not to say that the changes taking place in society will have a positive effect on the all groups, or that the processes of individualisation will only effect gay men as clearly, this cannot be the case. Evidently, under individualisation, there will be winners and losers. Some of the conditions that individualisation has engendered may be beneficial for gay men but may not be beneficial, or make no difference to other groups. For instance, though the whole of society was effected by the gradual reduction in the age of consent, the group obviously most affected were gay men. Similarly, there will be instances where the processes of individualisation have positive affects on other groups too, such as the lessening taboo on single parenthood, or those heterosexuals who choose not to marry. The processes of individualisation are complex and will affect people differently.

Notions of the family when explored in the gay context, can often be perceived as the site of oppression and hostility (Weeks, Heaphy et al. 2001). The changing character of family ties and customs is giving people new opportunity to exercise choice in fashioning their own identities and biographies (Lewis and Bennett 2003). The make up of the 'family' no longer follows 'established patters' regardless of sexual orientation (Weeks, Heaphy et al. 2001). The 'ontological security' (Giddens 1992) that once offered each individual a stability in their position and role no longer exists. We are now faced with little choice but to construct and negotiate new ways of living in this late modern era (Weeks, Heaphy et al. 2001). The manifestly different attitudes to family structure mean that the reflexive modernisation thesis has more relevance to how gay men construct their 'families of choice' which can include friends, lovers and members of the family of origin (Weeks 1995; Weeks, Heaphy et al. 2001). People now form into couples, for enjoyment and love rather than to unite families of procreation, in what he terms, the 'Pure Relationship'

> The relationship exists solely for whatever rewards that relationship as such can deliver (Giddens 1991: 6).

Such relationships have the potential to be more equal, democratic and egalitarian than the previously ascribed roles based on gender divisions (Weeks, Heaphy et al. 2001; Beck and Beck-Gernsheim 2002). Similarly, communities are no longer premised around geographic physicality but are now seen to be symbolically constructed around identity, interest and meaning, (Cohen 1985). How gay men organise their family units may loosely approximate the broad themes theorised within the social capital debate but it would be wrong to assume that the processes involved would be the same for all groups. The absence of mixed gender and clearly defined roles within their intimate relationships is enough to set them apart from what is viewed as traditional family units. How this affects the construction and maintenance of the networks and in turn, their stocks of social capital needs investigating if the debate is to progress and be relevant to all sections of society. There is no inherent reason why the social capital theory cannot have relevance in late modernity, but to do so, it must accommodate the emergent and inherently flexible properties of social relationships where difference, individualism and choice supplant the 'traditional' markers of embeddedness.

CIVIC ENGAGEMENT & PARTICIPATION

The second structural element of social capital relates to the styles of civic engagement and voluntary associations arising within the networks. Much of what Putnam writes about relates to some element of civil society being in a state of decline. He uses the 'bowling alone' metaphor to argue that the once thriving bowling leagues no longer had the level of active membership compared to years gone by. People in general had ceased joining in to the same extent as they once had. Those who were joining did so with the types of groups that required less active participation which did not promote the growth of social capital (Putnam 2000). The outcome was diminishing levels of trust and generalised reciprocity, which led to further reductions of civic engagement.

The importance afforded civic engagement most likely stems from policy makers' and decision takers' assumption that social capital is measured and manifest via such activities. In whichever guise it is discussed, be it the active citizen, civic engagement, volunteering, voluntary associations, or community engagement, it is still seen as one of the main characteristics of social capital despite there being evidence that contradicts its importance in the UK context (Cattell 2001; Kritsotakis and Gamarnikow 2004). The problem might lay in the way it has been conceptualised which suffers from a lack of grounding in the minority group perspective where civic engagement might be more difficult to achieve (Kritsotakis and Gamarnikow 2004). There is little sense of what does or does not constitute participation and the level needed for inclusion into the group or community from a minority perspective. Is it likely that the middle class norms of participation will more widely be recognised and discussed as they are more valued within society (Forbes and Wainwright 2001; Kritsotakis and Gamarnikow 2004). What seems absent from such notional understandings is the different levels of formal and informal modes of participation and the potential this has for social capital. When Putnam talks about social capital and levels of civic engagement being in decline, he is referring to times when the USA was a very restrictive society in terms of sexuality, gender and race. Maybe as minority groups have received more freedoms, the style of participation has changed or is not recognised by dominant group members.

Baum and Ziersch make some distinctions between different types of civic engagement highlighting three areas, civic society, volunteering and participation. They go on:

> Participation can range from consultation to structural participation in which lay people are the driving force of initiatives. Such structural participation in civil society is seen as a crucial element of social capital by most theorists. One important component of measures of social capital is the extent to which people participate in social and civil activities (Baum and Ziersch 2003: 321).

Participation is presented as a value free characteristic of social capital while at the same time privileging formal modes of civic engagement over all other informal forms. MacKian (1995) challenges the current conception of the active citizen by suggesting that the current definition is too narrow and misses many participatory activities. It is politically expedient for policy to focus on what she terms, the core, or the smallest percentage that is formally recognised as civic engagement. What is missing, using her 'onion model', is the vast majority of informal modes of participation (MacKian 1995). It seems that the way social capital uses participation as its backbone suffers from the same fate. What form and level of participation counts as 'community engaged' or 'community bystander' relates to the 'core' activities performed by a minority of actors. To better understand the contribution participation has for social capital theory will require a more thorough explanation than is presently offered, especially when considering minority groups where levels of participation and civic engagement might require a different level and expression of commitment.

At one level, the social climate in which gay men exist may hinder them from engaging in community structures. Gay men frequently inhabit a hostile heteronormative environment where the heterosexual assumption is at its strongest. Clearly, social conditions have been improving since the decriminalisation of homosexuality back in 1967. But even today, there is a stigma associated with being gay. It seems difficult to imagine how the older generations of gay men could participate prior to these changes. Because of the potential risks, gay men have always needed to find new and discrete ways of participating, be it 'polari'[2], the use of different coloured handkerchiefs or through dress. The recent rise in

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[2] A gay language

popularity of cyber communications is a contemporary example. The disembodied style of participating over the Internet provides gay men with a means of engaging with other gay men in an environment which they can control. There are several ready-made cyber venues gay men have at their disposal. The level of participation can range from as little as logging on and viewing other members profiles; actively engaging in discussion groups; exchanges of information; to organising face-to-face meetings with other gay men who perhaps share a similar interest. Is this the 'wrong' type of participation that Putnam talks about or a quick and convenient way for minority group members to keep control of some aspects of their social environment? It is suggested, after all, that such factors are an essential ingredient for good health:

> How much control you have over your life – and the opportunities you have for full social engagement and participation are crucial for health, well being and longevity (Marmot 2005: 2)

The heterosexual assumption is embedded deep within the social capital theory that seems to simply mirror the dominant groups' norms and values. Is it sensible to devalue this method of participation until its potential is more clearly understood within the specific context of the groups in question? Instances that do not mimic what is currently understood are either labelled as in a state of decline or the 'dark side' [sic] of social capital'. Working women and street gangs are prime examples. Portes (1998) highlighted four occasions when the effects of social capital can have negative outcomes. These include:

> Exclusion of outsiders, excess claims made on members, restrictions on individual freedoms, and the downward levelling of norms (Portes 1998: 15).

Clearly, to be excluded from positive regard or group activities will restrain various levels of civic engagement so has implications for gay individuals and communities. Yet even here, the picture is far from uncomplicated. Explicitly and implicitly excluding outsiders is widespread in all communities and populations but may have many advantages at an individual, group or community level. For minority group members, excluding outsiders not only seems logical but necessary in their need to control a potentially hostile environment. The need to construct a haven where they can participate safely may significantly alter the dynamics of being involved. Again, what seems similar between groups has in reality, very different

mechanisms involved. Might it be worthwhile exploring any potentially positive contribution to the creation of social capital that excluding outsiders brings? Being able to create in-group solidarity and out-group differences is necessary to generate a positive sense of identity (Tajfel and Turner 1979). This is especially so when dealing with minority groups who are less positively regarded and therefore need to adopt strategies to re-address this. By integrating these ideas into the social capital theory I will begin to explore how the power differentials that exist between groups and communities affect the creation and maintenance of social capital. Again, this is an instance where social capital needs to accommodate the experiences of the minority group members so that all levels of participation are considered within the theory.

Trust – The Cognitive Feature of Social Capital

The main aspects of the cognitive element of social capital refer to levels of trust and generalised reciprocity. Trust has an interesting dynamic in the creation and maintenance of social capital as viewed in its traditional sense and has received a great deal of attention. There are several ways by which trust has been conceptualised within the social capital framework. Putnam (2000) made the distinction between thick and thin types of trust. Thick trust was said to found within enduring family and friendship relationships. Thinner trust related to the generalised other (Putnam 2000). Expanding this further, he contends that they:

> "Represent the ends of a continuum, for thick-trust, refers to trust with a short radius, encompassing only others who are close to the truster, sociologically speaking, and 'thin-trust' refers to trust with a long radius, encompassing people at a greater social distance from the truster" (Putnam 2000: 466).

Thick trust is therefore the preserve of close intimate kin relationships typically found in the bonding form of social capital. Thin trust on the other hand relates to generalised others and so the bridging form of social capital. Trust is reasoned to be essential to our understanding of social capital (Baum & Ziersch 2003) and is described as both the *outcome* and *cause* of high levels of civic involvement (Rahn and Transue 1998; ONS 2001; Islam, Merlo et al. 2006). Trust also relates to trustworthiness and a 'readiness to act in accord

with the obligations of reciprocity' (Putnam 2004: 668). Great store is placed on both the truster and the trusted:

> People who trust others are all-round good citizens, and those more engaged in community life are both more trusting and more trustworthy" (Putnam 2000:137).

Some researchers suggest trust is one way by which social capital can be measured (Kawachi, Kennedy et al. 1997; Lochner, Kawachi et al. 1999; Kawachi, Kim et al. 2004; Islam, Merlo et al. 2006). Trust in this instance was being determined at an area level using survey questions typically asking:

> Generally speaking, would you say that most people can be trusted or that you cannot be too careful in dealing with people? (Kawachi, Kennedy et al. 1997).

> Most people can be trusted - or you can't be too careful in dealing with people (Lochner, Kawachi et al. 1999).

The importance of trust to social capital is that it engenders collective action, which in turn lays the foundation for mutually supportive ties. Clearly, it is only through shared experiences that trust can be fostered (Shortt 2004). Yet to talk trust in this way overlooks the relational element of trust which has been described as much more dynamic, situationally specific, and "continually negotiated in the playing out of social relationships" (Sixsmith, Boneham et al. 2001). To theorise trust as both cause and effect appears to pre-empt the outcome without looking at the conditions needed to foster such shared experiences.

The thick and thin distinction may seem intuitive in a heterosexual or majority group perspective. Viewed from a minority group position however, it may reveal how such a notion is incompatible with the experience of many who have not had the benefits of being embedded within an accepting family or community environment where others can be so readily and easily trusted. This could relate to the suggestion that populations of more egalitarian societies are, amongst other things, more trusting of each other (Wilkinson 1996; Wilkinson 1997; Wilkinson, Marmot et al. 2003; Marmot 2005). The idea underpinning this is the less trusting the communities, the more fragmented they are. Having little trust

in others in the community or society effects how social relationships are established and sustained. Trust is therefore positioned as one of the psychosocial mechanisms that sustains cohesive societies and hence, the reason why within the social capital framework, it is given so much importance.

Yet, might it be that egalitarian societies are more accepting of difference? Those unfortunate enough to live in authoritarian countries have good reason to be less trusting of others, especially if they are not part of the majority group, such as gay men were not and are still not here in UK. In this instance, it is not how fragmented the society or community was, but rather the restraints put on the individual by enforced social cohesion. There seems to be a paradox here as within the individualisation process, societies and communities are becoming more fragmented which according to Marmot and Wilkinson will lead to decreased levels of trust. However, it might be that the dominant institutions have allowed marginal groups such as the gay community to flourish. This relates to two important considerations. Firstly, what impact does having a gay identity have on the development of trust in others; and secondly, how does trust relate to the development of social capital in minority groups. These questions cannot be answered using the current conceptualisation of trust.

Rahn and Transue (1998) and Baum & Ziersch (2003) draw on a tripartite conceptualisation of trust that offers a useful way of exploring it in a relational context. They focus on trust in familiars, social trust and institutional trust:

> The first is trust of familiars that exists within established relationships and social networks. The second is generalised trust or "social trust", which relates to the trust extended to strangers. The third form is institutional trust, which relates to the basic forms of trust in the formal institutions of governance (Baum and Ziersch 2003) (page 321).

Essentially, they are looking at how the cognitive component of social capital interacts with the structural side. But there are still limitations to the way trust is being conceptualised. On one front, it assumes a level of equality and fairness that may not exist in all societies and communities, not least because of the power dynamics between groups and individuals;

and the institutionalised dominance of heterosexuality. Giddens (1992) and Mollering (2001) highlight the reflexive nature of trust. Trusting others can be a risky business. For Giddens, to trust others was to gamble on a positive outcome from the other. Mollering focused on the nature of trust and the necessary conditions needed to trust others. He bemoaned the fact that much research had taken the notion of trust for granted by simply exploring its function. What was lacking, according to Mollering, was how trust or the favourable expectation was produced. The essence of trust in this instance relies on the ability (or inability) of one person to entrust his or her interests to someone else. Mollering uses the metaphor of having a 'leap of trust/faith' and the ability to suspend doubt in the other person. The question does not just relate to whether or not a leap of faith can be made, but also, under what circumstances it was possible to 'suspend doubt'. Exploring trust in this way could sidestep the tautology of 'cause' and 'outcome' within the social capital model. Grounding trust in the context and experience of those located outside mainstream heterosexual society not only accommodates the complexities of power and authority that the dominant heterosexual group have exerted over gay men but will also help us understand the nuances of trust and mistrust in other marginalised groups regardless of their sexual orientation.

There are of course major ramifications when exploring trust in this way as it questions whether any minority group can have the trust and confidence in a majority group to have their best interests at heart. In the gay context, evidence taken from the last 100 years would indicate not. Using Mollering's metaphor therefore raises uncomfortable questions that relate to trust and the harsh treatment of gay men by the dominant heterosexual group - can heterosexuals be trusted?

Has the persecution of the gay identity eroded the firm ground needed to make a 'leap of trust' and damaged relationships between the gay and straight sections of society? At the very least, it could reasonably be expected that gay men have a wariness of heterosexuals and hetero-normative environments. Pachankis and Goldfried (2005) revealed that some social situations that would be deemed innocuous for heterosexual men could be anxiety

provoking in gay men. Could the fear of prejudice and discrimination lead to the general inability to rely on the reaction and behaviour of others in a hetero-normative environment?

Plainly at a macro level, this question relates to the relations gay individuals have with the wider society, or the experience of heterosexism. Clearly, this is where the two components that Islam et al. (2006) discuss will have the greatest impact. Yet at the micro level of interaction, it also relates to interpersonal relations and how gay men will have to weigh up the risks of coming out in the many different heterosexual environments. The dominance and assumed moral superiority of heterosexuality as an ideology could lead some to react negatively upon discovering a person to be gay. This does not relate just to strangers, or the social aspect of Rahn and Transue's conceptualisation, but to all levels of interaction including those considered in the thick/close-knit family and friends type bonds: the fear of rejection could prevent gay men from revealing their sexual orientation to even those closest to them. The 'family', far from being the safe haven of trusted others could be to many gay men the site of much hostility (Weeks, Heaphy et al. 2001).

To speculate whether or not heterosexuals can be trusted might seem reactionary and extreme. But when faced with the evidence of the anxiety and social isolation that many gay men have experienced at some point, or the incidents of prejudice and rejection when coming out, it seems evident that there will be an element of, if not mistrust, then wariness in relationships between gay men and the majority heterosexual population. If this were not the case then would there be a need for gay men to come out in the first place?

These questions are important, not just from a theoretical perspective, but also because they may have a bearing on how gay men come to structure their 'trusting' relationships with others. If trust is important to the creation and maintenance of social capital, the implication could be far reaching in the gay context as it positions them at a real disadvantage in relational terms. The reverse could also be true and gay men have learned how to survive in a hostile environment by a different means from trusting all those around them. It is unproductive to theorise trust without also weighing up the cost and potential

risks from abuse of trust. What is needed is to explore what conditions and skills are necessary for a trusting relationship to be established.

GENERALISED RECIPROCITY

Generalised reciprocity is positioned within the cognitive element of social capital highlighted by Islam, et al. (2006). The notion of reciprocity refers to when individuals help each other. Its relative importance in interpersonal relationships is not new and exchange theories are well documented (for example, see Homans, 1961; Foa 1971, and Davis 1973). Generalised reciprocity is somewhat different in that there need not be an identifiable return and there is not the need for the individuals to know one another. Putnam contends that generalised reciprocity is the touchstone of social capital and "so fundamental to civilized life that all prominent moral codes contain some equivalent of the Golden Rule" (Putnam 2000: 135). Therefore, generalized reciprocity refers to the notion that community members will do favours for someone without expecting anything immediately in return and perhaps without even knowing you and is therefore closely associated with Putnam's notion of trust which is essential for this to take place. Again, this idea seems untenable when viewed from the minority group perspective. Is being obligated to another a desirable outcome? Obligations in the shape of family life have often been broken as many gay men leave their family and community of origin and head for urban areas (Weeks, Heaphy et al. 2001; King, McKeown et al. 2003). Again, the necessary conditions that could facilitate generalised reciprocity are taken for granted and so need grounding in the gay context.

1.3 - THE SOCIAL DETERMINANTS OF HEALTH INEQUALITIES

Much of the current interest in social capital arises from a potential link with health outcomes. There are many empirical studies that have explored the potential links between social capital and health at a community level (Kawachi, Kennedy et al. 1997; Sixsmith, Boneham et al. 2001; Blaxter and Poland 2002; Campbell and McLean 2002; Muntaner and Lynch 2002; Sixsmith and Boneham 2002; Swann and Morgan 2002; Davey Smith and Lynch 2004; Kritsotakis and Gamarnikow 2004; Kunitz 2004; Muntaner 2004; Shortt 2004;

Szreter and Woolcock 2004; Sandles 2005; Ziersch, Baum et al. 2005; Islam, Merlo et al. 2006: [to name but a few]). It is often assumed that communities with rich stocks of social capital have lower levels of morbidity and mortality. Those communities with diminished levels of social capital tend to have more social inequalities and higher levels of ill health. However, these correlational studies focus narrowly on specific indicators of social capital, such as levels of civic engagement and trust in others. As we have seen, these have too narrowly been defined and are not grounded in the experiences of minority groups. It remains unresolved whether there is a link between social capital and health; and what the nature of any link may be. Campbell, et al (1999) say that it is too early to judge. Hawe and Shiell (2000) maintain that the link is so weak that it calls in question the value of the concept of social capital within health research. Much remains to be done to identify the mechanisms by which social capital is created, maintained and used to promote (or constrain) the health of the community member.

PERSPECTIVES OF HOW SOCIAL CAPITAL INFLUENCES HEALTH OUTCOMES: COMPETING OR COMPLEMENTARY?

There are several competing arguments that theorise social capital's influence on the health of the individual and community which are reviewed by Szreter and Woolcock (2004). In their article, they highlight three:

> A 'social support' perspective argues that informal networks are central to objective and subjective welfare; an 'inequality' thesis posits that widening economic disparities have eroded citizens' sense of social justice and inclusion, which in turn has led to heightened anxiety and compromised rising life expectancies; a 'political economy' approach sees the primary determinant of poor health outcomes as the socially and politically mediated exclusion from material resources (Szreter and Woolcock 2004: 650).

It is possible that exploring social capital in the gay context could link at least the first two of these differing approaches.

Psychosocial Approach

The inequality thesis, or psychosocial approach, explores how social inequalities can cause disparities in health outcomes between groups, not through material deprivation but rather from the deleterious effects of having a lower social position (Wilkinson, Marmot et al. 2003; Marmot 2005). :

> Where you stand in the social hierarchy – on the social ladder – is ultimately related to your chances of getting ill, and your length of life (Marmot 2005: 1).

The determinants of inequalities in health are at issue here and not just health inequalities that exist between individuals and groups. The argument is that one's position within the social gradient affects the chances of becoming ill over and above lifestyle patterns or genes, for example. Marmot contends that those with lower social standing not only have less control over the trajectory of their lives, they also engage in more activities known to be harmful to health, such as tobacco use (Marmot 2005; Marmot 2006; Marmot and Wilkinson 2006). All these factors have major ramifications for gay men who still have a stigmatised identity; decreased levels of autonomy and control in the heteronormative environment; and lower social standing. What impact these have on their health seeking behaviours and attitudes to health risks has not been empirically investigated in the current context. Are the processes involved similar to all those who occupy lower social positions or can group membership in some way act as a buffer against the harmful effects of being at the bottom of the social strata?

Social Support Model

Then there is the issue of the social support perspective and the potential health benefits that arise from being socially embedded. This is likely to be both gendered and structured around sexual orientation as discussed previously within the bonding social capital and the civic engagement sections. Many gay men have hidden their gay identity making it difficult to congregate with other gay men; especially when the environment was much more hostile than it is now. A result of this is that they have had few positive role models to help shape their identity. Could these circumstances hinder the formation of effective support structures and the positive affects that such networks bring?

It is in such support networks that social capital has been associated with both positive and negative health outcomes (Putnam 2000; Lorber and Moore 2002; Putnam 2004; Ziersch, Baum et al. 2005). On the one hand, being part of any social network, even one that is perceived as 'bad', is argued to have positive effects because of the controlling effects networks exert over their members (House 2001). On the other hand, the potentially negative effect of social networks can be found in the form of increased peer pressure on individuals to do risky health behaviours such as smoking, excessive drinking or illicit drug taking (Islam, Merlo et al. 2006) (though this assumes that only negative health attitudes and behaviours exists within social networks). The difficulty with the support model of social capital is that the emphasis is placed on the density of the support network rather the quality of the relationship (Kritsotakis and Gamarnikow 2004) or the individual's ability to seek support (Mansfield, Addis et al. 2005). This is particularly relevant in the current context because, on the surface, many gay men might appear to be part of a mutually supportive network of family and friends. However, their sexual orientation might preclude them from accessing meaningful support. This becomes more of a problem to those who are not out to their family and friends. If there is an intrinsic benefit to our health found in our social networks, there is still much to learn. Nothing can be taken for granted when exploring social capital and health in a gay context. Maybe one of the difficulties is that health is itself a contested concept.

1.4 – THE COMPLEXITIES OF HEALTH

The contestability of health poses a difficult problem when exploring the perception and experience of health. Definitions of health are often imbued with value judgements and rooted in metaphor (Boyd 2000). There may be some essential qualities that are indicative of health but fundamentally, health is as much a subjective experience as it is a biological fact (Blaxter 1990). Exploring the lay understanding of health, Blaxter highlighted three key states by which positive notions of health can be experienced:

- Freedom from illness

- Ability to function

- Fitness

Locating what it is to be in a positive state of health therefore denotes the presence of ability (normal functioning and fitness) or the absence of ill health. The experience of health changes over the life course with younger men focusing on fitness and older men on their ability to function (Blaxter 1990; Sixsmith and Boneham 2002; Blaxter 2004).

There is little clarity about what constitutes the negative state of health. Being free of disease is not a necessary prerequisite for 'good health' just as good health does not require freedom from disease (Blaxter and Poland 2002). For instance, an individual could have hypertension, heart disease or even HIV yet consider their health to be good. If the ability to function normally is not impaired, then it is not necessary to consider oneself to be in 'ill health'. Consequently, health and illness should be viewed as a relatively subjective experience.

The competing discourses that construct the negative state of health also require attention. Bellaby (1999) explores the dialectic between illness, sickness and disease. Firstly, from an individual sufferers' view, illness is a subjective experience of feeling unwell. The idea of sickness relates to the way the individual constructs a discourse around their experience and negotiates their altered status within society (Boyd 2000). For sickness then, there will be a social definition and a series of appropriate roles applicable to that condition. Parsons saw illness as both sociological and biological. He promoted the idea of there being a 'sick role' with distinct rights and obligations associated with such a performance. Though an 'ideal type model' rather than an empirical reality (Segall 1976), the roles and expectations of being unwell do shape our health experiences and illness behaviours. Finally there is the notion of disease which Boyd (2000: 10) relates to 'the pathological process [and] deviation from a biological norm". Clearly, the latter two will impact on the actual experience and thus illustrate the complexities involved when working with the range of experiences that exist between health and ill-health.

Within current health policy, attention has shifted from a NHS that mended people, to one where each individual is expected to take a degree of responsibility for their own health (Davison, Frankel et al. 1992; Petersen and Lupton 1997; Wanless 2004). The gay men's health discourse focuses on HIV and AIDS whereas men's health is concerned with issues such as heart disease and how best to keep a healthy heart, for example. The risks both populations face are assumed to differ. It seems that the way society views people is congruent with how health professionals treat them.

Health and illness are therefore relative subjective experiences negotiated within a social setting and between social actors. Our attitudes and behaviours are influenced by social roles and statuses as much as they are by our physiology (Lorber 1997). As Brown points out:

> Although it is located in the body, illness as a social experience goes far beyond physiology. For patients and health care professionals, it involves all the patterns of social life – interlocking social roles, power and conflict, social control, ideas of moral worth, aspects of work and occupations, definitions of reality, and the production of knowledge" (Brown 1995 cited in Lorber 1997:4).

These issues are particularly significant when exploring health in the current context because the moral worth of gay men is often open to scrutiny, further obfuscating matters.

HEALTH AS A GENDERED EXPERIENCE

How individuals experience health and well-being is also highly gendered. Gender is a major factor influencing health behavours, attitudes and outcomes (Blaxter 1990; Lorber 1997; Courtenay 2000; Sixsmith and Boneham 2002; Galdas, Cheater et al. 2005; Mansfield, Addis et al. 2005). Research set in a heterosexual context suggests that men need to present an authentic masculine performance that demonstrates strength, resilience and self reliance (Fleming 1998; Moynihan 1998; Courtenay 2000; Courtenay 2003; Mansfield, Addis et al. 2005). In part, projecting a masculine image requires the active rejection of those things considered 'unmasculine'. Attending too much to health is one such example. Health concerns are something to dismiss or hide. Masculine performances therefore ground the experience of health.

The need to present a masculine image may promote risky behaviours while at the same time acting as a barrier to health promoting strategies (Lorber 1997; Fleming 1998; Courtenay 2000; Courtenay 2000; Baker 2001; Lorber and Moore 2002; Courtenay 2003; Mansfield, Addis et al. 2005). The prohibition against showing any signs of weakness can also stand in the way of seeking support and medical assistance (Hillier and Scambler 1997; Cameron and Bernardes 1998; Moynihan 1998; Courtenay 2000; Courtenay 2000; White and Johnson 2000; Courtenay 2003; Galdas, Cheater et al. 2005; Mansfield, Addis et al. 2005). Gender and health are therefore inextricably linked to the point where the way men 'do' health is a form of 'doing' gender (Cameron and Bernardes 1998; Courtenay 2000). The question for this research project is to explore how sexual orientation intersects with masculinity to structure the experience of health. In much men's health research, heterosexuality is either assumed or ignored - neither is tenable.

MASCULINITY & SEXUAL ORIENTATION – STRUCTURING THE EXPERIENCE OF HEALTH

Although gender permeates all aspects of life, when exploring health, the variations within masculine constructions do not appear to received the same level of attention than given between genders (though this does seem to be changing). Acknowledging the plurality of 'masculinities' (Hearn and Morgan 1990) also infers that there can be no unitary understanding of 'men's health':

> Sexual orientation, race, socio-economic status, and culture all intervene to affect the overall health status of each man and of men of various classes or groups (Keeling 2000:101 - Cited in Sabo (2005).

Men's health cannot be considered without taking into consideration their social and cultural location that contextualise their lives. To argue that 'there's more to health than HIV' is not simply a matter of including other health issues when considering gay men's health. It is also about exploring their health in the context of their lives and not assuming a homogeneous experience. Only then will we start to see what can and does influence their beliefs, attitudes and behaviours. Gay men are in the peculiar position of sharing the same health

needs as all men but their marginal social status and relationship with HIV means that it is likely that they will experience it differently. But even here, things are not static.

Health research 'on' gay men stems from within a heterosexist medico-moral discourse (Mort 1987). Regardless of their risk behaviours or HIV status, gay men continued to be 'tarred' with the same HIV risk brush. As Sabo suggests:

> Lifestyle and sexual practices place gay and bisexual males at risk for diseases and behaviors tied to sexual behaviors (Sabo 2005: 337).

But might the risk also take place because of the scarcity of attention paid to their other equally valid health needs? Other areas of health pertinent to gay men receive lip service with the assumption they are addressed within the 'men's health' discourse. In terms of public health policy and health promotion, it is convenient to view gay men's health needs to come under the HIV discourse with the assumption of a homogeneity of experience and identity. But locating the gay identity/community is a complex and messy picture far removed from what is currently being represented. Currently, little is known of their attitudes and behaviours towards their other health matters because their cultural norms and practices have been obfuscated by the HIV discourse. It genuinely seems that gay men do not die of anything other than HIV. For instance, we know that smoking is the biggest cause of preventable deaths in the UK and across much of the world (Marmot 2006). Yet this is not reflected in the health needs of gay men because attention continues to be directed towards HIV prevention alone. The way in which public health constructs gay health is therefore constraining. But to reiterate the point, gay men will have the same health needs as all men but will experience their health differently. To continue to ignore their health needs, or assume them to be met under the men's health banner is untenable. As gender and sexual orientation are implicated in the construction of each other (Hearn and Morgan 1990), both need consideration when exploring the experience of health. The intention of the literature review was to set out the current gaps in understanding. The purpose of the research is to attempt to 'plug' some of these gaps by exploring the experience of social capital and its relationship with health from the gay perspective. The hope is that social capital as a framework for exploring health at both the individual and

community level will benefit from being grounded in the lived experiences of those who occupy a minority position within society.

THE METHODOLOGIES & APPROACH

OVERVIEW OF METHODOLOGY

The research pursued ethnography with the aim of providing 'thick description' (Geertz 1973) of gay men's lives set in a historical and present day context. Although some aspects of the gay experience has been mapped extensively (especially around HIV) there remains much to be explored. To investigate the richness and diversity found within the gay lifestyle required collecting information from a variety of locations on and off the gay scene. The first step was to identify and participate within the various community groups and social settings. Negotiating this access was not a single one off event but rather an on going process of continual negotiations throughout the fieldwork. Participant observation provided access to 'known' parts of the gay community. Conducting a stakeholder analysis (SHA) expanded access into the lesser-known areas of gay life. It also revealed important insights into the mechanisms and relationships of key community organisations and groups. At this early stage, the prime concern was adding depth of understanding to the workings of the 'gay community' rather than recruiting participants. This understanding acted as a platform for building a sample.

The continued stigma that exists for gay men in the UK meant that obtaining a representative sample was not feasible. Several interconnected strategies based around the principles of purposive sampling were used with the explicit aim of recruiting a diverse range of experience. To achieve this meant recruiting two different categories of stakeholders to the study. The first were those in prominent community positions. These stakeholders represented the interests of specific community groups and organisations. The second category were the 'publics', or those who provided personal accounts of their lives. The key community stakeholders acted as gatekeepers in providing access to others they

considered might be amenable to the study. This approach was complemented by the snowball technique, where third party introductions produced the next round of potential participants. The Internet was used to identify and recruit both categories of stakeholders who might be hidden or marginal to the gay community, so adding further diversity to the sample. Only after informed consent had been gained and confidentiality assured did personal data start to be collected.

Data collection was also an ongoing process lasting throughout the research. The predominant source of data came from face-to-face interviews. A semi-structured interview schedule was developed for the key community stakeholders that focused on the purpose and function of the group or organisation. When interviewing 'publics' about their personal biographies, an unstructured approach was favoured. Each interview was recorded and transcribed. Emails and other means of electronic communications were also used to collect data. Often, this was to ask further questions or seek clarifications on specific issues but it never acted as a sole source of data from any participant. The field diaries written when conducting the participant observation and the field notes taken throughout the community immersion period added the final layer of information with which the analysis could work.

The analysis began with a case-by-case thematic approach. Key themes emerging in the data were noted and comparisons made with other participants' accounts. This eventually led to a cross-case analysis, where key differences and similarities were explored and exposed. When writing up the thesis, verbatim quotes were used to add authenticity to the accounts. Personal and unnecessary information had been anonymised or removed to conceal the identity of the participants. A generational structure had emerged from the analysis and so shaped the rest of the writing-up. The writing stayed close to the data, with key theories and concepts being introduced where they gave insights into the data.

The rest of the methodology chapter sets out the same strategies and techniques in much greater detail. It also explores the rationale underpinning many of the choices made throughout the research process.

> The goodness of a study cannot be limited merely to a discussion in a methodology section, but the essence of goodness must be reflected by the entire study (Tobin and Begley 2004: 391).

Embedding 'goodness' within a research project is as much an ethical and moral enterprise as it is a matter of deciding how to select a sample, the style of data collection, or means of analysis. The essence of 'goodness' cannot be restricted to the writing of the methodology chapter but rather should flow throughout the whole of the research project, from conception onwards (Flick 2002; Tobin and Begley 2004). This was certainly true for the current study. Judgements about the research methods underpinned every decision taken throughout the course of the research. The next chapter charts many of these decisions, presented here systematically, not so as to conceal the messy picture that lies beneath but rather as a requirement of the report. The research strategies adopted and adapted were fluid, emergent and reflexive (including epistemologies). The processes and relationships were in a perpetual state of praxis with reflexivity and reflection shadowing my actions. Mistakes were made, but were acknowledged and learnt from. There were no experts or standpoints. The aim was to offer authentic accounts of the variety of experiences that gay men have and not to portray 'unity in the community' (an act that marginalises gay men by minimising the differences that exist between them).

There were several dilemmas that needed exploring at the onset of the research. The first was ethical and related to the potential harm that social research can do. Often, ethical considerations are limited to the 'individual' but when researching marginalised groups, there is the potential to 'do harm' by contributing to the stigma that particular groups carries. In the gay context, much past research has merely furnished the idea of gay men as 'sick', sexual deviant, and disease carriers. This research will not collude with such a discourse by selective reporting or sensationalising the gay lifestyle. Rather, it will explore the complexities of being gay; the mundane as well as the exotic; the hidden as well as the overt; the silenced as well as the vocal. Only then could we start to see a picture of gay life as experienced by the many and not just witnessed by the few.

My second dilemma was ideological. I wanted to challenge the gay stereotypes provided by a heterosexist society and, in their place, offer a more grounded version. To do this would involve confronting the myths society had constructed around sexual orientation. Often, sexual orientation is portrayed as a characteristic of an individual but this misses how it is also a relationship that exists between groups, as is class for instance. And just as gender is an ongoing social creation reliant on all parties taking an active role in that construction (Walker 1994), so too is sexual orientation. Both rely on witnessing that what strengthen the construction but also, overlooking those behaviours that could spoil the performance (we see what we want to see?). With gender, we construct a masculine image of strength and resilience by attending to such behaviours, but fail to register the amount of time a male can spend preening himself. The same seems to be the case for gay men. Behaviours assumed indicative of being gay reflect 'gayness' and are overlooked in heterosexual men (again, preening seems to be a good example in Walker's article). However, in doing this, gay and straight identities are set up as 'oppositional' which might not be reflected in behaviours and attitudes. These assumed differences are then carried on into all areas of life, including how research is 'done' on gay men.

Research exploring sexual orientation seems to focuses on 'homosexuality' when heterosexuality could easily be the focus. This is not made explicit. Often, research seems premised on the idea that being gay is in deficit when compared to heterosexuality, masculinity, or even humanity. Research questions ask why gay men no longer practice safer-sex rather than asking why so many gay men continue to practice safer-sex, or why there are so many teenage pregnancies (an indicator of unprotected sex). The stigma associated with these sexual acts (unprotected sex) carries a great deal more stigma for gay men than for the heterosexual population. This is all part of the ongoing social creation as gay men as deviants or outsiders and may not be grounded in the experiences of the majority of gay men. There is the search for the 'gay gene' but no such search for the 'straight gene'. There are still organisations that offer a 'cure' for homosexuality, but none offering a cure for those who are sexually attracted to the opposite sex. Clearly, sexual orientation works to a deficit model and primarily focuses on gay men. 'Research' is complicit in this ongoing social

construction that sets up the duality between 'homosexuality' and 'heterosexuality'. The current research was not about seeing binary opposites, straight versus gay, but rather, is an exploration into the spectrum of masculinities that contextualise the gay experience. I wanted to critically examine the gay identity and gay masculine constructions, not from what is portrayed in the mass media or exaggerated on the gay scene. I wanted to get past the hegemony of 'hegemonic masculinity' that views other forms of the masculine construction as marginal and alternative. Instead, I wanted to present the experience of gay masculinity from variety of gay men in a variety of social locations.

My final issue related to my academic credibility: would my insider as well as outsider position within the gay community be recognised? Although being gay often made it feel as though I was an insider, it became increasingly clear that there were some sections of the gay community where I had little cultural understanding. But as the gay community has been constructed void of difference, this subtlety could be missed and lead to claims of my partisanship. At this point, I do not intend to defend my position, as I doubt such claims are directed at heterosexual researchers when conducting research on a heterosexual population.

2.1 – AIM, OBJECTIVES & RESEARCH QUESTIONS

The aim of the research was to investigate various aspects of social capital and its relationship with health and well-being. The context for this was the gay community in and around Manchester. Social capital has received a great deal of attention of late, though not in the current context. The key objectives of the research were to:

- Provide a critical examination of how some key aspects of social capital work in a gay context;

- Demonstrate how sexual orientation affects the experience of health and well-being;

- Introduce a broader understanding of the health needs of gay men in addition to those already considered within the HIV and AIDS discourse;

- Provide a broader understanding of health promotion within all groups that occupy a marginal social position.

Within this context, four broad research questions need addressing:

- How does sexual orientation inform the experience of health?

- What are the experiences of social capital in the gay context?

- What structures the experiences of social capital?

- Is there any evidence to suggest an association between social capital and health in the gay context?

A combination of qualitative methodologies was used located in the case study paradigm (see Stake 2003 for example). The strength from structuring the various research strategies within the case study approach came from the flexibility and reflexivity it offered: the dearth of understanding about the research topic demanded flexibility; being reflexive increases understanding of the case. Case studies are multi-perspectival and can achieve a depth of information about a single issue from a variety of sources (Tellis 1997; Stake 2003). Stake highlights several approaches to cases studies. Intrinsic case studies are when researchers want better understanding of the particular case whereas instrumental case studies are when:

> A particular case is examined mainly to provide insight into an issue or to redraw a generalization. The case is of secondary interest, it plays a supportive role, and it facilitates our understanding of something else. The case still is looked at in depth, its contexts scrutinized, its ordinary activities detailed, but all because this helps the researcher to pursue the external interests (Stake 2003: 137)

The current research was exploring social capital and health set within the context of the gay community so relates to the instrumental style.

2.2 – THE QUALITATIVE APPROACH

To explore the complexities of social capital and health in the gay context required qualitative methodologies to be used. Though qualitative research is often charged with subjectivity, journalism and 'soft science', the objectivity of quantitative approaches to sciences are increasingly being challenged (Clark 1998; Flick 2002; Denzin and Lincoln 2003). Using the qualitative approach for exploring the human condition offers researchers the possibility of capturing the depth of an issue that quantitative approaches quite simply, cannot provide:

> The gathering of non-numerical data is deemed to be desirable within the paradigm because it frees researchers to explore and be sensitive to the multiple interpretations and meanings which may be placed upon thought and behaviour when viewed in context and in their full complexity (Henwood and Pidgeon 1995: 15).

The reductionism of survey and questionnaires would not only miss the subtleties of relational living in this context, but also the diversity of experience found throughout the gay populations.

Although there is a great deal of literature and research already exploring social capital and health, little relates to the gay context. It is an open question how far our understanding of the relation between social capital and health and of men's health can easily be extrapolated to the gay experience. Taking the naturalistic approach provides the opportunity to problematise the issues rather than assume that male heterosexuality covers all human experience. Acknowledging the diversity of experience in health and illness has propelled qualitative methodologies to the fore when researching the social and cultural dimensions of such issues (Baum 1995; Lambert and McKevitt 2002). Positivistic approaches purport to offer breadth, but in fact offer a 'reductionist view of the person in its quest for universal rules'... (Clark 1998: 1245).

Qualitative research does not aspire to numerical generalizability or representativeness, but seeks to 'reflect the diversity within a given population' (Barbour 2001: 1115). The gay

communities form a diverse population. It was therefore necessary to capture the complexity and diversity of the gay experience. Although the accounts cannot be generalised to the gay population or other populations, the new insights that qualitative research generates offers heuristic value by providing a better understand the empirical relationship between health and social capital. The generalisation refers here to the theoretical background (Flick 2002).

ACHIEVING GOODNESS – JUDGING THE QUALITY *(BUGGAR THE WIDTH)*

The value of qualitative research remains a continuous issue (Morse, Barrett et al. 2002; Tobin and Begley 2004) through Flick (2002) contends that qualitative methodologies now stand up for themselves in their own right. The positivistic promise of reliability, validity and generalizability must be rejected as a myth as both qualitative and quantitative paradigms are increasingly recognised as interpretive endeavours (Denzin and Lincoln 2003). Lincoln and Guba (1985) suggest that reliability, validity and generalizability relate to quantitative methodologies and are wholly unsuitable when exploring issues qualitatively. Instead they promulgate the idea of trustworthiness (rigour), comprising of credibility, transferability, dependability, confirmability, and latterly, authenticity (Emden and Sandelowski 1998; Malterud 2001; Tobin and Begley 2004):

> Rigour is the means by which we show integrity and competence: it is about ethics and politics, regardless of the paradigm (Tobin and Begley 2004: 390)

Though keen to stress that they should not be used as a 'check-list', Lincoln and Guba's ideas have been adopted widely to strengthen and demonstrate legitimacy when using qualitative approaches to social enquiry (Barbour 2001; Morse, Barrett et al. 2002). Assuming that 'good' qualitative research is achieved by rigidly adapting such strategies can have drawbacks:

> Although checklists have undoubtedly contributed to the wider acceptance of such methods, these can be counterproductive if used prescriptively. The uncritical adoption of a range of "technical fixes" (such as purposive sampling, grounded theory, multiple coding, triangulation, and respondent validation) does not, in itself, confer rigour (Barbour 2001: 1115)

While Guba and Lincoln strove to embed 'rigour' into qualitative research, others have suggested that even this is essentially an empirical-analytical term inappropriate for interpretive or critical work (Arminio and Hultgren 2002). Instead, they and others focus on the less prescriptive label of 'Goodness' to judge the quality of qualitative research (Smith 1993; Emden and Sandelowski 1998; Denzin and Lincoln 2000; Arminio and Hultgren 2002):.

> …goodness is as much about where and how researchers derive their beliefs, assumptions, motivations and ways of working, as about judgement on research procedures and findings reached via the application of specific criteria…(Emden and Sandelowski 1998: 207)

The idea behind goodness was to free qualitative researchers from the need to adopt/adapt the positivist language and concerns of validity and reliability and to use a new criterion to judge qualitative research (Emden and Sandelowski 1998; Arminio and Hultgren 2002; Tobin and Begley 2004). Essentially, 'goodness' is an aesthetic, ethical and moral endeavour that attempts to move beyond the smash and grab of data collection from whatever paradigm. The focus is the entire study and not simply the methodology section. Using the criteria of goodness embraces the complexities, discrepancies and nuances of life that are factored out while in the pursuit of reliability and validity (Emden and Sandelowski 1998). Adopting goodness as an approach positions the researcher at the core of the research rather than as a passive observer of human interactions. Its primacy lay in its holism and naturalistic approach from which to capture and report the competing realities of those taking part in the research.

GOODNESS THROUGH CRYSTALLIZATION NOT TRIANGULATION

Triangulation is considered a necessary part of the case study approach as it is thought to confirm the validity of the differing procedures by comparing data from different methodologies and checking that the data remain the same within different contexts (Flick 2002). Because case studies take a multi-methods approach and generate multiple perspectives, 'triangulation' is said to improve and demonstrate rigour (Stake 2003; Tobin and Begley 2004):

> Triangulation has been generally considered a process of using multiple perceptions to clarify meaning, verifying the repeatability of an observation or interpretation. But, acknowledging that no observation or interpretations are perfectly repeatable, triangulation serves also to clarify meaning by identifying different ways the phenomenon is being seen (Stake 2003: 148)

The idea underpinning triangulation in the first instance was to be able to compare quantitative and qualitative method and data (Flick 2002; Tobin and Begley 2004) and so increased confidence in the interpretations (Denzin 1984). Importantly, it is offered as an alternative to validation rather than as a tool or strategy of validation (Denzin and Lincoln 2003). Yet some have argued that triangulation is an inappropriate metaphor that continues to imply positivistic notions (Richardson 1997; Barbour 2001). To be able to triangulate requires a fixed point, yet in qualitative research, multiple voices of equal validity are acknowledged and so opposes such a notion (Barbour 2001:1117). Barbour also contends that different types of data obtained by various means defy comparison. Although the idea of triangulation was plausible, and offered a way to add 'validity' to the research, the metaphor did not seem to fit with the idea of 'goodness'. Richardson idea of 'crystallization' seemed more appropriate and so replaced triangulation. The focus for crystallisation is on complementary perspectives rather than competing ones:

> Crystallization, without losing structure, deconstructs the traditional idea of "validity" (we feel how there is no single truth, we *see* how texts validate themselves); and crystallization provides us with a deepened, complex, thoroughly partial understanding of the topic. Paradoxically, we know more and doubt what we know. Ingeniously, we know there is always more to know (Richardson 2003: 518).

Crystallisation is partial, that is both incomplete and somewhat subjective. There is no 'impose' rigidity and so allows for:

> Infinite variety of shape, substance, transmutations, multi-dimensionalities and angles of approach. Crystals grow, change, alter, but are not amorphous (Richardson 2003: 517).

The heuristic value of crystallization lay in the building up of a fuller and more comprehensive picture forming from the various narratives arising from the fieldwork. Essentially, it allowed the same story to be told from different angles (Denzin and Lincoln

2003) while not privileging any one voice over another (Barbour 2001). In the current research, the deviant cases and decentring voices received equal status to instances where broad agreement was reached. The key stakeholders where afforded no more importance than the friend of a participant. It could never be about telling the one story, but rather, how the competing accounts compliment each other to build up a broad picture of what it is like to be a gay man at that particular point and in that time and location. By looking at the various and competing aspects of the gay life in Manchester, the hope was to build an authentic and convincing (though thoroughly partial) account of gay life.

2.3 – SAMPLING DECISIONS

One of the main difficulties to overcome was how to gain access to a diverse sample. This is especially difficult when the population is hidden (Berg 1999; Weeks, Heaphy et al. 2001). The low social standing of gay men and gay organisations can hide much from the view of social research. The task of recruitment becomes more difficult because many aspects of the gay community lack geography or physical boundaries. This has been made easier with the emergence of the 'Gay Village' or geographically recognisable 'gay scene' that are now found in many cities (Hindle 1994; Whittle 1994; Skeggs 1999; Weeks, Heaphy et al. 2001). However, there is a need to go beyond those found in such places as they are likely to be what Hindle terms, 'the minority of the minority' or the most visible, political and vocal fraction of the gay community (Hindle 1994). To focus attention on the 'gay scene' would therefore miss the many that do not use or identify with such spaces and result in a restricted sample. It was important to employ a variety of access and recruitment strategies to ensure the accounts of those on the fringes of 'community' life were included.

To acquire a representative sample requires probability sampling, which is neither practical nor possible when researching marginal and hidden populations such as gay men (Herek 1990; Weeks, Heaphy et al. 2001). The most suitable way of achieving a broad range of participant was to adopt theoretical purposive sampling. Purposive sampling works on the premise of selecting participants on the criteria of their suitability to the research; and including

those normally discounted by conventional quantitative approaches (Barbour 2001). This requires the researcher to have a depth of understanding about the population in question by immersing themselves in the 'community'. It also involves the researcher having some preconceived ideas of the 'type' and 'range' of person suitable for the study.

Theoretical sampling relates to building theory. Participant diversity is also key to theoretical sampling with the aim of recruiting those whose thoughts and experiences add to theoretical and conceptual insight (Glaser and Strauss 1967; Green 1998; Charmaz 2003), including those whose experiences differ:

> Grounded theory also advocates theoretical sampling, in which potentially deviant cases can be purposively sampled as the study progresses. A full report of qualitative analysis should account for deviant cases and how they have contributed to refining theory (Green 1998: 1065).

Consequently, it is the issues emerging in the data that drive theoretical sampling (Charmaz 2003). As the analysis progresses, and things are learnt or not understood, the researcher is able to either go back to existing participants and ask for more questions; or recruit new participants. This should continue until 'saturation' on specific issues is reached (Taylor and Bogdan 1998; Charmaz 2003). Saturation in this instance referred to generating new information around specific issues and not simply increasing the number of participants. Testing saturation involves asking more questions until a time when new information is not forthcoming. My immersion within sections of the gay community and regular contact with participants made it possible to 'refine ideas' emerging in the data.

Following these principles in the present research ensured that important issues instrumental to the social capital and health debate were explored within the gay context. It also provided a conceptual framework from which to structure the selection process. In the initial stages opportunity sampling assisted in both immersion into the community and highlighting potential participants. Building a web page helped in raising interest in the study, and collecting demographic information from which to start selecting participants (see appendix 1).

2.4 - ISSUES IN THE FIELD – ACCESSING, DEFINING, RECRUITMENT & SELECTION

When negotiating access to a community, it is important to have a basic understanding of the field. Here lies a paradox. The field cannot begin to be understood until it is accessed. It is also important to distinguish between accessing a community and recruiting participants. In grounded theory, the agenda is in part dictated by the emergent data. Although accessing the community, defining the field, recruiting and selecting participants are presented here as though linear, they are actually an entwined and reflexive process where one event informed another. **Accessing the community** involved immersion in it and thereby learning the norms and values. **Defining the field** meant exploring the boundaries of inclusion and exclusion. Improved understanding made it possible to refine how the field was perceived. Recruiting participants involved establishing the range of characteristics of the stakeholders and publics to determine if their inclusion will help build a diverse sample. Not all made it through to the final sample but those left out assisted by providing insights into community matters or introductions to third parties. **Selecting a sample** concerned choosing participants (purposive) and adding new cases (theoretical) to allow theory to build on the emerging data. Each one is dealt with in some detail below.

NEGOTIATING ACCESSING – A COMMUNITY WITHOUT FORM

The first task when accessing the gay community was learning its key characteristics. My limited understanding at the start of the research was confined to other gay men around my own age who could often be found in several of the bars. There were potentially many key stakeholders and organisations what could be included within what might loosely be termed 'the gay community'. Each may have competing agendas, and as it transpired combative relationships with other key stakeholders. There were also smaller groups that offered a variety of activities all of which needed exploring and setting in context to each other (see defining the field below). At this stage, it was not about trying to generate a sample, but rather about generating an understanding of the composition of the community. This required immersion in familiar and unfamiliar sections of the gay community and thus building an understanding of the structures, symbolic codes and internal relationships of

those people within. To do this required me to take the perspective of both the native and the novice as without such knowledge, purposive sampling would not be possible. One difficulty arose from the diversity of identities within the many sections of the gay communities.

Ethnographic research often requires researchers to either immerse themselves within an unfamiliar culture and attempt to make it familiar; or to engage with a familiar culture and make it strange (Goodley 1999). It may require researchers to develop many interconnected 'personas' alongside the research identity (Curtis 2002). The boundaries that separate being an insider or outsider are not so easily distinguished (Coffey 1999; Jewkes and Letherby 2001):

> The research process is a complex, endeavour, involving continual and subtle shifts of commitment, involvement, need and power between researcher and researched. The researcher's status as insider and outsider is subject to constant negotiation between both parties, which the researcher at times striving for "inclusion" in order to build trust and gain meaningful data, but also at times needing to "back off" from the relationship in order to re-establish their position in relation to the research – to distance themselves from the views being expressed by respondents or simply to regain a sense of themselves (Jewkes and Letherby 2002: 49).

Being gay offered no guarantee of having an insider perspective. In one respect, I was 'similar' to my participants in relation to us both being subjugated by the dominant heterosexual assumption and 'discursive construction', but as Fawcett and Hearn (2004) highlight when addressing 'otherness' in social research, there are many different levels of insider and outsider. The complexities were such that, in reality, my 'insider' perspective could only offer limited access. The changing social and legal climate that existed for gay men had given rise to many competing gay communities and emergent identities. This required several research strategies be adopted that would be located within the key principles of ethnographic research (see for instance, Hammersley and Atkinson 1983; Fetterman 1989; Hammersley 1990).

The benefits offered by using ethnography lay in its grounded approach that locates and studies the person in the rich context of their lives. Unlike quantitative hypothesis testing,

Hammersley (1990) stresses how ethnography is an inductive or discovery-based process. It allowed me to scrutinise the taken for granted while highlighting the processes and mechanisms involved in relational living. Importantly, it was a process of constant reflexivity and writing requiring me to step outside the field and look in with bewilderment while participating within the group. To access these communities and immerse myself in different sections was a complex and protracted process rather than a one off event. But it was necessary so that those normally discounted from this type of research could be given the opportunity to participate and add their accounts to the research.

The abstract manifestation of the 'gay community', and desire to include the views and experiences of those on the margins of this space, brought about several dilemmas. In essence, accessing the 'natives' point of view and 'being there' as Whyte (1959) contends, assumes a setting from which to observe and participate. Communities of meaning or identity may not have an immediately recognisable setting or physical locality. Can 'being there' relate to a shared sense of belonging or is there a need for a physical manifestation from which to be immersed? These issues were in part resolved by conceptually 'defining the field' of study.

DEFINING THE FIELD

In the initial stages of ethnographic research, requires the field to be defined (Amit 2000; Clatts and Sotheran 2000). Traditionally this has involved the researcher travelling away:

> Preferably to a distant locale where the ethnographer will immerse him/herself
> in personal face-to-face relationships with a variety of natives over an
> extended period of time (Amit 2000:2).

Defining the field relates to formulating a typology of the target population (Clatts and Sotheran 2000). The boundaries of a given community or group might be conceptual or symbolic rather than geographic or physical. The absence of easily definable boundaries can mask the richness of experience in non-traditional populations. Contemporary groups and communities are not necessarily based on location but around a common identity (O'Neil 2002). This is true of the gay community. In some instances, the 'gay scene' conflates to the

gay community though this is a constraining vision as the former is perhaps best thought of a constituent part of the latter. On one front, the gay community becomes manifest through shared understanding and is therefore an artefact of the emergent gay identities. The gay scene is an important feature of the gay community as it has acted as the hub for face-to-face interaction with others through the many bars and clubs. Yet in many respects, the gay community has much more symbolism than is embodied within the commodified gay scene. It was important to conceptualise these subtleties when defining the field for the present study.

Defining the field for the current research was not a one off event carried out at the beginning of the project, but rather, required refinement and modification throughout the course of the project. It was eventually structured into a 'core and cluster' of all the different sections of people, locations, identities and groups (see figure 1). Each component has unique characteristics that in some way distinguishes it from the others. Each is still connected via the core. Below is the conceptual illustration of the field - 'gay community'. Initially, it was considered to label it the 'gay population' to represent the dislocated and diverse gay experience. Doing so however, missed the subtleties of the gay community/scene in shaping the gay identity (either by acceptance or rejection of such a notion). The gay experience comprises of more than being a population which needed accounting for when defining the field. The reason for placing the gay community as the core represents the symbolism as well as the population. Each smaller ball represents some component of the gay population. Defining the field this way meant that those marginal to it would still be included in the study. Importantly, it ensured that the 'minority of a minority' (Hindle 1994) were not the sole focus of the research. The myriad of potential identities and situation within the conceptual framework of a gay population are vast and can include:

- People not widely out as gay;

- Those who did not accept their sexual orientation but have sex with other men (Men who have sex with men: MSM)

- Those who acknowledged their sexual orientation but do not relate to a gay identity, feel part of the gay community; visit the gay scene or become members of gay groups.

- Those who are not members of any gay groups nor visited the gay 'scene'/area.

- Those who do not visit the gay scene but are members of gay groups

- Those who are members of gay groups and visit the gay scene.

- Those who only interact with other gay men over cyberspace.

Figure 1: Defining the field
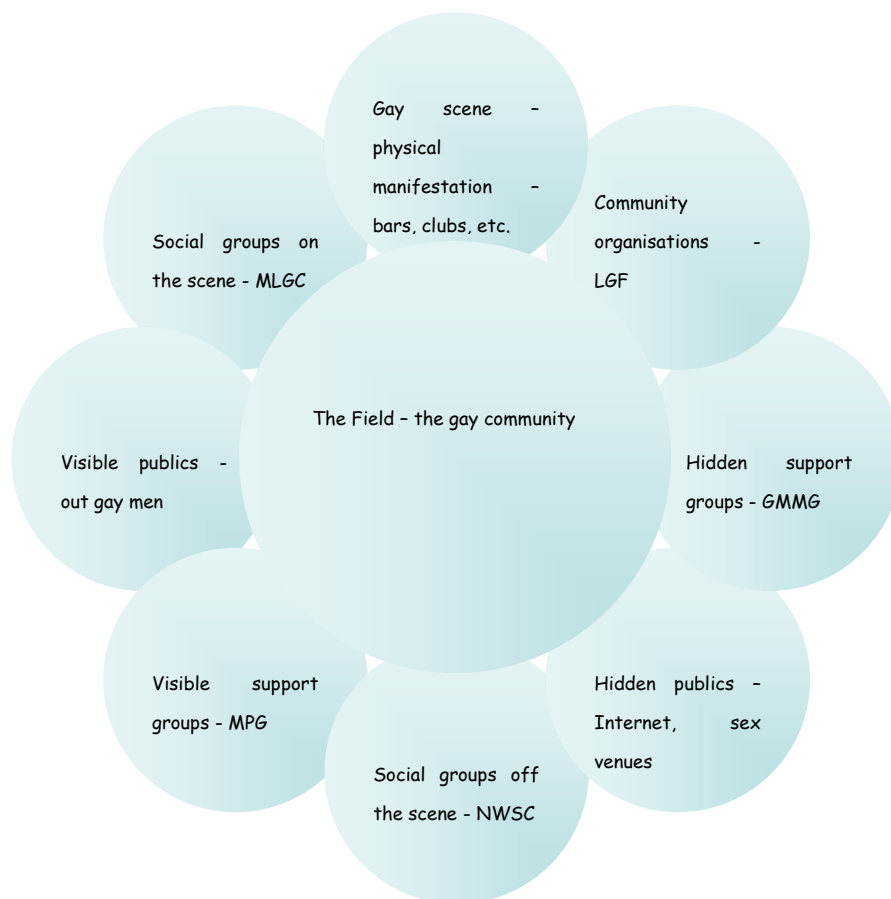
Building up this typology, or sampling frame was a conceptual tool to ensure diversity of participant from across the gay population and not just those who use the gay scene. It was also hoped to address the difficulties and contested nature inherent within the notion of the gay community by offering those gay men with no affinity to such notions, an

opportunity to give their accounts of being gay. The difficulty was being able to move from conceptual framework to accessing the various sections of the community. This required the adoption of a variety of techniques that helped structure the immersion process. Each strategy would need a degree of flexibility to adapt to a changing environment while at the same time be systematic and thorough to ensure a diverse sample was reached. Several were needed as though each offered potential; all had inherent weaknesses if used in isolation. The strategies used were to conduct a stakeholder analysis (SHA) and gain access to key stakeholders, participate in various group activities and observe the group interactions, and use the Internet as a means of accessing those on the margins of the gay community. Each of these is dealt with below in some detail.

The first approach was to conduct a stakeholder analysis (SHA) (Mitroff 1983; Kanter, Stein et al. 1992). SHA is typically a tool used in Community Psychology to assist change projects. The current research was not a change project but still considered the SHA to offer potential. It fits well with Richardson's crystallisation metaphor, as the point of the SHA is to seek out the different voices found within a community setting. It also helped structure the ethnography which had the potential of becoming unwieldy due to the diversity and potentially high numbers of groups that could be accessed in the current context. Employing the principles of the SHA added structure and rigor to the access strategies in highlighting the potential stakeholders in the fieldwork. Conducting a SHA is therefore about establishing what exists within a given community. The analysis stage is assessing the potential impact to the research project of the key stakeholders.

While all stakeholders can have a vested interest, the degree of interest and input varies enormously. Key stakeholders might be those who run multi-million pound organisations, such as the Lesbian & Gay Foundation. Other key stakeholders might run important community groups, such as the Gay Married men's group (which offers support); or Manchester Lesbian & Gay Chorus (social group). There are also those whose involvement is limited to group activities or any other form of small-scale participation. These, though still stakeholders because of their potential interest and link to the gay community or identity, are best described as 'publics'. Conducting a SHA can identify a diversity of stakeholders and publics

as it requires the researcher to get to know who and what exists in and around the community setting. It also offers the potential of highlighting the symbolic and conceptual boundaries that exist across the gay communities. Mapping the stakeholder analysis onto the conceptual field therefore ensured that a diverse section of participants could be selected to take part in the research over and above those identifiable on the gay scene.

Once key stakeholders were identified, it was important to establish how their interests relate to the research problem. Why would some key informants get involved while others stayed remote or hostile to the research? For some, their interest would not be best served by the research and they might have a vested interest in trying to block access to community members, or perhaps 'rubbish' the research. Others may have several interests - both overt or hidden. Still others might have self-interest as a reason for them becoming involved. The SHA revealed that there were many competing agendas in the gay community. Relationships between many key informants were at times quarrelsome and combative. The internal politicking and divisions between organisations, groups and individuals meant that at times, it was like walking a 'tight-rope' (Sixsmith, Boneham et al. 2003) between them. For instance, had I revealed a relationship with one key informant may have provoked another to become hostile or non-responsive to the research. Attempting to understand all scenarios early meant that future problems might be avoided although, as my first experience of entering the field revealed, (discussed in chapter seven) this was easier said than done. The point of conducting the SHA was to concentrate on what was important, in this instance, accessing a hard to reach community. Overcoming resistance and building up relationships even with those potentially hostile took precedence rather than maintaining cordial relationships with those most amenable to the project.

In some instances, there were times when key stakeholders were not accessible yet still play an instrumental part in shaping parts of the research project. The British Government would be a prime example. Within the space of the research, the laws affecting the lives of gay men had changed several times. For this reason, stakeholders in the current research were listed as either 'indirect stakeholders' to reflect their input but absence from the research; 'instrumental stakeholders', to reflect their contribution and accessibility; and

'publics', reflecting the individual. Below is the list of different types of stakeholders who helped shape the direction of the research either directly or indirectly.

The indirect stakeholders included:

- Decision Takers - Government, Manchester City Council

- Statutory Bodies - Courts, Greater Manchester Police

- Service providers – PCTs; National Health Service

- Lobby Groups - Stonewall

The instrumental stakeholders included:

- Service providers – Lesbian & Gay Foundation (Sustain; gay counselling services; switchboard); Local health promotion units; council officials; gay businesses;

- Voluntary Groups – Gay Married Men's Group; Manchester Parents Groups; Northwest networking (gay men's health network) Lesbian and Gay Policing Initiative; Respect – (policing diversity)

- Social and activity groups – Manchester lesbian & Gay Chorus; Northern Wave Swimming Club

The publics included:

- Gay individuals

- Friends and families of gay individuals.

There is no intention to imply that other key stakeholders would not have affected the research, or that they would not add to the conceptual insight of the research. The vast range of 'potential' stakeholders meant that the line had to be drawn somewhere so that the analysis of the data could be undertaken. SHA complements the ethnographic approach by adding structure to the access and recruitment strategies to ensure unknown, unforeseen or invisible community members, groups or attributes were included into the research project. It also provided the opportunity to learn the subtle community linguistic and symbolic variations unknown to me. Not having this level of understanding could mean that

much of the subtleties were lost in the sea of data. Importantly, conducting the SHA was a reflexive process where learned information changed how groups and key informants were viewed and hence the structure of the SHA.

Participation in various groups the SHA had identified also provided the opportunity to learn and recruit participants. Participant observation is a key ethnographic principle that served as an important route into community activities from which to construct a better understanding of the norms and practices that often transcend language (Amit 2000). Participant observation has a manifestly looser structure that allows the direction of the research to follow the experiences of those under scrutiny. Being there and learning the symbolic boundaries of a group illuminated both the group experience and the relationships that existed within and between groups. It also formed an important recruitment strategy by providing a platform to get to know potential participation from which to make the eventual selection into the research project.

There are several quite different approaches to participant observation that can be adopted ranging from overt means, where those under observation are fully aware of the researcher's presence and the broad aims of the research, to completely covert observations where the researcher conceals their true reason for being there (see Gold 1969). The latter has dubious ethical considerations and cannot fit with the research guidelines espoused by the BPS or the BSA in areas of obtaining informed consent, and ensuring the participants come to no physical or mental harm through taking part in the research (see below in seeking ethical approval). Part of the current approach was to establish relationships with participants that were both honest, and where power differentials were kept to a minimum. It seems difficult to imagine how these can be achieved when participants do not know the purpose of the researcher's interest in them. It is also questionable whether in the current context, the groups under scrutiny warrant covert participant observation. The current research therefore adopted only overt means of participant observation. The aim of participating in various groups was to be viewed as an insider, which though contestable, did in some instances work. The groups were overt participant observation took place were:

- Northern Wave Swimming Club (NWSC);

- Manchester Lesbian & Gay Chorus (MLGC)

- Gay Married Men's Group (GMMG)

When the fieldwork commenced, members and organisers of each group understood the role I was taking and my reason for being at the group. At the swimming club, the key organiser asked if I would collect data for the club. Doing this provided me with access to observe members and made swimming unnecessary. The members were still made aware of the different styles of data being collected. The Choir was quite a different experience. By week two of the observation I was singing bass and soon took part in the choir's performance at the EuroPride event on stage at the Library Theatre. While I was embedded in both groups, detailed field notes were taken (discussed later).

I was also a member of the three other groups (Lesbian & Gay Policing Initiative; the Respect Board (which overlooked diversity issues within Greater Manchester Police Force); and Northwest Gay Men's Sexual Health Network. However, participating in these groups related to community immersion and detailed field notes were not taken. The group members where made aware of my research interests and interests in the other groups.

The increased use and popularity of the Internet has made it an important medium for the social enquirer. Despite the continued digital divide between rich and poor in society (Sihota and Lennard 2004), research demonstrates the Internet is an appropriate channel for accessing hard to reach populations (Murray and Sixsmith 1998; Mann and Stewart 2002; O'Neil 2002; Sade-Beck 2004). Undoubtedly, while offering great promise, the unequal access that exists presents a major difficulty for social research in potentially producing a highly restricted sample based on socio-economics (Murray and Sixsmith 1998). Recently, the cost of fast Internet connection has started to fall. At the start of the present research (2002) broadband connection cost £40 a month. This prohibitive cost may have excluded many who could not afford it. It may have also given those who could afford it a head start in this contemporary medium and so maintained the digital divide to some extent. Despite this, what the Internet offers far outweighs the disadvantages in the current

context. It could give those gay men excluded from face-to-face encounters on the gay scene, an opportunity to participate with other gay men. The social stigma some gay men feel may make this style of disembodied participation their only access into community activities. They may or may not be out in any of their physical social settings but may be avid Internet users. In the present study, the focus was on Greater Manchester, which though urban, is surrounded by several rural locations. The Internet therefore offers the possibility of connecting those who share a similar interest or identity but who are geographically dispersed (Mann and Stewart 2002).

The current research made use of several Internet groups that acted as a medium to begin the immersion process and get to know potential participants. One of the strengths of using the Internet was the reduced time needed to build rapport and trust with participants (Mann and Stewart 2002). Traditional face-to-face techniques of community immersion can be surprisingly time consuming. Having a profile, entering chat rooms, using email and instant messaging services made it possible to build up a community presence and have daily contact with potential participants. Clearly, to use the Internet exclusively could result in a highly restricted sample and so must be complemented with use of other techniques. However, the diversity of participants it generated greatly benefited the current research and so outweighed such drawbacks.

The strategies and principles listed above provided access and visibility to those in the gay population. At this point, no individual participant had been recruited for the research. The immersion process had introduced me to many stakeholders and publics from which to start recruiting. It had made the research known to key individuals who would help in the next stage of the research: recruiting and then selecting potential participants.

RECRUITMENT & SELECTION

With successful negotiation into the community underway, it was time to start recruiting participants armed with my insider knowledge secured thus far. The first round of recruitment focused on opportunity sampling from the face-to-face chance encounters; by

interacting over the Internet; and via third party introductions. Opportunistic sampling would itself produce a highly restricted range of participants therefore demanding several key strategies be adopted to assist the process both to ease access to individuals and to confront many of the potential problems that can occur - before they arise. For example, it was important, and in line with purposive sampling, that the criteria for selection rested with me and not those positioned as community gatekeepers. The Internet offered potential to bypass them, but as stated, was itself imbued with drawbacks. What was important was that there was a range of recruitment strategies that could counter the inherent deficiencies each single technique had. The three key strategies used in the recruitment process were; using but bypassing gatekeepers; snowballing; and the Internet.

Gatekeepers: Negotiating access into hard to reach communities often necessitates making contact with those already visible such as community leaders and active community volunteers. These people are frequently known as gatekeepers as they can control access to other less visible community members. In some instances, going though gatekeepers is the only route to access vulnerable populations (Berg 1999; Curtis 2002). Gaining their support is therefore essential and can yield good results. If prominent gatekeepers appear to be supportive of (or not hostile to) the research, this can add credibility to a research project, making it more acceptable in the eyes of community members (Seidman 1998; Berg 1999; Curtis 2002).

Seidman suggested that gatekeepers fall into two categories; those who are 'legitimate' and therefore to be respected; and those who are 'self-declared' and to be avoided (Seidman 1998). Clearly, allying to gatekeepers who lack community credibility could act as an obstacle to acquiring participants. Whether it is sensible to be as dismissive as Seidman suggests is questionable as it may be imposing the researcher's vision upon the structure of the community. In the present study therefore, all gatekeepers were treated with equal respect and scepticism regardless of their apparent legitimacy. Their insights and community knowledge were invaluable to the research. But they were never the sole source of participant introductions. The dilemma with gatekeepers is they can either block access to all or some community members or present individuals whom they consider represent their

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vision of the community or group (Goodley 1999; Sixsmith, Boneham et al. 2003). Neither is satisfactory and would have a limiting effect on the range of participant and subsequent data. Within the gay community here in Manchester, there appear to be no discernible community leaders of prominence. However, the SHA identified several prominent individuals as potential gatekeepers who had controlled access to less visible individuals. Several of these key gatekeepers were recruited to the study for this purpose.

Snowballing: The principles of snowballing are simple yet can be very effective. In essence, snowballing involves asking existing participants to suggest people they know who might be willing to take part in the research. It was also about asking for introductions to friends or family of those not taking part in the study. For instance, while engaged in one of the groups, a member discussed a close friend who seemed to fit into the range of participants I was looking for. A third party recommendation was requested and obtained.

There are several advantages to the referral sampling technique. Firstly, being able to bypass community gatekeepers can reveal those less involved in community activities so harder to reach (Lee 1993; Berg 1999). It can also have positive effects on the research relationship creating a more informal environment where participants can focus on their narrative rather than the interview process (Cornwell 1984). Being introduced by a friend positions the researcher as a friend of a friend rather than an 'expert' and so lays the foundations of trust and credibility (Cornwell 1984). It recognises the participant as the expert in their lived experiences and thus makes the power relationships between researcher and researched more even (Seidman 1998). In sum, being introduced by a known third party can add to the sense of security, trust and equity needed for open and frank discussions from which to access both the public and private accounts (Cornwell 1984). This was especially important when recruiting younger participants where the age difference between researcher and researched brought into question issues of trust and research agenda.

An obvious drawback with this approach is that it effectively turns participants into gatekeepers, who as previously stated, can create their own unique difficulties in social research. It can also restrict the diversity of participants to those having similar

backgrounds (Taylor and Bogdan 1998). This could be a serious flaw when researching social capital and social networks (Sixsmith, Boneham et al. 2003). The solution was quite simple. Participants were asked if they could introduce people they considered would hold different or apposing views to the ones they expressed. It was always going to be my decision whether or not the person would become a participant (and so negated this concern to some extent). Several participants did suggest other people, and therefore provided access to the next round of participants.

The Internet: Benotsch, et al. have suggested that cyber space has become a popular venue for gay men because of the anonymity and control it offers (Benotsch, Kalichman et al. 2002). They go on to highlight how the Internet has added appeal for gay men who have reduced numbers of social spaces where they can meet without fear of prejudice and discrimination. In the present study, extensive use was made of the Internet as a means of both accessing gay men marginal to the gay community, and of recruiting a diverse range of participants.

The large amount of information and potential groups that can be found on the Internet is bewildering, as a Google search would reveal. There are several prominent gay cyber venues where gay men can meet and chat to each other. The main ones explored for this study were:

- Gaydar

- Gay.com

- AOL's utopia

- World sites (worldskins, worldsportskit, worldleathermen, etc.)

- Outintheuk

Within the time frame of the study, Gay.com's popularity waned and was vastly overtaken in popularity by Gaydar so was not used. In addition, AOL's utopia became unsuitable as the amount of information displayed by members was at times too limited and did not even include their age or location. The chat rooms AOL provide were totally unusable due to the

amount of unsolicited 'spam' that made it impossible to hold a conversation with other members. Finally, AOL was not accessible by non-AOL users. The three main settings used in the current study were as follows:

- Gaydar (www.gaydar.co.uk)

- World sites (www.worldsportskit.com) which provided access to other sites such as www.worldskins.com and www.worldleathermen.com

- Outintheuk (www.outintheuk.com)

Unlike AOL, these three cyber venues offered free, albeit limited, membership and access to their services making them available to a wider audience. Paying a subscription increased the number of services that could be used. Joining the venues allowed gay men to advertise or promote themselves. They could place pictures of themselves and have an informative profile stating who they were, their wants, likes and dislikes, etc. There was also space to display other personal information about oneself, such as height, occupation, bodily hair, etc. Once joined, there was the capacity to chat to others locally, or nationally, socialise and find others who share similar interests and organise face-to-face meetings, so on and so forth.

Although it was possible to have a profile on each of these sites, as several people did, there was a social ranking between the groups, each with different codes and practices. This prevented some gay men from joining more than one of the groups. Armed with this knowledge, I hid my membership in one group from another. It was also important that the information placed on the site was relevant to that specific venue: inappropriate information could be potentially damaging and exclude me interacting with other users. The Worldsportskit site was a heavily sexualised environment that focused on hypermasculine identities and sexual practices. Gaydar is by far the most popular gay site currently in the UK. It has both a national and local focus. It is therefore possible to find out who is online in a local area, for example, Manchester and its surrounding areas. At any given time, there can be upwards of 500 people logged on reaching a 1000 at peak times for Manchester alone. The profile needed for Gaydar could have a mix of information ranging from types of hobbies and favourite foods to the more fetishistic acts and sexual practices. It was not

obligatory that all these fields were filled in but they could be without fear of reprisal or moralising. Because of the sexually explicit nature of some of the photographs, people are able to put up, those under the age of 18 years were not allowed to join (as was the case for the world sites)[i]. However, it was possible to lie about age. One participant in the present study had joined the site at 16 years. Due to Gaydar's popularity, it was the main access site and recruitment site for the research. The profile reflected this and in the main had information about the research and much less about myself. However, the need to be an authentic player in that field necessitated at least some personal information about myself.

Outintheuk was a unique cyber domain that worked on the premise of being 'non-exploitative' of gay men. This was achieved, they believed, by charging half the price of the other two sites, and by prohibiting members from advertising for sex. As a result, the 'Out' site offered access to gay men who might not identify with the overtly sexual representation typically associated with gay men. Consequently, many members on that site often held negative views about the Gaydar and were unaware of the World sites. Where 'Out' also differed was by offering the opportunity to enter into discussions via the online discussion boards although access to participate required full membership, thus excluding those who did not pay.

Where these groups connect is in how they allow members to interact. They use what is known as Computer Mediated Communications (CMC), which has also described as Real Time Chat (Mann and Stewart 2002). CMC, or Real time chat is when text messages are exchanged between users whose computers are connected via the Internet. The system allows users to send and receive private messages to one another which can be answered straight away or when they are next logged on. They all have restricted access requiring membership prior to sending or receiving messages or view other members' details/profiles. As it is the individual who decides the level of detail submitted to the site means that some gay men are able to use it without revealing their identity.

The anonymity offered by the Internet can act as a safety feature (Mann and Stewart 2002) giving participant a safe and secure environment from where they choose to

communicate or make contact. In terms of the gay community, threat, or perceived lack of safety can be located in the most innocuous of places. For example, the home or office for many could seem to be the type of secure environment from which to communicate with others. Yet for a young person who is not out to his family or the closeted office worker, these settings are wholly unsuitable. A major strength of Internet communications lays in the participants' ability to decide the location/environment from where to make contact, which could be the home, office, cyber café or public library. Importantly, the researcher's desire to collect data or sheer convenience does not dictate the location.

Initial contact via the Internet with potential participants took several strategies based on presence and rousing interest in the research. As mentioned above, the researcher joined several cyber venues and placed informative profiles on each site. The profiles consisted of several pictures, relevant personal information, and where appropriate information about the research. When information about the research was provided, people were asked to contact the researcher if they wish to know more about the research or would like to get involved (see appendix 2). What the Internet offered at this stage of the research project was a growing range of potential participants where at least some demographic information was known via the profile (though a degree of scepticism was needed around certain aspects of the description, such as age 'is that Gaydar years or actual years?')

A second strategy was to construct a survey accessible online (see appendix 1 – online survey for a detailed list of questions asked). The survey had the dual purpose of raising awareness about the research and provided an opportunity to collect demographic information to assist in purposively sampling potential participants. Participants had the option of leaving their contact details making it possible for me contact them if deemed suitable for the purposes of the research. Those who seemed suitable were informed that there was another section to the research and asked if they would like to find out more. The others not used, who had left their details, were thanked for their time and effort. There was no analysis performed on the data from those who did not leave contact details, as the purpose of the survey at this point was to select participants rather than collect information.

The aim of employing a variety of access and recruitment strategies was to ensure that where one technique was weak, another would compensate. The various strategies should not be viewed in isolation nor should they be considered linear, organised or methodical. They were, pragmatic but flexible - messy but reflexive. Importantly, they were grounded and developed with experience.

PARTICIPANTS – STAKEHOLDERS & PUBLICS

There was a broad range of participants recruited for the study, the majority of them gay, but not all. Gay men do not live in isolation from heterosexual people, which makes it necessary to include non-gay people in the sample. Again, the idea of crystallisation was used to explore the same stories told from the different angles, in this instance, gay and straight; family members and friends; and key organisational representatives. Recruitment decisions were initially based on competing aspects of their character, such as their age and class. As the research progressed, it became apparent that class was not playing the significant role at first anticipated[3]. The second stage of inclusion explored aspects of their gay career[4]. Often, it was an attempt to find a balance and compare the different narratives. The balance therefore came from selecting those with difference, for instance, recruiting someone who recently came-out at 50 years old with a teenager who had been out a number of years. The teenager out a number of years is balanced with a teenager who was not fully out. The newly outed fifty-year-old could be compared to someone of a similar age but who had been out most of their life. Age was not the only characteristic, relational aspects were also useful comparators. For instance, someone who had been in a relationship with another man could be compared to someone who had never had a relationship. The recruitment strategies repeatedly sought symmetry, selecting those with different life experiences.

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[3] Class will be discussed later.

[4] The notion of the gay career is discussed in the next chapter.

The characteristics of the participants were as follows: 24 of the participants' were gay men with their age ranging from 17 to 73 years. Of the 24, ten described themselves as in a long-term relationship; 13 described themselves as single and one was in a relationship at the start of the fieldwork but had split up midway through. Two of the gay sample had been widowed, one twice. The strategies used to recruit these participants were as follows: contact with 12 of the participants was made via the Internet. This could be either they contacting me after seeing one of my profiles, such as the one placed on Gaydar, or through me contacting them after reading their profiles. Six participants were recruited through third party introductions. It was not necessary to be a participant to introduce the research or researcher to another known person. The remaining six were recruited from group interactions.

Of the non-gay participants, there were two mothers of gay children, one a sister and two female friends of gay men. These participants were recruited via third party introductions. The friends were recruited on the grounds of them having a relationship with one of the participants. The family members were recruited on the grounds of how their narrative related to that of their gay relative. Individual biographies and relevant demographic information can be found for all the publics on appendix 3 – biographies.

Interviews took place with seven organisational representatives identified in the SHA above. There were a great deal more people who while not actual participants in the study, still provided insight into the workings of the gay community. However, concern to maintain confidentiality restricts what is possible to reveal about how they were recruited.

2.5 DATA – COLLECTING THE STORIES

There were several sections to the data collection. The semi-structured and unstructured interview formed the bulk of the data but it was supplemented by using emails, online messages & message board forums. Conducting participant observation yielded a significant amount of field notes, which again, complemented the data acquired from the interview.

There was also a small amount of demographic information obtained at the start, which had the dual purpose of assisting in the selection process; and also, a point of reference and potential line of questioning at the interview. Each of these are discussed below.

SEMI-STRUCTURED TO UNSTRUCTURED INTERVIEWS

Unlike a quantitative survey format that requires a rigid structure, the semi-structured interview requires a high degree of flexibility to adapt and reflect on issues as they emerge (Smith 1995). The 'interview' has a proven track record as a key source of data collection in qualitative research (Tellis 1997; Lambert and McKevitt 2002; Halcomb and Davidson 2006). The purpose of the interview is to allow the personal accounts and experiences to direct the interview around the participants' own life events. The notion of stories has been of crucial importance to this research (see Plummer 1995) as through such narratives, individuals give meaning to their lives, affirm their identities, and present their relationships as viable and valid (Weeks, Heaphy et al. 2001).

Interviews were conducted with 24 gay men, five family and friends of gay men, and seven key community representatives. Some participants were interviewed on more than one occasion. The interviews took place between May 2003 and May 2004 though contact with some participants continues. All interviews were digitally recorded. Some lasted around 45 minutes whereas others could last up to an hour and a half. All interviews were transcribed and the names and other identifying features replaced or removed. The majority were carried out face-to-face however, some requested their interview to be conducted over the telephone. In the main, only one participant and myself were present while the interview took place. On occasions, some friends or partners were interviewed together. There were two types of interviewees, the publics and organisational representatives. The approaches to the interviews differed substantially.

For the publics a semi-structured interview schedule was developed (see appendix 4). There was no attempt to standardise the interview and the questions changed throughout the course of the fieldwork. The focus of the schedule was meant to examine the various levels

of relational living looking at such things as the relationship between social capital and health; network attributes; if, and how often the networks were used; sources of support; health behaviours and well-being; identity, group solidarity and the meaning of community. But when piloted, responses from participants seemed stifled by the questions. The formal questioning style seemed to change the character of the relationship and participants appeared to go into an 'interview mode'. For example, one participant ceased swearing and used a more refined accent. His responses also seemed more contrived, less natural than had been witnessed while building up the relationship. He clearly felt 'on show' and modified his behaviour accordingly.

The interview process and semi-structured schedule opened up divisions between the researcher and researched as participants gave socially appropriate responses to formally asked questions about their health and lifestyle. Cornwell (1984) describes these as public accounts. In her research, she found that private accounts were more freely given in response to being asked to tell a story rather than being asked a direct question. Not only did this make the situation more authentic, it also made the relationship more even by putting power in the hands of the storyteller and not the 'expert' inquisitor (Cornwell 1984). Another method used to access private accounts was multiple interviews (Cornwell 1984; Curtis 2002). These ideas were incorporated and developed within the structure of the present research.

It was decided not to rely unduly on the interview schedule other than when absolutely no other interviewing strategy worked. Typically, the more formal structure worked for the younger participants who perhaps had less to report on health and lifestyle matters. The semi-structured schedule was replaced with a much looser questioning style that allowed the researcher to probe relevant topics when and if they arose. The gamble of removing the structure from the interview was based on the idea that the experience of health affects almost all areas of our life (the premise of the research). Therefore, asking about the seemingly mundane should at least in theory reveal aspects of health and well-being. For example, many participants where simply asked

Can you tell me about your life?

Can you tell me about a major event in your life?

With such a broad questioning style, it was important to point out to the participants what they could take as much time as needed to structure their thoughts while I would remain silent. On some occasions (again, more often with the youngest ones) participants required a little assistance or prompting. Typically, this was achieved by relaying some of the major events that had helped shape my life. Sharing aspects of my life with participants prompted them to think about major events that had shaped their lives. In some respects, doing this might have inadvertently added structure to the interview as 'coming out' and significant relationships are important aspects of many people's lives. Yet in other respects, this was just a technique to get things started. The direction of the interview was then shared between what the participants considered important and themes of the research, such as health and well-being, that I wanted to probe. Another questioning style was to ask participants

How do you fill your day?

How's your day been?

Did you have a good weekend?

Again, if health is as pervasive as reported, this style of questioning should still be able to explore the experience. Again, probe questions helped hone in on topics related to the research project. The semi-structured schedule's value ultimately lay as a checklist of important topics that could be covered where possible. The more informal structure encouraged authenticity of talk to return to the narrative accessing both the private and public accounts.

When interviewing organisational representatives, a separate semi-structured interview schedule was developed focusing on the structure of the organisation and the key informants' role (see appendix 5). In this instance, the formal semi-structured style seemed more fitting to allow participants to talk about their role in the organisation rather than their personal lives. In many respects, the exercise was treated as a fact-finding mission. A

relationship had been established with the key representatives in order to facilitate discussion beyond the formal structure of the organisation. Some did offer private opinions about community issues and relationships, although at times, socially appropriate responses, or 'the organisational line' did seem to dominate.

THE INTERNET

Using cyber communications supplemented the interview. Though the Internet was never used as the only means of data collection, emailing and instant messaging served an important role in building up the sample of data around specific issues in accordance with the style of theoretical sampling highlighted above. It therefore supplemented and expanded the interview by facilitating probing questions as they emerged in the data. It was also possible to clarify confusing issues without the need to visit the participants face-to-face.

FIELD NOTES

Field notes form an important feature when conducting ethnographic research in providing an account of what occurred in the group. With current technology, it is possible to either video or audio record the group activities and as such, provide accurate testimony of events that took place and safeguarding against researcher bias. The current research however, chose not to adopt such a strategy because the potentially negative consequences of using such equipment. No matter how discrete such equipment is, it could interfere with the working of the group's interaction. Firstly, recording equipment could have the negative consequences of constantly reminding group members of the researcher's status there: as an outsider and not a proper member of the group. Further, the presence of recording equipment could have encouraged some members to 'act up' while regulating or limiting the behaviour of others. In the absence of verbatim recordings, a descriptive field dairy was kept to reflect the interactions and exchanges within the group setting. The style of the notes kept was 'thick description' (Geertz, 1973 cited in Stake 2003) and included verbatim quotations where possible and appropriate and, where not, the essence of a conversation. They also attempted to capture the dynamics and relationships within the groups. Where

appropriate, symbols and signs located in non-verbal communications were also recorded to add depth to the data being collected. They were written up as soon after the event as possible and from memory rather than doing them while interacting in the group. Writing the field notes, exploring the memories and constructing a narrative of events eventually added another layer of understanding and data to the intricacies of group dynamics. Participating in group activities and collecting field notes directed the research in two areas. Firstly, it added clarity of understanding to an unfamiliar group; and secondly, it highlighted important ambiguities that needed probing at interview (see Whyte 1984).

DEMOGRAPHIC INFORMATION

A limited amount of descriptive demographic information was collected via the online survey or face-to-face by pen and paper. The format of the survey included three questioning styles; open-ended questions; structured questions (Yes/No); and Likert type statements (Strongly agree to Strongly disagree). The questioning styles included:

- Demographic information - age, area of residence, educational attainment, employment status;

- Notions of civic responsibility - group participation, voluntary activities, voting activity, use of gay facilities;

- Health and lifestyle - smoking, diet, physical exercise, general health issues;

- Notions of gay identity – degree of outness, networks out in, number of years out, level of comfortableness with gay identity, etc. (see appendix 1).

There was no intention to perform statistical analysis on the data obtained from the survey. Rather, it was used to assist in building up a picture of each participant that could be compared with their accounts.

2.6 – DATA ANALYSIS – STORY TIME

The multi-methods approach that the research employed generated a vast amount of interview data, field notes and Internet communications on the experience of health and social living. The thematic analysis and grounded theory approaches were used to explore narratives and further interrogate the sample. An important quality the thematic analysis offered, and the rationale for its use, was that the narrative remains grounded in the experiences of the participants while still acknowledging the dynamics of the interview and the researcher (Charmaz 2002). Typically, this is done by the reading, re-reading and eventual coding of the transcripts from which key themes emerge from the data and thus add a manageable structure to the analysis stage of the research:

> Thematic analysis is part of the early procedures of data analysis in grounded theory, but grounded theory goes beyond thematic analysis (Ezzy 2002: 87)

Though not adopting grounded theory in the purest sense, the strength of using this data analysis method lay in being able to go back to the sample and guide further data collection (Ezzy 2002). Being in regular contact with many of the participants allowed the emergent issues to be further explored.

NVIVO, a computer aided software package, was at first employed to help manage the data. To use the program requires that the data needs to be in text format, necessitating verbatim transcription of the audio recordings. The email response and other Internet data could be used directly as they were already in text format. A coding paradigm was developed from the theories and notions highlighted in the literature review producing an extensive list of potential themes/nodes from which to interrogate the data (Green 1998). The expectation was that by structuring the nodes at this point of the analysis would give the relevant topics at the very least a cursory glance and highlight areas that generated no data. In total, 191 different nodes, many with detailed descriptions, emerged from the literature review. The sheer scale and complexity ultimately began to hinder the analysis process with more time being spent looking where to fit the relevant narrative rather than

the broad theme it was meant to represent. NVivo was ultimately abandoned in favour of the traditional coloured marker pens and long journeys on trains free from distractions.

A case by case analysis was undertaken (Patton 1990). The accumulated data from participants was treated as an individual case from which to reacquaint myself with their stories and experiences. This had several stages. In the first instance, each participant's data to be superficially scrutinised with memos of substantive issues recorded. This stage was labelled the 'First Impressions'. It built up a picture of each individual while tentatively exploring where one person's data fitted with another (or stood deviant from the rest).

The next stage of the analysis saw the data be more thoroughly explored and coded. The issues and memos that had emerged from the 'first impressions' were also scrutinised at greater depth. Eventually, a detailed account of important themes and issues was written about for each participant. To check for authenticity and accuracy, participants were asked if they would read and amend the account written about them. Inaccuracies were amended and broad themes discussed. Overall, most participants were intrigued with the analysis and interpretation of their data.

As understanding of the narrative grew, more connections were made between cases. My enquires had shifted from a case-by-case analysis to a cross-case analysis (Patton 1990) where things learnt were being compared and contrasted with what was known about other participants. If further information was required, participants who had agreed were contacted, typically via the Internet or telephone. What began to emerge was a range of behaviour and experience from a diverse range of participants. To strengthen the interpretations emerging from the data, the case-by-case and cross-case analysis were explored in supervision sessions. At this point, lengthy verbatim quotes were included in the analysis to assist this.

One significant element to emerge was that the gay experience appeared different between the age cohorts (see chapter three) and a generational perspective emerged from the data.

This structure, which briefly comprised of four generational groups formulated around the legal and social position of gay men. These groups were:

- Criminal-Generation

- Legal-21-Generation

- Legal-18-Generation

- Legal-16-Generation

There were also three life course development phases constructed that reflected the length of gay career each participant had experienced:

- Novice

- Intermediate

- Journeyman

The chapter theorising the notion of different generations and gay careers was anonymised and participants' opinions and reactions sought. Similarly, key stakeholders were also asked to read, comment and add events they thought should be included. Eventually, the generational perspective provided the framework for the final stages of the analysis, which was to explore the experiences at group level while still highlighting the deviant cases.

2.7 – SEEKING ETHICAL APPROVAL[ii]

When researching with human subjects, the ethical consideration needs to run throughout the investigation. The ethical procedures when conducting qualitative research, including ethnographic pursuits, revolves around the two main principles of obtaining informed consent and protecting the participant from harm (see Denzin and Lincoln 1998). In terms of the general ethical principles, the British Sociological Association (BSA) and the British Psychological Society (BPS) follow similar guidelines. For instance, the BPS (2000) stresses,

> In all circumstances, investigators must consider the ethical implications and psychological consequences for the participants in their research. The essential principle is that the investigation should be considered from the standpoint of

all participants; foreseeable threats to their psychological well-being, health, values or dignity should be eliminated (BPS 2000: 8).

To safeguard the participants' wellbeing has therefore the utmost importance and put simply means that strategies should be set in place to protect those involved in the research from physical, emotional, or any other kind of harm (Denzin and Lincoln 1998). In the current research, the well-being and safety of the participants took precedence over the needs of the research (Stake 2003). The first issue is to gain informed consent:

> Whenever possible, the investigator should inform all participants of the objectives of the investigation. The investigator should inform the participants of all aspects of the research or intervention that might reasonably be expected to influence willingness to participate. The investigator should, normally, explain all other aspects of the research or intervention about which the participants enquire (BPS 2000: 8).

The essence of informed consent put succinctly means that all participants are "truthfully and carefully informed about the research" (Denzin and Lincoln 1998: 70). In the present research, informed consent started with the development of an information sheet telling participants the broad area of interest the research would take; the level of involvement needed; and details of the safeguards set in place if they consented to take part in the research (see appendix 6 & 7 - information sheet and consent sheet?). Where necessary, the information was read aloud and participants encouraged to ask questions and seek clarification. They were asked if they understood the level of commitment needed to contribute to the research and only then were they asked if they wanted to take part in the research. All participants to the face-to-face interview signed a consent form stating their willingness to take part in the research. They kept one copy and the main copy was securely stored in a locked cabinet. Where the interview took place over the telephone, a recording of the participants' consent replaced written consent. Where possible, consent was obtained prior to the day the interview took place.

As many people were interviewed several times, consent was viewed as an on going process rather than a one off event. Rather than obtain written consent on every occasion however, on subsequent interactions, verbal consent was deemed appropriate.

CONFIDENTIALITY & ANONYMITY

There were no plans to archive the data, transcripts or audio recordings for other academics to access due to the sensitive nature of the subject matter and the continued low social status of the group. Also, consent was not sought nor given for this to take place. Therefore, only I as the principal researcher knew the full contact details of the participants ensuring the strictest of confidentiality. Participants were at first assigned unique numbers and then pseudonyms. Other identifying features were removed or anonymised. The only document to contain their real name, location and unique number was the consent form, which was kept in a secure place in a different place to the data (see appendix 7 – consent form).

INFORMED CONSENT & THE INTERNET

A Sexualised Environment - Though the Internet offers great potential, there are of course additional difficulties when recruiting participants, not least caused by the lack of ethical clarity about what constitutes good practice when conducting research online (Mann and Stewart 2002). In the current context, one difficulty that emerged was the potential for sexual encounters when accessing and recruiting in what is essentially a highly sexualised environment. My presence and attempts to recruit on the Internet could have been, and indeed were, misconstrued as a sexual advance on some occasions. Traditional 'laboratory' research and fieldwork, (though cannot be discounted), rarely has the sexually charged potential and opportunities for such misunderstandings. If the reason for giving informed consent does not relate to the research but rather, sexual liaison is it still informed consent? There is also the issue of accessing the gay community who have different norms and values regarding sex. Bolton (1995), himself a gay researcher researching gay issues, argued that for many gay men:

> Sex is the cement that holds the building blocks of community together. To have remained aloof would have kept me outside that community, and I suspect that refusing to participate, denying my sexuality, would have made me seem strange indeed" (Bolton 1995: 150).

The gay community and identity for Bolton were premised on 'same sex erotic desire' and he found it necessary and desirable to have sex with his participants when in the field. Yet on the whole, sex in the field is something more often ignored other than to report what the savages get up to (Kulick and Willson 1995). They go on to argue that, the taboo and absence of discussion about sex in the field:

> serves the dual purpose of fortifying heterosexual male subjectivity by keeping it beyond the bounds of critical enquiry, and of silencing women and gays (Kulick and Willson 1995: 4).

Cyber venues such as Gaydar are often viewed as places to arrange and meet for sexual encounters. Did that mean for me to be considered an authentic 'player' in the field, the boundaries between sex and participation would need to be crossed? Potentially, this difficult balancing act needed addressing in all studies in the current context. On the one side, it was necessary to present an authentic gay identity to gain access the gay community while on the other front maintaining what many believe an ethical integrity.

The arguments Bolton, Kulick and Willson put forward seemed valid and convincing though sexual encounters with participants would break the ethical stance that I had taken. The guidelines that the BPS and the BSA set state that informed consent is where the researched knows the true nature of the research; give their continual consent to their participation; know what will and will not be expected of them; and will not be exposed to foreseeable threats to their psychological well-being, health, values or dignity. Adding a sexual encounter into the equation would make these guidelines impossible to follow. It was therefore decided that sexual encounters would not be one of the access and recruitment strategies. Potential participants who misunderstood the reason for the presence on the cyber venues would be made aware of this. Other ways of expressing my sexual identity, where needed, would be used, such as the sharing of sexual experiences, etc. Simple strategies were set in place that could highlight the research relationship if it was unclear if the participant had shown interest in the study as a front for sexual interest. This was achieved by reaffirming my role and purpose for the interactions and interest in them as gay men. If they continued to show interest, they were asked to provide an alternative email address where the information sheet and a consent form could be sent (the intention being

to stress the research relationship). The hope was that by providing an alternative email address gave participants the opportunity to opt back into the research if still interested in taking part. Importantly however, it gave them the chance to opt out if they were not - without having to give a reason.

INFORMED CONSENT & PARTICIPANT OBSERVATION

Obtaining informed consent from those members of groups was slightly more problematic than it was for the interview interactions. The difficulty related to the dynamics of the groups where new members might come along, and where attendance was sporadic. The underlying principles remained the same as before in that it was informed consent that was required. However, owing to the sensitive nature of the research, written consent was gained from the group leaders, and only oral consent was obtained from the group members. Both group leaders and members where given information sheets telling them about the research (see appendix 8).

DEBRIEFING

It is clear that under any ethical protocol, participants must not come to any physical or mental harm. Translating this into actions meant setting up procedures to ensure participants did not adversely suffer because of their involvement in the research. The stigma still associates to the gay lifestyle is one of the many areas that could bring about mental anguish, yet the nature of the research meant that they would likely be discussed. It was highlighted in research I conducted in my undergraduate studies that not all gay men are comfortable or at ease with their sexual orientation. Talking about it could stir powerful emotions and be the cause of great mental anguish. Additionally, recruiting gay men from the margins of the community meant that some had not fully addressed their sexual orientation while others may find it difficult to recount traumatic or troubling times that occurred in their live. There may be still others where people being approached for the research may not consider themselves gay yet are being asked to take part in research involving gay men. Clearly, such powerful emotions might be difficult for some to deal with once the researcher had left and they had time to reflect on their responses. It was

important to recognise that the interviews would be far from emotionally neutral and to set in place strategies that could either head potentially difficult issues off before they arose; and to set in place a structure for dealing with those who may become distressed.

The first and most typical strategy used was thoroughly debriefing the participant at the end of each interview. There were two parts to this. The first part involved asking the participant if any of the topics brought up in the interview had left them troubled or perhaps a little reflective. This provided them with the opportunity to direct the conversation. They were asked if they would like to talk about anything that was discussed in their interview; ask me any questions about my life; or invite their opinion of the interview questions. This provided the opportunity to explore issues important to them. It also provided another opportunity to see if I had missed any negative responses to a particular probe or question. At this point, the audio recorder had been turned off to mark the end of the interview and to stress the importance of the debriefing.

In most instances, the question was met with a resounding 'no' and the matter was left there other than the cursory thank you email, phone call or instant message. Some however did seem a little hesitant making it necessary to explore possible reasons why and establish if they were experiencing any distress caused by the interview. The occasions when some seemed a little reflective, were because some of the questions were 'just thought provoking'. For instance, on question on the survey asked what percent they considered themselves gay. One participant had not addressed this and tried to as the interview ended. When there was any doubt, it was essential that I maintain regular contact until such times when I was sure of their continued well-being. Again, this was done via the telephone, email or instant messaging.

The second part of the process was to leave a comprehensive list of self-help/peer support groups and other useful numbers (see appendix 9 debriefing form). Participants where asked to read this and ensure that important groups had not been left off. Therefore, the debriefing list grew throughout the research. It also had the contact details of Professor Paul Bellaby and myself should they wish to contact either.

A Duty of Care?

One of the most important strategies to be adopted was to have access to a counselling services for participants should they need it. It was while accessing the community and forging relationships that one young gay man whom I had interacted with on many occasions seemed to be in quite a lot of distress. The tone of what he was saying made me fear for his safety as he suggested that he was so low, so tired of being gay that he could not find a reason to continue living. Fortunately, good links had been made with an organisation that operated a gay counselling service. I made him aware of this and suggested I could contact them on his behalf without revealing any of his personal details. He agreed. Upon hearing his situation and mood, the counselling service considered his situation so desperate that they offered him immediate assistance. My role had been to mediate between the two parties and direct the participant to one of the key stakeholders.

Reflecting on the gravity of this episode stressed the necessity of setting in place the potential for counselling in anticipation that some may require it. Clearly, the hope it would never be needed and any potential situation that could lead to it would be headed off in advance was not a sufficient safeguard. By the end of the fieldwork, it had not been needed other than on the first instance. It did however provide an additional layer of security to the debriefing process and ethical procedures. In the event, the person who needed it never became a participant to the extent of being interviewed. The situation did however; demonstrate the fragility of researching groups with marginal identities and low social standing.

Researcher Risk

What seems absent from many ethical protocol are procedures set in place to safeguard the researchers' mental and physical well-being. The point of qualitative ethnographic research is to build up a relationship and explore life histories. This is not only a potentially distressing time for participants, it can also be a stressful and upsetting venture for the researcher, again, especially in the current context where some of the harsh treatment was experienced first hand. Arrangements where therefore made with a trained counsellor for

supervisory sessions so that aspects of the research experience could be discussed without revealing the identity of the participants.

The researcher also faces many other risks, especially when meeting participants face-to-face. Several strategies promoting researcher safety were set in place to reduce the risk of harm when interviewing participants in their own home. It can be viewed in two parts: strategies to safeguard the researcher and strategies to reduce the risk in the first instance.

i) Safeguarding the researcher - The first act was to develop a booking in and out system with members of the research institute, letting them know fieldwork was being conducted, the start and end time and the location. The confidential details of the participant's name, address and telephone number were placed in a sealed envelope should they be required. Upon my safe return, they were destroyed unopened. The provision of a mobile phone assisted this process helping to maintain the necessary contact between myself and other members of staff. Participants were made aware of the safety protocol highlighted above. On some instances, the first meeting took place in a public place.

ii) Risk reduction strategies - The next stage was to have as much knowledge as possible about the location where the interview will take place and the participant. On some occasions, third party introductions made it a little easier. They were not always possible however, but in both instances, the risk reduction strategies were used to minimise dangerous situations (see appendix 10 risk reduction strategies?).

EXCELSIOR – ONWARDS & UPWARDS

At the start of this chapter was a quote suggesting that 'goodness' of a study be integral throughout the research. This is as much a moral endeavour as a methodological one. It acknowledges the limitations of knowing and reporting but attempts to shine a light through the mist between positivism and relativism. The arguments for and against qualitative and quantitative research rage on, but increasingly, the naturalistic style of enquiry is holding

its own without the usual attempts at defending itself against a positivistic onslaught. This could be to the detriment of qualitative research. We have learnt so much and have taken so many pragmatic decisions in our quest for recognition, that it would be a shame to loose such drive. Yet research such as mine would not have been given a chance had the previous arguments defending the quality of qualitative methods not taken place and been won.

But rather than a coded 'tick' or statistically significant 'result' perhaps the best things to come out of the methodological approach are the friendships and shared intimacies. The very reason for taking this approach was to become immersed in the lives of some of those in the gay community. Surely then, friendships are one possible outcome of qualitative research that champions 'goodness'. Now the fieldwork has ended, many of the friendships continue, trust and rapport is joined by mutual respect and joviality. And as for the stories, they will become a small piece of gay history.

At the start of the research, I face several dilemmas, being able to represent the complexities found in the gay communities, dispelling some of the negative myths of gay life, while still presenting a balanced piece of research. The accounts that follow, should I hope, speak for themselves in addressing these concerns – but all opinions are welcomed.

PART TWO

CLIMATE CHANGE – A THAWING OF RELATIONS

CHAPTER 3

SHARED HISTORIES: GENERATION & CAREER

The results sections starts by exploring which social determinants could affect how gay men experience their health. We exist in a particular historical moment and have particular ways of 'being' and 'doing' (C. Wright Mills 1959). The socio-cultural context in which gay men's sense of self emerged is likely to engender a shared sense of commonality with others in 'their' generation. The social structures of a particular period are likely to affect the way gay men negotiated their identity and position within society. What is being suggested is that the generational context warrants further exploration into its affect on health and well-being.

How society has conceived of gay men has gone through several manifestations. In the first instance, society constructed the gay identity as criminal, predatory and sick. The sense of stigma and marginal status this engendered will have been significant in how gay men come to construct their multiple identities. Having to conceal their gay identity and fear of being discovered will have affected when they could start their gay career. The newest generations may have embarked on their gay career while still in the family and community of origin; those in the oldest cohort could potentially have started living as a gay man quite late into adulthood. This might also have bearings on how gay men construct their 'style' of gay identity. The younger generations may no longer be limited to the 'off-the-shelf' type such as Leather Man, Clone, or Camp that the older generations have been subjected too. Many of the younger men in the sample where indeed reluctant to tie themselves down to a specific label. In the absence of such identities, they no longer followed the ascribed 'gay' route. Exploring the biographies might shed light on both the gay identity construction, and Giddens' notion of the 'reflexive self'. The next section deals with how the notions of generation and gay career are theorised and used in the rest of the results section.

3.1 – THE GENERATIONAL CONTEXT – CLIMATE CHANGE

The shared historical experience of being a gay man 'in a specific period' explores the impact of the changes to the social and legal climate that took place in British society over the last 50 years and the impact this had on the gay identity. Exploring the social and legal position of gay men illustrates how the forms of institutionalised dominance in the UK has changed from an extremely authoritarian state that routinely persecuted gay men; to the current climate of partial integration and more liberal attitudes towards sexual orientation. Doing this allows us to establish what in the past was different for these people and enables us to focus on how these changes effect each different generation. Many social, political and legal events have shaped the experience of the men in the sample (see appendix 11 for an extensive list). The label 'gay' does not just infer a characteristic within an individual but also the individual's position in relation to the majority group. Gay then is a relational label used by heterosexuals to define who they are not and thus create a division. The changes in the law in 1967, 1994 and 2001 brought about the gradual levelling of the discriminatory laws against gay men. As Weeks points out:

> Law does not create public opinion but it does shape and reinforce it (Weeks 1990: 11)

It might also be argued that the way society views people is the way it treats then. The changes in legal standing marked the changing relationship between the state and gay men and so could contribute to the identity construction. That is why the three key legal events where chosen to construct four generational groupings of men:

- Criminal Generation (55+) reflects the illegal status that men in this cohort experienced before the law reform of 1967 that decriminalised being gay.

- Legal 21 Generation (31-54 years old) reflects the change in status for this group after homosexuality was decriminalised with the age of legal consent for sexual relations being set at 21 years.

- Legal 18 Generation (22-30) reflects the change in the law from 21 years to 18 years in 1994.

- Legal 16 Generation (16-21 years old) reflects the final change in the law in 2001 when the age of consent was equalised for gay and straight alike.

Each event could act as the marker that distinguishes one generation from another. Each generation of gay men will have been party to their unique cultural subtleties that create symbolic markers between them and the other generations. What might have been necessary or fashionable for one generation could well be redundant and discarded by the next. On our progression through late modernity, the very structures that restricted gay men are now changing and allowing much greater freedoms and choices. Ways of living and doing are more open and thus dispense with the same need for secrecy. The changing face of society has brought about the loosening grip of authority on 'gay Britain'. The complete list of participants' position within this structure is found on table 6. Below are short biographies and key characteristics of each generation.

CRIMINAL GENERATION – 55 & ABOVE

In general, gay men in the criminal generation will have been aware of their marginal status and social stigma associated by failure to follow a heterosexual path. The punitive sanctions were both social and legal and often extreme. They could include extortion, imprisonment, and 'queer bashing'. It was the gratuitous persecution of gay men by the police in the 1950s that in part brought about the social reforms of the 1960s. One participant in this study was imprisoned because of his sexual orientation. He was also dishonourably discharged from the Armed Forces because of a separate incident. Another participant described the fear of being discovered to that of a Jewish person in 1930s Berlin. Being gay was still seen as a sickness treatable with Aversion Therapy. Yet even with this heavy stigma, there are two people in the sample who both managed to have gay long-term relationships with other men.

The camp identity may have prevailed in both the gay and straight psyche and along with 'polari' been used as a way of communicating with other gay men in hetero-normative environments. Doing so however, may have opened the way to ridicule, and worse, from a heterosexual population and the institutional homophonic laws that endorsed even the worse

of crimes committed against gay men, such as the Portsmouth Defence which was used to justify murdering gay men on the grounds of provocation. This defence was still being successfully used up to the mid 1990s.

Within this climate are found the early seeds of the gay identity. Clubs catering to gay men began to open in major cities including Manchester. Prior to the 1970s, little of a gay identity or community was visible to the outside world (Hindle 1994). Jack recalls going to certain bars with lesbian friends to make it look as if they were couples and avoid suspicion and arrest. In the 1970s, Thomas recalls how he and his partner were often in a Manchester club when it was raided by the police. It seems difficult to imagine how a sense of community could have developed under such an authoritarian regime. It nevertheless was not impossible to construct either a gay community or gay identity. They would of course have had to present an image of heterosexuality to the outside word. Gay pornography took the shape of 'health and fitness' magazines where the models were not fully naked. This was accessible in Manchester in the 50s and 60s and purchased by at least one participant in this cohort of gay men. Having such magazines would not have compromised those found with them. Such strategies would have engendered multiple identities for the different environments they used.

Many men in this generation will likely to have been sexual active before the onset of the AIDS crisis so will have had to learn and adapt strategies to protect themselves from the virus in the shape of safer-sex. In terms of their relative positioning within the AIDS crisis, they will have known and experienced a world pre-AIDS crisis; through the AIDS crisis; eventually leading to a post AIDS crisis that Rofes 1998 theorises.

Table 10: Names and ages of participants in the Criminal-Generation

Name	Age at first interview
George	73
Jack	72
Thomas	72
William	67
Ronald	57
Charles	56
Kenneth	55

LEGAL 21 GENERATION – 31 TO 54

While this cohort of gay men were the first to experience legal recognition, there were some legal anomalies arising out the 1967 Act where the 'public' and 'private' sphere of life was disproportionately interpreted. Interpreting 'private' in terms of heterosexual sex meant that most things were both tolerated and legal behind closed doors. However, private in gay terms was interpreted as strictly between two people. Following 1967, the number of arrests of gay men actually went up (Weeks 1990) leading to the criminalisation a new generation who could now be charged with 'Gross Indecency'. In 1998, Greater Manchester Police charged seven men from Bolton with Gross Indecency upon finding a video of the group having sex. At the time, British law only permitted gay sex only between two individuals. Edwards, (1996: 62) euphemistically wrote that gay men had been "allowed out of the closet to remain confined to the bedroom".

Being 'homosexual' remained somewhat stigmatised despite it being decriminalised. Yet the legal reforms seemed to ring the death knell of the 'homosexual' and the rise of the 'gay' man as a more mainstream consumer identity. People in this cohort will have seen many changes such as the rise of popularity of the 'clone' and disco identity of the 80s. To some extent, this may have been the first signs of the rejection of camp as this generation pursued more masculine identities, which were chosen rather than imposed.

Gay pornography, albeit restricted, became more widely available. Shops such as 'Clone Zone' opened with a distinctly 'gay' theme selling books, pornography, records and clothes, etc.

Participants in this generation may have also seen the seeds of liberalisation with gay bars and clubs becoming increasingly tolerated and visible. They were nevertheless, still routinely raided. Clone Zone continually had their stock confiscated by the police even though it had been deemed suitable for import my Customs and Excise. There seemed to be an overall air of resistance to the unfair treatment by the authorities. A march against Section 28 of the Local Government Bill brought 15,000 to 20,000 people to the streets of Manchester. In many respects, the Bill did not directly affect those protesting as this was the Thatcher government outlawing local authorities from promoting gay families as 'real' families. The bill engendered such confusion within the state education system that it was not clear what gay issues could or could not be addressed.

Like the Criminal Generation, the older men in this group would have also seen the onset of the AIDS with some having lost partners and friends to the epidemic. Some might even be living with the virus. This is certainly the case in the current sample. The two older generations were the first to be stigmatised by AIDS which was, and still is, considered as the gay plague. They will have been the first group of gay men to have entered into a gay world, not as 'sick' like their predecessors, but as 'diseased' and 'contagious'. Their gay career will have grown within the AIDS crisis both at an individual and community level. The safer sex strategies were devised and implemented with great success. The impending AIDS crisis and potential 'backlash' might have steered some to conceal their gay identity, choosing to live a seemingly heterosexual lifestyle and so escape the persecution and hysteria spread in the media.

Table 11: Names and ages of participants in the Legal-21-Generation

Name	Age at first interview
Joseph	47
Bill	43
Martin	42
Joe	41
Nick	41
Danny	38
Chris	34
Richard	34
Carl	32

LEGAL 18 GENERATION – 22 TO 30 YEARS OLD

The Legal 18 Generation would have been the first group to be able to take advantage of an open and highly visible gay scene that had developed. If in Manchester, they will have witnessed the rapid growth of the Gay Village, in part brought about by the TV dramas such as 'Queer as Folk'. Being gay was becoming mainstream with magazines such as Gay Times, Boyz, and The Pink Paper being made more readily available. Men in this generation will have been party to a climate when some of the barriers and distinctions between the gay and straight identity had changed and broken down in some social setting. Even so, the stigma associated with being gay still carries risks and so pointed to the continued need to negotiate multiple identities to conceal their gay status in some hetero-normative settings.

In terms of health, this cohort will have grown up and become sexually aware in the shadow of the AIDS epidemic also making them the true 'safer-sex' generation in that they will have known no other state. However, it might be that their experience of the AIDS crisis was out of step with community organisations who continued to promote safer-sex without taking account of the changing climate brought about by HAART (highly active anti-retroviral treatment). By 1996, combinations therapies had vastly reduced the numbers of AIDS here in the UK and so witnessed the 'post AIDS era' (Rofes 1998).

Table 12: Names and ages of participants in the Legal-18-Generation

Name	Age at first interview
Daniel	30
Jason	25
James	24
David	23
Ryan	22

LEGAL-16-GENERATION 16 TO 21 YEARS OLD

The men in this group will have negotiated their gay identity in a climate of near legal equalities that the other generations did not experience. The community resources are increasingly mainstream with many of the existing barriers continuing to breakdown. The gay scene in Manchester was now much more mixed with just one exclusively gay bar

operating a strict door policy predominantly used by older gay men. The climate of risk that prompted a reflexive stance in the older generations has in part been replaced by a climate of latent contingency - reflexive identities are now born out of choice rather than necessity.

In terms of AIDS, for the younger generations, the crisis is not only over; it never existed. This group will have started their gay career when combination therapies were keeping those with the virus alive and in good health. HIV and AIDS may no longer be viewed as a threat nor have the same resonance for the younger generations. In spite of the shift, pubic health policy still positioned their health risk within the old HIV and AIDS crisis discourse; not because of their actions but because of their 'assumed' emerging gay identity. Potentially however, they might be the first group to escape the clutches of the HIV discourse.

Table 13: Names and ages of participants in the Legal-16-Generation

Name	Age at first interview
Jacob	21
Josh	18
Justin	17

3.2 – A GAY CAREER

Although participants may be within the same generation, they may not necessarily be at the same point in their 'gay career'. In some respects, the notion of career interconnects with that of generation but recognises how there are qualitatively different pathways that exist into a gay lifestyle. It locates individual biographies within a historical context and so explores how gay men negotiated their sense of self and identity within a specific historical climate. The idea of career is again somewhat difficult to define and conceptualise. In heterosexual terms, the normative behaviour codes of marriage and having children enforce a structure and a division with gender playing the significant role rather than heterosexuality (which is assumed). In the absence of such structure, gay men have to manufacture and negotiate their own codes of conduct. There are of course many instances

when gay men follow what are seen as heterosexual normative behaviours codes, such as becoming part of a couple and monogamy. Yet in many cases, while such examples seem the same, they may in fact be qualitatively different simply because the absence of structure engenders a more 'democratic' stance (Giddens 1992). Gay relationships are achieved rather than ascribed making them much more fluid and resistant to traditional normative behaviour codes. Being gay, or coming out as a gay man offers the potential to be a more reflexive individual. Traditional labels/statuses such as working class/middle class may be less important or replaced my constructed identities adaptable and suitable for all occasions.

Whether or not the individual has come out will have clear implications to their gay career. It is possible to have a gay man of 60 years old who has less gay experiences, less of a career that is, than a young man of 20 years old. This then adds an additional dimension. But there are many ways at which a 'gay career' could be branded with many defining the points at which it begins (see table 6 which shows many of the possible indicators that could contribute to the notion of gay career). For instance, it could be any or all of the following scenarios:

1) Sexual awareness

    a. The age when first aware of being attracted to men;

    b. The age at which same sex activity started;

2) Outness:

    a. Age started to come out to self and others

    b. Length of time out to self and others.

SEXUAL AWARENESS

The difficulty in problematising career arises from each possible indicator offering potential but also inherent disadvantages. Exploring each scenario in turn, the first idea of looking at the length of time that someone has been aware of their attraction to other men is useful but lacking because of the vastly differing timescale under scrutiny. Frequently the realisation or awakening occurs in early teens but sometimes, it is pre-teens and other

times it is late in adulthood. The age at which one begins to have sexual encounters offers insight but is also unsuitable on its own because it is possible to be having same sex activities while not identifying as gay or acknowledging ones deviant behaviour.

Outness

Looking at the age at which the person 'comes-out' to themselves again offers some potential but is still problematic in that there might be a great delay in between coming out to others and in actually doing anything about it, as was the case with several in the current study. Of course, not all gay men are out but still might have what could be termed as an illustrious gay career. Coming out to others has its own difficulties in that it is continual and layered process that can last a lifetime rather than it being a single one off event:

> It is useful to think in terms of layers of 'being out' – layers which continually need to be negotiated and re-negotiated (Weeks, Heaphy et al. 2001).

It might be possible for someone to pinpoint an age when they first started coming out to others, but it is difficult to establish in which network they are out and in which they are not. For example, they may be out to all their gay friends but not out to any of their heterosexual friends, colleagues or family. Consequently, there are a variety of different social settings that gay men might be out. To attempt to capture the complexity of being 'out', the survey, asked in which environment participants were out, and to what extent. For instance, they were asked how many of their family knew about their sexual orientation: All of them; most of them; some of them; and none of them. They were asked this question for their friends, work colleagues and bosses (if they had them) making four categories in total. To obtain an idea in percentage terms, each criterion was given a score starting with:

- All = 25
- Most = 20
- Some = 10
- None = 00

The highest possible score was 100 and the lowest zero (see table 6). While this idea is still a relatively 'blunt instrument', it does begin to put the proverbial 'flesh-on-the-bones'.

LENGTH OF TIME OUT

Length of time out is a useful indicator but still problematic. Josh has been out for 3 years whereas Jack has been out for 52 years. Yet in terms of 'adult life', Josh is 18 years old so have been out for much of his adult life, as had Jack. Put people such as Carl into the equation, who is 32 years old but has only been out for 2 years; or Ronald who is 57 but who has only been out for 6 years and the complexities of career are manifestly apparent. The difficulty is that it is impossible to quantify what is a qualitative and fluid experience. The most appropriate way of exploring career is to use all the available information both qualitative and quantitative. Table 6 below shows the categories of career based on the principles of purposive sampling. The categories arise out of my understanding of the participants by collating all available information about them relating to the context of their lives. The characteristic it takes into account are:

- The length of time each participants has been aware of the sexual orientation;

- The degree to which each participant is out,

- The different networks they are out;

- The age and the amount of time each has had the opportunity to be out as an adult;

- Generation - the different climates it highlights and the potential to come out;

- Their profession might have a role here as some professions have historically been more accepting of sexual orientation whereas others have been and continue to be hostile to the gay identity.

- Family structure - when participants found they could come out, for instance, those from a religious background might find it harder to come out and start their sexual career while living close to their family of origin;

- Class might have a secondary importance in that it is likely and acceptable for middle class young men moving away from their family home to attend university whereas working class men may stay embedded in the close-knit family structure.

- Geographic setting - the small rural locations will have fewer gay venues, communities or opportunities than many large metropolitan cities have

Table 14: Locating participants within the notion of a gay career

Novice		Midway		Journeyman	
Name	Age	Name	Age	Name	Age
Justin	17	David	23	Ryan	22
Josh	18	James	24	Jason	25
Jacob	21	Daniel	30	Chris	34
Carl	32	Nick	41	Richard	34
Martin	42	Joe	41	Danny	38
Ronald	57	Bill	43	Joseph	47
		Kenneth	55	Charles	57
				William	67
				Jack	72
				Thomas	72
				George	73

Using these notions to form a classification of gay sexual career is far from perfect as what could be perceived as a hindrance to coming out to one person, might be viewed as an advantage to another. What it does do however, is give the essence of each participants relative position relating to one of three groups that go to form this notion of sexual orientation career. The observed differences range from the newest to identify with gay culture being classified as the 'novice' through to the 'veteran'/'journeymen' with the longest gay career.

Table 15 Generation and gay career

Name	Age aware	Out to self	Out other	Approx Year out	Out scale	Age in 1967	Age before 1994	Age before 2001	Age at 2001	Age	JM – Journeymen M – Midway N- Novice	
Generation structured around the years that saw significant changes to the laws that discriminated against gay men. Other indicators included are the various stages of coming out as a gay man.												
George	19	20s	30s	1965	??	38	65	72	72	73	JM	Criminal Generation
Jack	14	15	20	1950	75	37	64	71	71	72	JM	
Thomas	15	22	37	1967	??	37	64	71	71	72	JM	
William	20	30	50	1987	60	30	57	64	64	67	JM	
Ronald	6	50	51	1998	95	20	47	54	54	57	N	
Charles	21	25	29	1977	95	19	46	53	53	56	JM	
Kenneth	12	15	38	1987	20	18	45	52	52	55	M	
Joseph	6	12	20	1977	80	10	37	44	44	47	JM	Legal 21 Generation
Bill	15	23	23	1984	20	6	33	40	40	43	M	
Martin	12	14	16	1978	65	5	32	39	39	42	N	
Joe	14	36	36	1999	85	4	31	38	38	41	M	
Nick	14	29	29	1992	70	4	31	38	38	41	M	
Danny	10	15	22	1988	90	1	28	35	35	38	JM	
Chris	10	12	14	1984	95		24	31	31	34	JM	
Richard	11	14	15	1985	75		24	31	31	34	JM	
Carl	12	18	30	2002	75		22	29	29	32	N	
Daniel	8	18	20	1994	65		20	27	27	30	M	Legal 18 & 16 Generation
Jason	14	14	14	1993	??		15	22	22	25	JM	
James	15	15	18	1998	100		14	21	21	24	M	
David	11	11	15	1996	35		13	20	20	23	M	
Ryan	6	10	13	1995	100		12	19	19	22	JM	
Jacob	15	15	18	2001	100		11	17	17	21	N	
Josh	13	13	15	2001	90		8	15	15	18	N	
Justin	14	15	16	2003	55		7	14	14	17	N	

The notions of generation and career do not run oblique to each other; nor do they map exactly onto each other. This is the purpose of the distinction. However, nor are they independent of each other. It seems likely that the generation to which one belongs will influence the gay career and as such, they interact with each other. Those in the Criminal-Generation experienced more institutional barriers than did the younger generations for instance and as such, acted as a barrier to some, such as Ronald who did not come out as a gay man until in his 50s. On the one hand, he is from the Criminal-Generation, the oldest in

the sample while his relative lack of experience positions him as a novice. The next section will explore the different gay experiences throughout the generations and where appropriate, the gay career in order to establish what in the past was different and how these differences may still affect all generations.

CHAPTER 4

HETEROSEXISM, HOMOPHOBIA & THE NATURE OF TRUST

There are many social factors affecting our view and experience of health over and above physiology and biology (Cornwell 1984; Blaxter 1990; Brown 1995; Lorber 1997). It is being theorised that the circumstances under which the gay identities emerged will also play an important part. It is likely that heterosexism and fear of homophobia will affect how gay men negotiate their position within the myriad of different social contexts and hence effect the different forms of social capital that begin to develop in the gay context. An important element will be the experience of coming out, being out or, being closeted.

Coming out and rejecting the heterosexual assumption (Weeks, Heaphy et al. 2001) is different for all gay men. People do not come out at the same stage of their lives. Some will come out early in life while others leave it until they are nearing the end. A number may be outed and so have the option and control taken away from them. Some face great antagonism and estrangement when the family of origin or procreation reject the gay man. Matters such as religiosity, family values and geography can cause added difficulties (see Ferri 2004). Others face no difficulty whatsoever and integrate their gay identity into their established structures. The reaction of others either complicates or accommodates the process and so is important when exploring social capital. The different generations that exist are likely to structure this process and so have a major impact. The experience of coming out and the choices made might be a part of a reflexive process:

> The 'coming out' of homosexuality is a very real process, with major consequences for sexual life in general. It was signalled by the popularisation of the self-description 'gay', an example of that reflexive process whereby a social phenomenon can be appropriated and transformed through collective engagement (Giddens 1992: 14).

The changing social climate has resulted in some social settings being considered riskier than others are. The reduction of risk in the 'gay/sexual normative settings' (Talec 2004) expands the potential choices open to gay men. Historically, gay men have faced a number of risks associated with the potential for the state and members of society too arbitrarily discriminate against those considered to have strayed from the heterosexual path. The continued risk in the hetero-normative environment requires them to be adaptive and responsive. Here, their reflexive construction is a matter of enforced 'choice' as the potential to be discriminated against. Gay men must learn to 'self-monitor' (Weeks, Heaphy et al. 2001) and manage their multiple identities in different social milieu. To some extent, things are changing, even improving, as the legal sanctions have loosened their grip and gay men receive similar rights to heterosexuals. Yet socially, being gay from whichever generation still has a marginal 'social' status. One difference relates to the risk involved if discovered. The premise here is that having a stigmatised identity, on the one hand promoted reflexivity but on the other hand, hampered the firm ground needed to form trusting relationships with others either known or unknown.

The literature review (chapter 1) discussed how trust is currently theorised within the social capital framework (thick and thin) was too simplistic when explored in the context of minority groups. It may be problematic for gay men to form trusting relationships in a hetero-normative environment through fear and anxiety of discrimination. Social risk taking and the possible cost are potentially greater in the gay context. These are not issues most heterosexual people face. The conceptual framework social capital adheres to does not consider power differentials inherent in all societies. Low social status has been linked to poor health outcomes (Wilkinson, Marmot et al. 2003; Marmot 2005) with the processes still being investigated. To date, the referent has focused on socio-economic inequalities and social position without considering how sexual orientation might affect such matters. The present interest relates to how one's position on the social gradient may not only limit opportunities or be the cause of great stress, etc. but also how it could hinder the development of some skills needed for social engagement. The analogy of 'entrepreneur' seems fitting here. For instance, a successful entrepreneur is someone who 'organises,

operates, and assumes the risk'[5] in a business sense. Relate this idea to the gay social context and could the fear of discovery supplant and obstruct the development of the skills needed to be a successful 'social entrepreneur'? Trust might be one such skill.

The experience of gay men presents a major problem when referring to trust set within the social capital framework. The nature of trust often seems to be inferred and spontaneous born out of shared experience; presumably set in the context of heterosexual populations. The way trust is premised within the social capital framework misses an analysis of power as a form of institutionalised dominance that heterosexuals have over those who do not follow the heterosexual path. It does not consider in-group and out-group dynamics and, in terms of sexual orientation, is blind to the hegemony of heterosexuality and the power differentials it engenders between people and groups. It is unlikely that trust can be the same experience for all groups, especially those lower down the social gradient, such as gay men. Giddens (1992) stressed that trust was not just about having faith in another, but that it is to gamble that the other has the capacity to be able to act with integrity. Mollering (2001) discussed needing firm ground to make a leap of trust and suspend doubt in the other person. Is it plausible to assume that experiences of heterosexism and homophobia could negatively impact on the foundations needed to have a degree of trust in familiars, strangers and institutions? The next section will deal with the various generational experiences of discrimination and the implications they had on the development of trust.

4.1 - COMING OUT STORIES

In many respects, the coming out stories differed substantially across the generations. Yet each story had similarities that provided unique accounts of an entry into a gay world. Coming out stories were symbolic to many as they indicate the start of the gay career and a declaration that heterosexuality can no longer be assumed. The question of whether or not to come out or remain in the closet was often a challenging one, which some did not face until quite late in life. The difficulty with either decision (remaining in the closet or coming

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[5] Definition taken from Dictionary.com

out) is that they both entail risk. Coming out can be stressful because it opens the way to prejudice and discrimination whereas remaining in the closet can be equally stressful and also lead to feelings of isolation by creating a distance between the gay man and his family of origin (Weeks, Heaphy et al. 2001; BMA 2005). Yet there are many advantages to 'being out' such as providing opportunity to create a culture of support (Weeks, Heaphy et al. 2001).

The difficulty in presenting the coming out stories and the incidence of heterosexism is that it could paint a negative picture of gay men as victims, which was not always the case. The vast majority were well-adjusted individuals with careers, relationships and the usual trappings of contemporary society despite their often negative experiences. Their accounts draw attention to their trials and tribulations on this often-bumpy journey.

THE CRIMINAL-GENERATION – A CLIMATE OF FEAR

All the participants in the Criminal-Generation experienced their sense of gayness in an authoritarian climate of hostility where it was illegal to be what was then termed a 'homosexual'. All but Kenneth and Charles had experience being gay while it was still punishable by imprisonment, though only Jack was known by the authorities to be gay. He was dishonourably discharged from the army when doing his national service because he was 'homosexual'. Fortunately, his family stood by him through this traumatic time after the initial shock:

> Jack: Err, mother went berserk m' father said, no matter what, as long as I'm here there's a home for you here.

His mother had no idea what 'homosexuality' was until she asked the vicar's wife. The sympathetic answer helped as she soon accepted her son. However, some years later, Jack was imprisoned for being homosexual. He had given his contact details to someone with whom he had met and had sex. Weeks later, the other man was arrested for having sex with another man in a public toilet. When he was searched, Jack's contact details were discovered. He was sentence to six months 'hard labour' simply by implication.

The other participants in the Criminal-Generation learned to conceal their gay identity when in a hetero-normative environment which in this context meant those close to them, the general public and the authorities. The consequences of being discovered were widely known which produced a general climate of fear. George recounts how he met his first partner and discovered he was gay. He also gives a vivid account of the type of climate that gay men had to live under before the law changed in 1967:

George: …I had left home (London) at 16 or 17 and was living in Leicester, I had a job as a student nurse in a mental hospital, and had a small bedroom in the nurses residential block… I was involved in politics with the Communist Party and used to cycle with a group at weekends. Rationing was still in being, food and clothes, but money was so tight that I couldn't afford to buy anything anyway… There was an election in Leicester that year and I was involved in the count, representing the Communist Party – merely as an onlooker. The count was over by about midnight and I must have left the De Montfort Hall a half an hour later hoping to get a bus back to the Hospital, but knowing that I would have to walk – about five miles. I walked down the hill to the city centre, it was cold and quiet. My own footsteps echoed and then I realised that someone was behind me. "What was the result ?" he said. I turned – he was tall, nice looking, blond about 25 or so and he joined me as we walked down the hill towards the railway station. After I had told him about the result of the election he asked where I was going and when I told him he pointed out that I had missed the last bus and I had better let him give me a coffee to warm me up. He said he lived just across the road behind the station. Looking back now I can see how extraordinarily naïve that must sound, but I thought it was extremely kind of him to make such an offer to a complete stranger. He had a small ground floor flat – kitchen, bed/sitting room and a bathroom – to me it was luxurious. We sat and talked over coffee: it was the first time in my life that any man had taken the trouble to talk with me, seriously, converse about things that mattered to me. He asked questions, showed a great interest. It was years later before I realised that he was trying to find out whether or not I was gay. He was well read, knew about the arts, music, politics etc… It must have been about 3.0am by then and he said it was too late to be walking back to the hospital and I had better stay the night. I thanked him. I was shy and didn't know how to behave in the circumstances. There was only the one divan bed. I undressed down to my underpants, went into the bathroom had a quick wash. He was already in bed when I came out and he pulled the clothes back for me to get in. I can quite honestly say that at that moment I had absolutely no idea about what was going on or about to happen. I was concerned only that I was behaving properly. I got into bed and tried to give him as much space as possible by moving close to the edge. It was cold and I began to shiver - then he put an arm around my shoulders pulled me to him. The rest, as they say is history. I don't remember too much about that

night except that at the time it all seemed perfectly natural, both physically and emotionally, but I was aware that something very special had happened. The next morning I had a cold bath, no hot water, he made me coffee and toast, I had to get back to the hospital as I was on duty that morning at 7.0am and there wasn't time to say much and in any case I was too shy to say anything except, as I was leaving, I asked him if I could see him again and he said " why don't you come around this evening". That day was one of the longest in my life. My mind wasn't on my work, I could think of nothing but him, my heart was singing when it wasn't thumping and I walked three feet off the ground – I was in love, wonderfully, ecstatically, rapturously – in love for the first time in my life. Two days later he asked me to move in with him and we stayed together until he died some 16 years later – of prostate cancer. Of course he wasn't 25, as I thought, he was 40. He was the most important person in my life at a time of great upheaval for me. He taught me, gently and with great patience, the facts of gay life at a time when homosexuality was illegal. Whether in private or not made no difference, and the police took the act to mean that simply being gay was sufficient to arrest and charge a man – in many cases simply for being an entry in someone's diary, or on the say so of someone. Indeed several of his friends were in jail – the standard sentence was two years "hard labour"... Oddly there was nothing suspicious about two men sharing digs – money was so tight and the perception of homosexuality was almost non-existent. It is widespread knowledge that makes people today much more suspicious or aware of gay men (edit version, original spelling).

George provided a vivid description of gay life and relationships that highlights the difficulties many gay men faced both in trying to meet other gay men and trying to live what to the outside world would be a 'normal' life. The focus was firmly on concealment for those with the option to remain closeted.

HETEROSEXISM – ALIVE & KICKING

The fear of discrimination made coming out for some members of this cohort quite a protracted affair that some never quite managed to accomplish within many of their social networks. Some still cannot say with any degree of certainly the extent to which they were out or not, to the same extent as the younger generations could. Their mode of social relations remained predominantly fixed in a hetero-normative climate in many instances. If sexual orientation was known, it was often treated as an open secret with the expectation that it was never made visible or discussed. Emphasising a gay identity ran the risk of being judged and condemned by families and friends. This necessitated 'stage managing' the

information about sexual orientation. Sometimes however, events unfolded where it was impossible to manage the information in a mixed environment. For instance, when William was seen in his full leather outfit by his bother:

> William: …my family know that I'm gay but they don't really want to talk about it… the younger ones are fine, but my brothers and sister in laws just want to, they don't really want to… Actually some years ago I was in London and I don't really remember the circumstances now but I assume that I must have gone to one of the bars of clubs and quote "been invited back for coffee"… The following morning… ten o'clock or something, I was walking up Sloane Street in full leather and to my utter astonishment one of my brothers and a business colleague were sort of walking right down… I mean my brother knew I was gay but, you know, we never discussed anything at all. And I thought well, I'm not going to be the one that doesn't know him, so I said, Hi. I sort of did a bit before we actually got there and I thought well if he just wants to say, hi we can carry on, you see.

There were many forms of heterosexism discussed in this generation. Often, it was in the form of moral superiority. Some felt there was an element of tokenism within their mixed social networks. Interactions with heterosexuals, although viewed positively, often left them feeling 'tolerated' rather than 'accepted'. The dominance of heterosexuality and the power it gives heterosexual men cannot be understated. Gay issues were forbidden topics for conversation when in mixed company. On the times they are brought into the open, the interaction became quite judgmental. For instance, when William and one of his friends got talking about his sexual orientation, his friend thought he had the right to comment on William's lifestyle while knowing little about it:

> William: And a friend of mine, a couple whose golden wedding I attended recently. Now Joe was in the Scots Guards. And Joe knows I'm gay. And I don't know how we got onto it and he said, William, 'I don't want to upset you but' he said, 'personally I can't accept it, I find it very difficult' he said. He said, 'I'm not bordering into your life because' he said, 'to me you're a friend but' he said, 'I find to analyse it', he said, 'I find it very difficult to accept the concept, you know'.

Not everyone had the option of choosing when to come out. Kenneth was outed to his vicar and so had the decision taken away from him. This was in the 1980s, so it was no longer

against the law. Fortunately, the vicar was very supportive of him, although it was Kenneth who began to struggle integrating his sexual orientation and his religion. At the time, he did not have the support structures established that he could call upon for this issue and felt quite lonely and isolated. After some time he found a group of other gay men in a similar position to himself and was able to benefit from their experience. Overall, his first experience of coming out (being outed) was reasonably positive once he had sorted out his feelings and had arranged some support. However, that changed when the vicar was replaced by one hostile to gay people. Kenneth was informed he was no longer welcome to attend the church. This deeply affected Kenneth who not only felt rejected but also, lonely and social isolated. The church had been a large part of his life since being a teenager. The group he was involved with was able to support him through what was a deeply troublesome time. He was unable to access support from his family of origin, as he was not out to them. Support in this instance was from people who like himself, had experience integrating the religiosity and sexual orientation.

Of the various accounts of being out, not all were wholly negative. As Charles had been married and had a daughter, it might be expected that he suffered greatly when coming out and leaving his family of procreation. However, this did not seem to be the case and his ex-wife supported him. The same cannot be said about Ronald was also married. He had experienced a sense of difference and isolation all his life to the point of severe depression resulting in several bouts of ECT treatment. He felt the treatments never worked as they never addressed the cause of the depression: his sexual orientation. It was only when he met a group of gay men that he realised that he too was gay. The hetero-normative environment that had done him great harm was quickly replaced with the gay/sexual-normative environment. He began to grow in confidence. He had not told his family about his sexual orientation at that time. When he eventually did so, they responded badly and refused to have contact with him. He has been out a number of years and no longer has the same severity of depressive bouts which are now managed by medication. He reflects how not being able to come to terms or even label his sexual orientation had had a negative impact on his health:

John: So how do you think it affected your health?

Ronald: I think it was detrimental to it.

John: Coming out?

Ronald: No. Not coming out for all those years.

The cost of heterosexism for Ronald was great in that he has spent much of his life feeling alienated and isolated which he feels contributed to him having high levels of stress and anxiety in social settings. Stress and social isolation have been negatively linked to poor health as people under stress said to take more risks (Lorber 1997; House 2001; Marmot 2005).

The accounts above reveals the extent to which even the most seasoned of gay men can feel vulnerable when unable to control information concerning their gay identity. There was always a feeling that the other (heterosexual) would negatively judge them in some way. Ronald's depression links to what Marmot (2005) and Marmot and Wilkinson (2006) discuss when talking about the psychosocial determinants that are deleterious to health. Being judged negatively by ones peers and having low social standing can be the cause of poorer health outcomes. It is this constant pressure and worry that could create stress and be harmful to health and well being. In a gay environment, where they felt supported or at least not marginal, both Kenneth and Ronald did not have the same sense of social isolation.

The Legal–21-Generation – A Climate of Apprehension and insecurity

With the decriminalisation of 'homosexuality' in 1967, it might be considered that the Legal-21-Generation were in a better position to come out in more of their social networks. This is of course true. Yet being discovered as a gay man/boy was still very much stigmatised and could carry very harsh social condemnation. The men in his generation were aware of the risks, so continued to conceal their gay identity in what was still a hetero-normative environment. In many respects, the partial acceptance or loosening of the authoritarian grip made some things harder for this generation – they were faced with the agony of choice. They were now faced with the dilemma of whether or not to come out and in which social networks. This was never an issue for the Criminal-Generation who knew it was too risky in the early part of their life. Yet the changes in the legal status of homosexuality did not

seem to be matched socially. Gay men were still a marginalised group with low social standing and had little in the way of legal protection. Being known as gay was to invite risk of discrimination at both societal and individual level. The onset of the AIDS crisis merely confirmed their deviant status and gay men became seen as disease carriers/spreaders adding to the risk of being discovered.

> Richard: Yes, it was quite a scary time I think to come out during that time. Err, because I think there was an initial backlash against gay people as well then. Because in the seventies it was all cool and great at the end of the seventies, and then the eighties hit us and it was like, oh my God these people are disease carriers and like it was a bit scary really. Especially not knowing any other gay people at the time.

Knowledge of gay issues became more widespread but merely served to make people more suspicious. The climate of fear was supplemented with a climate apprehension and insecurity. Here we can see the emergence of the gay/sexual-normative environment where it was at least possible for gay men to construct and experience their gay identity and community with other like minded individuals. But the moves to being accepted were also precarious and in part, reversed by the AIDS crisis that positioned gay men as diseased.

HETEROSEXISM – STAYING ALIVE

Most participants in this group had experienced different levels of heterosexism or homophobia. The idea that being gay was a sickness had started to change but the message had not reached all sections of the population. Gay men were still seen as deviant and in some cases, sick. Chris started coming out at 14 years old and by sixteen, was out to most in his family. He had told his parents out of necessity because he was being quite severely bullied at school. Finding out about his sexual orientation, his parents and grandparents sent him to a psychiatrist who offered to treat him with aversion therapy. However, Chris refused to allow the treatment, as his concern related to being bullied, not being gay. He continued to be bullied and attacked both during and after school:

> Chris: I was actually pursued by one of the perpetrators… I was walking and he was in a car and I actually went into a phone box …to get rid of him and he actually pulled his car right up to the door of the phone box which meant that I could

not get out. And he was basically flashing a gun out of the drivers window at me, saying 'I'm going to shoot you, you queer little bastard'. And I still have nightmares about that and I'm thirty four now.

Chris's family and the authorities were not able to protect him from the bullies. He led quite a lonely adolescence. This was not uncommon. Martin also had feelings that he was gay and at 15 years old, took his concerns to his GP. The doctor sent him to see a psychologist who suggested it might be because Martin was living with his mother and two sisters and he did not have a father figure. However, it was not a negative experience, as Martin points out,

Martin: At 15 and a half, I actually went to the doctor. I said I'm gay and I don't think its right or I don't want to be or something like that…I remember him sending me to see a psychologist and… him being very supportive… Anyway, he sent me to see this psychologist who chatted to me for about an hour, the usual questions about my mother and I told him I lived with my mother and two sisters so, that was obviously the reason… and in the end, he said, "what you could do, is think positive and to be positive" so I came out of there and I thought, "well I'm positive I'm gay" and I'm never thought about it since.
John: Did you stop worrying about it then?
Martin: To a degree… It didn't bother me the fact I was gay, it bothered me the fact that I had to lie about it and plagued with these stereotypes, that's what bothered me. Until I was 21 and then I came out.

So from his mid teems, it appears that Martin had, with the assistance of a psychologist, come to terms with his sexual orientation; if not entirely coming to terms with having to conceal it within his social networks.

HETEROSEXISM & THE ELEPHANT IN THE CORNER

While many men in this group were out in many of their social networks, it seems that on the whole, many of their heterosexual networks ignored that aspect of their life. This was also a conclusion from the Weeks et al (2001) study who pointed out that:

The power of the heterosexual assumption is partly based on the degree to which silence can breed silence, and the extent to which the problem of non-heterosexual desires are generally not a topic of discussion (Weeks, Heaphy et al. 2001: 81).

Yet largely, it was not simply a matter of the desires of the participants in the present study that was not talked about, it was most things related to them being gay men. Richard had been out to his parents since his teens, though not through choice. They read his diary and what he had written was unequivocal. Yet in the last 20 years, neither his mother nor father has talked about any issue relating to their son's sexual orientation. Anything remotely connected is avoided to the point where they no longer ask about his girlfriends, etc. He puts this down to his mother's religious beliefs and his father's sense of machismo. There was a similar pattern found throughout this generation's account of being out in their close knit social networks. Any issues relating to sexual orientation was like the worse kept open secret; or the elephant in the corner that no one talked about. There was a great pressure to conceal all aspects their gay identity and to create what looked like a hetero-normative environment. The tension occurred because their gay status was never affirmed in many of their close-knit social networks, causing some bemusement and dissatisfaction.

Where this became more problematic was when the person was in a relationship. It left the partner feeling unsure of their status within relationship or family structure as along with Gay Times and other gay artefacts, he was hidden away. For instance, Nick has lived with his partner, Danny for over a decade. Nick has never vocalised his sexual orientation to his parents and so has never talked about Danny as his partner. It is only recently that the family have started to put Danny on to a Christmas card.

> Danny: Yes, I think when we used to meet them I used to feel a bit awkward cos I didn't really know where I fitted in. Well I knew where I did, but they didn't… When we used to go and stay it was always a bit, it wasn't difficult really, but I just felt uneasy.

Joseph had a similar experience where his partner had to leave the house when relatives were calling so as not to raise suspicion. All evidence of his gayness and his partner were removed from view. This is not a case of families not talking about their sex lives, or the sex lives of their children. There is a clear difference in this instance as it is almost as if the couple are not being recognised as such. The gay identity is not just a sexual identity and acknowledging one's offspring's partner is not the same as talking about their sex lives. It is about affirming the relationship and putting it on equal footing with heterosexual

relationships. It would be akin to a parent not recognising their offspring had got married and treating the situation as if they where living with some insignificant other unworthy of inclusion on the Christmas card. Low social standing is not only about being devalued as a person but also includes many aspects of life, including the low regard of the gay relationship (Herek, Kimmel et al. 1991).

Gay men are constantly reminded of their marginal status through homophobic attacks and bullying; or the lack of validation and support from those in the bonding social networks. Danny's father asked him to leave the family home when he discovered his son was gay. They did not communicate for over five years putting a particular strain on Danny's relationship with his mother as he was no longer welcome in the family home. Nor was he welcome to telephone the house when his father was there. In some instances, acting on one's gay instincts can lead to rejection. This was the situation for Joe. He had waited until both his parents had died before deciding to come out. It was at a dinner party and he was quite drunk when he decided to tell his straight friends. Initially, they were supportive of him. However, once he started to act on his gayness, by visiting the Gay Village in Manchester, and having sex with men, his friends withdrew their support and made it clear that they no longer wanted to continue the friendship. When faced with the realities of their friend's sexual orientation, they rejected him and judged him. It therefore seems that unless the issue is forced, it remains hidden. However, forcing the issue can lead to rejection. It also seemed that the two modes of relating were not compatible and so were kept well apart.

CHOOSING THE CLOSET

The difficulty with notions of 'coming out' is the fluidity of the experience. It is not an event as such, but a process that can be engaged in on many different occasions, in many different settings, and on many different levels. So while there are many ways by which the gay identity can be expressed, there is also the 'choice' of staying in the closet, safe in the knowledge that heterosexuality will be assumed. A good number of participants in this generation did come out, or were outed at some point in early adulthood; others however, struggled to come to terms with their sexual orientation for a number of years. It could

have been their fear of being rejected by their family of origin and others in their social networks that acted as a barrier to them coming out. The societal pressures to conform translated into concealment of their gay side; often behind a veneer of heterosexuality. Carl had some gay experiences in his late teens yet still started a long-term relationship with a woman. He came from a traditional working class background where being gay simply was not an option.

> Carl: I was a teenager going through school, obviously a bit bothered about my sexuality because of the time it was, it was in the eighties, you know and things were a bit different then. So I always kept quiet because not having a problem fancying women as you know. It's a case of do as people expect you to do. And I carried on with my life, and brief encounter when I was eighteen at college with a chap, but that was swept under the carpet… I think to m'self well if I'd have actually been honest when I was like sixteen or seventeen, I might have faced a beating but it would have stopped a long time ago.

Often it was the camp stereotype that prevented many men in this sample from coming out. They could not relate their feelings to the way society had portrayed gay issues. Nick's experience of being closeted was an extreme case that caused him a great deal of anguish, ill health and social isolation. He had known about his sexual orientation since he was a teenager but had not acted on it until he was 29 years old. Unlike those who felt isolated because their sexual orientation was known, causing rejection or bullying, it was the denial of their sexual orientation that caused the sense of isolation in some of the participants. Part of the problem was that they had no positive gay role models on which to base their understandings.

> Nick: I didn't know anybody who was gay. I didn't have any gay friends. I'd never known anybody who was gay so I didn't have anybody to really, didn't have anybody to use as a role model, apart from the camp queens you see on TV. So it was very difficult, especially coming from a small country town where people don't get divorced never mind be gay.

If a function of heterosexism is to make it as difficult as possible for gay men to come out, then one of the processes that perpetuate this myth is the negative picture that society paints of gay men. It is only upon dispelling such myths that the way is open for gay men to attempt to lead a fulfilled life. The damage done in the interim can be quite severe. Again,

Nick's account of the time when he was trying to come to terms with his sexual orientation is stark in its revelations of ill health and social isolation.

> Nick: [For] about six years er, before I came out I had a really, really hard time. In fact I had a nervous breakdown basically but, Cos I lived on my own and nobody knew. So I think, and because I lived on my own I was able to hide what I felt all the time from people… I was thirty and I couldn't deal with being gay. I was pretty seriously ill looking back and having spoken to other people I realised I was in very poor condition. But that's all behind me so. I think I'm considerably stronger than most people.

So while coming out was an extremely difficult process that Nick went through, being out has given him the self confidence to deal with his guilt and to some extent, stop worrying about what others might think of him if they knew he was gay. Many other participants in the Legal-21-Generation found being closeted a socially isolating experience, while finding great strength in being out. Coming out and being out was an active process and now a choice, unlike the Criminal-Generation. Their coming out stories seem to offer them a rite of passage into a different world, a gay/sexual world freed for many of the heterosexist assumptions that had weighed heavy on them before. Not being part of a gay social network seemed to be to the detriment of the men in this group. It seems that there is a need to be amongst other gay men. When this does not occur, the consequence can be dire. For instance, Martin is currently part of what seems like a heterosexual relationship. He has lived with Jean for the past two decades. Jean has always known his sexual orientation from the outset of their relationship. While it looks like a heterosexual relationship, it has always been purely platonic. To all intent and purpose, the relationship is mutually supportive in all areas other than the one currently important to Martin: his sexual orientation. Any discussion of this nature is either not encouraged or forbidden by those social networks where his sexual orientation is known. Consequently, what appear as the 'bonding' type of social networks is neither supportive nor a resource. He feels trapped by them and forbidden to express an important aspect of his identity. Had he the autonomy to construct 'reflexive communities'[6], he might be able to use them as a resource. But a combination of self-censorship and the inability to discuss his sexual orientation has left him isolated and alone. He is currently taking medication for depression and has attempted suicide. Being

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[6] Discussed in chapter 7

part of a thick bonding social network lacks meaning for him and is in effect worthless and damaging. The implications for the way social capital is currently conceptualised means that the bonding (thick) and bridging (thin) notions are not necessarily useful in all modes or relation. The assumption must be that family members are 'like each other' and so engender thick social ties. Even in a heterosexual context, this seems unlikely. Another assumption might be that because of their blood linkage, kin ties are easier to maintain. Again, this does not seem plausible. Such assumptions do not address the inherent power inequalities both within families and within society's structures. Nor do they take account of the deviance status and subsequent power imbalance of gay men in hetero-normative social settings.

THE LEGAL-18-GENERATION - A CLIMATE OF CHANGE

The participants in the Legal-18-Generation grew up as gay boys/men in a climate of change. The legal age to engage in gay sex had been reduced from 21 years to 18 years but in the process, had produced a great deal of debate; much of which was extremely negative. Unlike the Legal-21-Generation who experienced a change in the law but with continued hostility, for the Legal-18-Generation, the level of hostility started to decline in some circles. That is not to say however, that this generation had it easy; in many ways, they did not. They too experienced individual acts of discrimination which easily matched those of the previous generations. And in the early part of their gay career, there was a sense that it was still wise to conceal all aspects of difference when in a hetero-normative social environment.

However, there are several areas where the experience of being gay and coming out differed substantially. Firstly, there did not seem to be the same level of agonising over coming out when compared to the men in the older generations. Coming out was still a dilemma but in most instances, it was resolved while still teenagers. They were able to start to experience life as a gay man in a gay normative setting at a much earlier age than the previous generations. Typically, this occurred after leaving the family of origin's home to go to university/work. A second difference of note was the speed at which, or the extent to which hetero-normative behaviour codes were either dismissed as an option, or was never considered. The gay identity was adopted early in their gay career and the pressures to

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adhere to the heterosexual assumption, while manifest, did not materialise. Where possible, the participants constructed a family of choice that acted as a protective shield of other gay people as they became enmeshed in the gay community/scene. Often, this was a proactive stance and bound up in other lifestyle choices. The final difference of note was they way that the family of origin were in some instances more supportive of their sons. Not only did they accept their gay status, but also in some instances the family of origin became part of the family of choice and integral to the social network. This was typically from a far, but it was on more equal terms. Gay lifestyles were not hidden away. Boyfriends were to be celebrated and accepted into the fold. It is for these reasons that this generation experienced being gay in a climate of change.

Heterosexism – Alive and Well

The participants in the Legal-18-Generation, as indicated, still experienced much discrimination. This prompted them to be more selective in the network of people they built around themselves. Many of the gay community/scene structures were in place and used avidly. But there was always an undercurrent of low social standing and the potential for acts of discrimination. Whether it be homophobic bullying or negative media reports, the net result is that many young gay boys chose not to 'confess' their feelings for fear of being ill treated and rejected. Exploring the narrative suggests that their fears are justified. Yet in spite of the negative imagery, gay men were exploring and developing their sense of identity. They were more comfortable with their sense of gayness than the Legal-21-Generation and refused to allow being gay to be completely ignored like the Criminal-Generation. It was the societal acts of discrimination that they found unpleasant and difficult to deal with, despite there being an air of inevitability associated with such acts.

Knowing Your Place

Because of the young age at which some in this generation came to experience their sense of difference, it was not always translated into being gay. Daniel was in his mid teens when he noticed he might be different from other boys. But because he was aware of the

negative attitudes towards gay men, he put 'being gay' at the bottom of his list of possible reasons:

> Daniel: I knew I was different but I didn't know what it was. um, I was looking around, at general alternatives: politically, socially un, anything, I was scouting around. I didn't think I was gay, in fact I'd put that at the bottom of the list and I thought 'I've got to get rid of or eliminate all these other things before the gay thing because that's the hardest the most taboo thing'.

He relates part of the difficulty to his growing up in a large town with no gay scene or community. All references he had seen to gay issues had been very negative. He recalls one boy at school who was bullied by his peers for being 'camp' with the assumption that he was also gay. Those in a position of authority were unable to deal with the situation fairly which disturbed Daniel. In his view, the bullies' behaviour was rewarded by the removal of the bullied boy from school. He also recalls seeing negative things about gay people in the press. For instance, a local news paper reported that the police had been raiding public toilets and arresting gay men. The national press had many stories blaming gay men for the spread of AIDS. In sum, it left him with the impression that gay people had no rights and no worth. The negative picture painted of the gay identity meant that he concealed all aspects of his gayness until after he left home and was in a new environment.

HOMOPHOBIC BULLYING

Not all men in the Legal-18-Generation had the comfort of choosing when to come out because some were inadvertently outed. They may not have been psychologically ready to come out as gay and indeed may not have known they were gay. Whereas Daniel experienced covert discrimination that pointed to gay people being considered inferior to heterosexual people, some participants experienced quite severe homophobic bullying. The severity of the bullying differed between participants and ranged from verbal abuse in the playground to being totally ostracised and isolated. The irony is that homophobic bullies needed no firm evidence for it to take place. At the time, it seems that the authorities were ill equipped to deal with such incidents, in part because of Clause 28 of the Local Government Bill and the uncertainty that it engendered about gay issues. A negative result of this might have been to neglect blatant homophobic bullying. This was clearly the case for both David and Jason.

Their accounts indicate that the teachers were aware of what was going on but did not protect them nor punish the bullies.

Part of the problem as David saw it was his strict Catholic upbringing both in and out of school. He was in his early teens when he made an innocent chance remark. His friends then accused him of being gay. All positive social interaction ceased between David and his peers which resulted in a childhood of misery and total isolation. At that time, he did not identify as gay. The taunts and ill treatment went on in full view of the teachers who did not prevent or stop them:

> David: It was a lot of hard work. It was a lot of being completely ignored by people and walking into assembly and having the entire assembly move to the back of the room. And I was the only one sat in the first three rows.

It also seems that some teachers were complicit in his persecution, telling David on numerous occasions that he would burn in hell for being gay. He was 14 years old at the time. The school's religious ethos endorsed the homophobic persecution of David, and indeed, actively contributed to it while taking no action to combat it. But homophobic bullying did not cease at the school gates. He spent most of the time alone other than one summer where he recalls:

> David: I made a group of friends one summer and we just spent the entire summer smoking pot and doing things that teenage lads usually do. And when we got back to school it kind of changed back to the old way.

The bullying and his isolation resumed upon their return to school. A major difficulty for David was his inability to tell his parents that he was being bullied for, if he did so, he would also have to tell them the reasons why. Fearing they too would reject him, he decided to keep such factors to himself. The combination of all these meant that what happened to him went unchecked and unchallenged and David had a very unhappy childhood. He was isolated in all areas of his life with no social support he could turn to for advice or assistance. There was no opportunity to discuss such issues as sexual orientation in any setting.

Jason provided a similar account of being bullied at school. It was at 14 years old when a teacher caught him and another boy having sex in the boys' toilets. The consequences were that he was involuntarily outed to the rest of the school. The bullying went unchecked and Jason's parents were not informed about either incident so as not to draw unwelcome attention to the school. Jason was persistently verbally abused by his peers and was left in no doubt of his low social standing within the school structures. He eventually leaned to deal with the taunts and believes that by the end of the fifth year, he had gained a little respect for being able to take the abuse. But in all that time, those in authority had not been able to protect him from his tormenters despite their knowing the names Jason was being called.

He eventually told his parents and they were supportive of him. He had also begun a relationship with an older man so was not totally isolated. He was quite stoical about the past and felt that 'what does not kill you makes you stronger'. In some respects, it has made him into a stronger person and more equipped to deal with life's stresses. The downside is that he sometimes lacks confidence in certain situations:

Jason: I think being gay makes it a little bit easier in as you've got a, I've always felt I've had a great strength. I've drawn a great strength from it. So taking those insults and not putting a shell around myself but learning to deal with things that are frightening then, at such a young age.
John: So it helped you?
Jason: As much as it damaged me... I still am quite an unconfident person deep down.

Today, there is a more tolerant climate towards gay boys and men, but their social standing does not match that of heterosexuals. Socially, the stigma of being gay continues to inhibit discussion around such issues. Legal recognition and protection is still developing and gay men are still very much marginalised. The harsh treatment of the past will have a long-lasting and potentially negative effect on those who witness such events. The difference now appears to be in the social make up and moving away from the family of origin into new social settings from which to construct a more positive environment. The major change was the reduce perception of the risks involved in simply being a gay man. They need no longer be at the mercy of the hostile hetero-normative environment. They now had the potential to

control their social relations rather than exclude them or be excluded by them. They could construct a social network to buffer against prejudice and discrimination.

THE LEGAL-16-GENERATION – A CLIMATE OF CHOICE

The age of consent laws for gay and straight people were equalised in 2001. It might have been expected that such a move, from criminal to legal recognition in the space of 34 years might have engendered an air of anticipation for the future. The difficulty is that it was so under-publicised that all but one participant in the Legal-16-Generation did not realise the law had changed. Searching the news websites from the month when the equalisation came into law (January 2001) reveals that it was not reported, especially when compared to the amount of publicity that the Civil Partnerships received at the end of 2005.

All three participants are out in at least some of their social networks, be it home, college, work or socially. Josh is out in almost all his networks and has always received positive responses from those he tells. When he told his mother, he points out that she was pleased and told all her friends:

Josh: No. When I told my mum she actually rang her friends and told her friends. They were all happy and excited.

Jacob is also out to his family, again receiving a positive reaction from them. The circumstances by which he told his parents arose after visiting his partner in the US. They had both travelled back to the UK and it was on the flight home that they discussed telling his parents. This meant that Anthony would be introduced as Jacob's partner, something they both felt strongly about.

Jacob: …when I came back me and Anthony got the same flight and they [family] picked me up at the airport and, told them I was gay. And mum said, 'oh, I thought you were'. and Tina [sister] said, 'that's why I've been calling you a poof'. And dad forgot so I had to tell him a few hours later. I was quite nervous about it. I told Anthony about it I said, 'if I kiss you when I come back from the toilet it means I've told my parents'

The data for Manchester Parents Group highlight that it could often take some time for parents to come to terms with their child sexual orientation. Whereas the child has had some time to ponder and reflect on the issue, the parent is expected to accept the new situation immediately. It seems likely that Jacob's father did not forget what his son had told him. He did after all have the evidence of his son's partner there to remind him. Rather, in spite of the changing climate that the Legal-16-Generation have grown up in, there is still a stigma associated with the gay identity. Consequently, some parents may need a little time coming to terms with their son's revelations.

Only Justin is not out to his family as he has not seen the need to tell them yet. He does not expect them to have an 'adverse reaction' or 'disown' him but simply does not believe the time to be right. It might be that his family are experiencing financial hardship currently meaning that he has deferred much of his needs.

Unlike in the middle two generations, none of the participants in the Legal-16-Generation were bullied at school because of their sexual orientation. Jacob was bullied, but points out that it was connected to his accent rather than his sexual orientation. While the idea of being out was not trivialised, it did not receive the same amount of anguish as it did for many of the middle generations. However, this might not be typical as the fieldwork highlighted incidents when, for example, coming-out to ones parents was a traumatic experience. One example was of a son packing his suitcases before telling his mother he was gay under the belief that she would no longer want him to live there. The mother was fine but they dare not inform the father as it is perceived that he will not take it well and blame the mother. In many instances, it seems that anticipation was worse than the actual experience as, within his small sample, coming out was not greeted negatively by parents and nor was it ignored.

HETEROSEXISM – THE DYING EMBERS

As would be expected in the changing climate, accounts of heterosexism and homophobia were less common, the hetero-normative environment more accepting. To a greater extent

than all the other generations, the Legal-16-Generation were more integrated into the mainstream cultures which include both gay and straight people socialising in gay and straight settings. Their sense of gayness still connected them to their 'own' in some instances, but it did not seem to limit their networks and so distinguished them from the Legal-18-Generation who seemed to have a more gay focus. All the participants in the Legal-16-Generation report having straight male friends and so distinguishes them from the older generations. There was a belief that sexual orientation no longer mattered. In some instances friends could unite around a sense of marginality, such as described by Jacob:

John: Is there any issues with you being gay?
Jacob: No issues at all. Where I work there's this guy who is really camp. We call him the office queen or the office princess.
John: So no homophobia at work then?
Jacob: Erm, just jokes, you know like, 'you big homo-fag', just jokes. I mean, all derogatory words but no body gives a shit, yo' know. I mean, I call Amir a packy, he comes from [place]. He knows that I'm joking. Yo' know what I'm mean, I'm big on humour. I mean, humour is a big thing for me, it's like a coping mechanism for all the stresses in my life.

There was clearly a tension within hetero-normative environments in which Jacob used what might be considered as quite offensive humour and name calling as 'a coping mechanism for all the stresses in my life'. Humour was used by the participants in the Sixsmith et al (2002) research as a way of deflecting attention from other more private issues. When in the gay/sexual normative setting however, Jacob did not use this style of relating to the point that he was able to allow a slight 'camp' side of his identity to be revealed. It may be that in the hetero-normative environment, there was a need to prove his masculine credentials, which he did through name calling, especially against the 'guy who is really camp' and others with a marginal identity. Clearly, while there has been much change for the Legal-16-Generation, the embers of heterosexism can still be experienced in some social settings. There is still some way to go before the social stigma is 'snuffed' out completely.

In the coming out and being out stories, each generation had unique differences but also, some subtle similarities in their experiences of coming out, being out or being closeted. Some of the negative treated and experiences of heterosexism and homophobia they

received had a lasting effect. The next section to this chapter continues to explore the implications of living in a heterosexist society by looking at the experiences and ability of participants to enter into trusting relationships with others. What differences, if any, has the improved social status of gay men made to their ability to trust those around them?

4.2 - A Narrative of Trust in the Authoritarian Society

Potentially, there are many different levels of trust that could be explored ranging from that which exists interpersonally between familiars or the generalised other; trust in 'abstract systems' (Giddens 1991); or the institutional setting (Rahn and Transue 1998). Yet exploring the data generationally reveals little evidence that trust existed at any level to any great degree. The climate of fear that the older generations experienced appears to have stifled the development of their trusting disposition, something that largely still exists today. As is evident from the accounts given at the start of this chapter, there is good cause for the Criminal-Generation's lack of trust. Indeed, a less trusting approach was a necessary survival tool. Decisions whether or not to trust others were often not made - their default position was 'not' to trust others, especially in the older generations. When others were trusted, it was because they were gay and shared the same risk of being 'outed' making it less likely that other gay man would discriminate on the grounds of sexual orientation.[7] Because of their societal position, past experiences and perhaps their 'disposition' trust was something that was rarely explicitly referred to by members of the Criminal-Generation leaving much in the narrative inferred from their accounts. There was also a degree of inevitability to their situation to the point that even imprisonment was not seen as unwarranted, but rather bad luck.

There were some remarkably similar patterns to the Criminal-Generation when exploring trust in the Legal-21-Generation, primarily around whether or not to trust others enough to tell them about their sexual orientation. The difference for this group was that they could

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[7] This idea of trusting other gay men is in the generic sense in that it would be difficult for a gay man to discriminate against another gay man in the same way as could a heterosexual person.

do so without fear of imprisonment. Yet the shift in legal position belies the difficulty that the majority in the group had around matters of coming out. The climate had clearly changed and opened up new options for the Legal-21-Generation: but the still occupied a hetero-normative environment. The fear of rejection and discrimination still acted as a barrier to many gaining enough confidence and trust in others. Trust was therefore not the starting position but rather, something negotiated with known others. In many accounts of the Legal-18-Generation, they too did not have a trusting disposition and it is only when we get to the Legal-16-Generation were we see the beginnings of change with manifestly more environments where others could be trusted.

TRUST IN HETERO-NORMATIVE SETTINGS – THERE'S NO PLACE LIKE HOME

The men in Criminal-Generation were acutely aware of the harsh social sanctions they would have received had they been discovered to be gay in the early part of their gay career. It was necessary for them to have a secret and hidden identity for a large part of their lives. In many instances, the idea of trusting those in the close-knit bonds did not extend to the family of origin as previous conceptualisations of trust and social capital might suggest. Indeed, in many instances, these networks were least likely to be trusted with such information for fear or reprisals and rejection. To use Mollering's metaphor, the firm ground from which to make a leap of trust did not exist. The hetero-normative environment made it difficult to trust friends and work colleagues, as George spells out below:

> George: No, I did not come out in 1950 – it would have been extraordinarily foolish… No, I did not come out to my parents – neither would have had a clue what I meant. No, I did not come out to friends. Remember that telling anyone would have put a burden on them and could have spelled danger not only to me but to my partner… Much later, after things became much easier… I entered local government. I was with my second partner and I was quite happy for anyone to know that I was gay – but I never said " I am gay" – but I always talked about my partner - and, as relatively big fishes in a small pond, I assumed that everyone knew… No one ever passed any comments – not in my hearing, anyway. (Edited email response).

Even in more liberal times, there was still a tendency not to reveal one's sexual orientation unless necessary. In many instances still, there is vagueness around who knew and who did

not. Kenneth was outed in his church otherwise, he may have remained firmly in the closet as to this day, he has not told his parents, work colleagues or neighbours. For many in the Criminal-Generation, being out equated to a gay environment only and not necessarily in their heterosexual setting. Overall, trust in familiars did not seem to reach any great heights as a discourse of secrecy, privacy and mistrust prevailed. There did not seem any instances of the 'thick' trust that Putnam stressed is necessary for the creation and maintenance of social capital.

Matters did not appear that different when exploring the accounts and experiences of those in the Legal-21-Generation. The continued stigma associated with being gay meant that in many instances, kin (bonding social capital) were still the least likely to be trusted. The fear of rejection prompted many to delay telling their family of origin until in some instances, their reached their late 30s. An element of doubt and risk translated into concealment. When Danny's father asked him if he had 'turned homosexual', he promptly 'threw him out' of the family home and refused all contact with him for the next five years. Chris's parents and grandparents sent him for psychotherapy and tried to persuade him to have Aversion Therapy in the hope to cure him. When Joe eventually did tell those he was closest too, they rejected him:

> Joe: …I lost a lot of friends. It hurt me at first but then you sit down and think about it and if they can't handle it then tough I'm the same person… One of my bestist friends suddenly became a born again Christian. And of course, they don't approve of gayness.
>
> John: What after you came out?
>
> Joe: No, he was before, then I came out and told him and he hung up on me. I thought "ok" so I phoned him back and said "we seemed to have got cut off" and I heard his wife in the background sayin "is that him, get rid of him".

So while the legal climate had clearly changed, the hetero-normative social climate remained positively hostile leaving gay men from the Legal-21-Generation with no firm ground from which to make the leap of trust in those closest to them. Echoing the Criminal Generation, growing up in a heterosexist environment was not conducive to developing the norms of trust:

Joseph: I wasted my youth…Well, as I say as a young gay man, I should have been out there enjoying myself… Yo' know I'd go cottaging for half an hour after the pub and maybe have a quick play with somebody in the bushes then go home. And that was it. It was a secret life.

John: Living in a small places, was there not a danger of being found out?

Joseph: I was always very careful. As I say things were different then because it was so underground… You're not conforming to what society expects from you and you've got to deal with that on your own as an adolescent with no help. Erm. So that's the first issue that you have to come across. So automatically you're excluded.

In some instances, participants did not feel trusted because of their sexual orientation, especially if they had heterosexual males in their networks of friends and work colleagues. When Joseph's male manager discovered he was a gay man he made the work environment impossible to work in meaning that Joseph eventually left. Richard felt male heterosexual work colleagues and acquaintances did not trust him because he was a gay man. He contends that there are two ways that gay men are perceived. The first, and most inoffensive, less threatening was the camp limp wristed effeminate gay man. They could not be trusted because they broke the current masculine script. Similarly, those who do not fall into that category could not be trusted because they were presumed to be sexual predators and then perceived as a threat to their masculinity:

Richard: Erm, but at the same time they're always been a bit wary of me because of that they perceive me as being a sexual predator. Because they think I'm like them in the sense that I'm going to want to fuck them - I don't want them to fuck me, I'm going to want to fuck them. That's the way they perceive it so there's kind of a bit of er, an issue there that they kind of like the fact that I fit into their mould, but then it causes other issues as well.

Unlike the Criminal-Generation, most of the participants eventually told many of their family of origin and those closest to them without receiving a negative response. Subsequently, however, their sexual orientation was something that would rarely be addressed to the point of absurdity. There was often little determination to rebuke the hetero-normative assumptions or clarify their situation.

Trust within an intimate relationship was the one area where evidence of thick trust could be seen, but not in all instances. Even here, trust was situationally specific with some

participants trusting certain information to those outside the intimate relationship. Trust related to the keeping and sharing of confidences but rarely exceeded this. It seldom resembled what could be considered 'thick' trust because of the situational context and the absence of firm ground. Yet trust as a function, did provide the firm ground from which to establish close-knit bonds of 'trusted' individuals. Often, these would become part of the chosen family[8], such as with Bill, Nick's best friend who soon became a close friend to Danny also. The difficulty was finding the firm ground from which to have the leap of trust was not an easy process when explored in the gay context. Trust was not a commodity easily given or won; and because the starting line was mistrust, it was difficult to overcome.

Despite the changing climate, there was still an element of mistrust in others preventing some in the Legal-18-Generation from revealing their sexual orientation to others at some point in time. There was often a feeling that growing up gay made trusting others difficult:

> Daniel: I just didn't trust anybody... I think it's something to do with growing up gay but, my life experience was, 'you're on your own'. You can't trust anybody and there's no one you can turn to really so just get on with it.

Where the Legal-18-Generation differed was the younger age they felt able to trust some of their family members. No participant was rejected because of their sexual orientation, but even in families that were described as 'close', extended family members were not always included or told of their sexual orientation:

> David: My mum's brothers who we do know quite well, we're quite a close family. She has, er how many brothers does she have. She has six brothers and none of them know.

What was different in the Legal-18-Generation was that in some instances, and to only a small degree, the family of origin had started to appear as part of their trusted social networks at a much younger age. In many instances, trust in familiars did not represent what could be described as the 'thick trust'. What had started to occur was that some family members were supportive and encouraging of their relatives' sexual orientation making the starting point of trust nearer to the neutral position currently conceptualised.

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[8] The close bonds found within the families of choice are discussed in chapter 8

This is an important distinction from the previous generation. Family members no longer ignore the obvious though not wholeheartedly embracing it. The legal and social climate had at least started to make a difference in this matter, however small. Having a marginal and stigmatised identity still stifled many aspects of a trusting nature that might be expected in family structures. In its place, was a narrative of self-reliance that can often be seen in all men regardless of sexual orientation. Where the difference may be is in the form of support network many heterosexual men are a part, such as being married or living with their female partner. Many of the men in the Legal-18-Generation were not part of this style of network structure.

There were examples where trust did seem to represent the thick form of trust found in close friends. These friendships had built up over time with evidence of their trustworthiness and durability being established over the long-term. One of the important characteristics was the lack of sexual content or the possibility of sexual activity. For instance, Ryan's most trusted confidante was his best friend Natasha - a single mother of two children. They met as work colleagues and soon became inseparable:

Ryan: Yes, I trust [her] with everything. I tell her everything. She knows my every secret under the sun. Probably stuff that I haven't even told [my partner]…

This mode of social relations was neither hetero nor gay/sexual normative. Rather, it was premised on Natasha and her family being part of Ryan's family of choice that Weeks and his colleagues theorised. The non-sexual intimate relationships engendered a deeper level of trust characteristic of 'thick-trust' expected within the family of origin as currently theorised within the social capital framework. This was not a relationship born out of crisis but rather mutual respect and shared understanding. In some respects, Ryan trusted Natasha more than he trusted his partner. Of course, the different cost of betrayal might be an important consideration here. He potentially had more to lose had his partner betrayed his trust opposed to Natasha. But it does demonstrate the inherent complexities in the different levels of trust that the current conceptualising has not taken into account. Putnam's notions seems static and romanticised. It does not take into account the fluidity

and complexity of social relations. Not all trust will be 'thick' with familiars. It could be a relational distance or ability to control that could engender the necessary conditions to build trust. Consequently, individualisation means that 'closeness' is not a necessary prerequisite of trust and hence, social capital. This may or may not be unique to the gay experience. But keeping control of the situation was as important for this group as it was for the older generations despite the improving climate. Trust, control and autonomy are therefore, inextricably linked as the narrative of Ryan illustrates: He saw it as unwise to put the tenancy and bills into joint names with this long-term partner:

Ryan: Everything's got my name of it. The satellites have got my name on, the water rates, everything. Because I'm not getting into a situation where if we split up I'd be screwed. I'm completely making sure that I've got everything that I want and everything's mine and, do you know what I mean.

So despite the changing climate and the apparent changing consequences, the Legal-18-Generation was still in a position were even trust in their familiars was not total or widespread. The subtle differences between this generation and the older ones might relate to the potential to trust both familiars and the little known others.

The one area where the trust in others was significantly different are in the accounts provided by the Legal-16-Generation. Whereas previously there was a general fear of being found out in many of the hetero-normative environments, all three in the Legal-16-Generation did not typically experience this. Parents, many school friends and work colleagues were usually aware of their sexual orientation and so trusted. Justin had not told his parents about his sexual orientation but did not foresee any problems. Hence, it was not a matter of trust, more a matter of timing. He did have the trust and confidence that once told, they would not 'over react'. The rule for this generation was that in most known social settings, they were out as gay men. To highlight this, in all other generations, there was a degree of being closeted in some settings because of an inability to trust the known other. David from the Legal-18-Generation was not out at work or to many of his extended family and was sure of the negative reaction it would create. In the Legal-21-Generation, there are many social settings in which the men are not out; both work and socially. Those in the Criminal-Generation did not know the extent to which they were out in many situations. The

point is that the changing climate has increased the number of social settings in which the Legal-16-Generation found it safe to be out as gay men. What is important here is not that this could be generalised to this entire age cohort, as clearly, this is not the remit of qualitative research. But what can be drawn from the data is the younger age at which gay men are starting their gay career, informing their family of origin, and getting on with their gay life. And what might lie at the heart of this is the structures set in place that have enabled them to have greater trust and confidence in those around them, both micro and macro.

4.3 - The Where & When of Social Trust – Identifying Others

Social trust, which in this instance refers to the generalised other or strangers, was not considered a sensible idea by the Criminal-Generation unless the sexual orientation of the other could be recognised and established. Determining the gay status of the other was often the first step in assessing their trustworthiness and so provided the confidence to open up further channels of communication as it presented an open invitation to connect on one level. This indeed happen several times, and was how Thomas met his long-term partner back in the late 1960s. It seems that having a gay identity provided the impetus for a trusting relationship to commence. Being able to recognise others as gay men meant that at least in this one area, they were not likely to discriminate against each other.

The norm where the sexual orientation was unknown was to keep up a protective shield up and reveal as little information as possible. As George pointed out:

> George: It would be difficult for anyone who did not live through those times to understand the pressures of trying to live a normal life, worried that at any moment you might say or do something that would give you away or that someone might name me. I can only liken it to the situation in Germany, before the last war, apropos the Jews.

When their private lives spilled into the public sphere, the result was often disastrous. Jack was discharged from the army and later imprisoned; Kenneth told he was no longer welcome

at his local church; William told in no uncertain terms that his lifestyle was aberrant. Consequently, those who could keep their private lives private did so. As times became more liberal, and the consequences upon discovery diminished, there was still a high degree of caution and the discourse remained the same: it was no body else's business. It might be because there was always the potential that that the heterosexual network 'might' be less than trustworthy. For instance, George, in the above extract talked about none of his work colleague's ever passing comment about his sexual orientation, 'not in my hearing, anyway'. Similarly, Charles could not be sure that others in his village were not 'talking behind his back':

Charles: …in the village they all know that I am gay and whether behind my back there are any issues I have not got a clue, but I am quite open with them and they know that I am gay. So does our local minister so I don't have any, I don't get any flack and I don't think I get any snide comments.

Even where Charles's neighbours and wider community knew of his sexual orientation, he also kept much of the detail to himself so as not to offend their sensibilities. The changing climate equates to the changing risks but there was always a potential of others behaving in a less than trustworthy manner. To use Giddens' analogy, it remained a gamble about how others might react. Other than Charles, participants in the Criminal-Generation were much more selective about who they trusted with information of their private lives and were unprepared to take that gamble in many of their social settings. Being gay might have become more accepted/tolerated but even now, it was considered best practice to self-censor much of the content out and not inform those around them of the gay lifestyle. At this juncture, it might be easy to think that heterosexual people do not reveal all aspects of their lives. However, the assumption is that they are heterosexual so there will be no need to dispel that myth. Gay men on the other hand, could correct this error but often chose not to because of the potential reactions of the other is unknown. The notion of thin trust might be suitable within the narrative of social trust but needs to take account of the different social settings and the power imbalance that exists between gay and straight populations.

Echoing the Criminal-Generation in this matter, once again the Legal-21-Generation felt it unwise to trust strangers or the generalised other with the knowledge of their sexual orientation. The hetero-normative environment sometimes expose them to uncomfortable situations, blatant heterosexist, and homophobic language, such as Nick when he was on a trip and those he was travelling with were not aware of his sexual orientation:

> Nick: Well I was there to see things. I wasn't there to shag so, it was completely irrelevant anyway. But there was a couple of times when you sit there listening to straight people talking about gays and they don't know that you're gay, and some of the discussions and you think (arr).

Nick was unwilling to gamble, or have the leap of trust in those he was travelling with and so used the discourse of his sexual orientation being irrelevant as he was not there to 'shag'. However, it also meant that he was unable to talk about his partner of more than 10 years and much of his life with Danny. But it was considered 'folly' to trust 'too soon'. Even with sufficient time to establish the trustworthiness of the other person did not always offer the firm ground needed and privacy, concealment and controlling the direction of the relationship/friendship dominated. Largely, this position is echoed in the accounts of the Legal-18-Generation. Though the legal and social climate had eased the pressures in some areas, notably, their family of origin; they were not prepared to trust the generalised other with such information. It can therefore be argued that they too did not find the firm ground from which to make that leap of faith. For some, their experience of being bullied may have made them cautious. It might be that while the legal position had changed, there had been a substantial amount of negative feedback in the media about the attempts to reduce the age of consent to 18 years. Whatever the reason, what remained in the Legal-18-Generation was a degree of vigilance that seems to wane in the Legal-16-Generation.

Coming out for them seems very different to the older generations. Yet despite the obvious changes, there was still an element of 'fear' or lack of trust in some social situations:

> Jacob: If I feel that it's not safe to talk about something like that to someone then I won't. But I won't hide it from people unless, like I say I think they might react badly.

Jacob was aware that not everyone's reactions could be trusted. He was also aware that not all social environments offered the same level of safety. Though there was a clear understanding that the hetero-normative world had become more accepting and that there was no longer the same stigma being gay, there remained a deep-seated fear that the tide could change and there would be a backlash against gay people:

Jacob: Marches, I mean it's there but it's going to get a lot of people happy and a lot of people angry. And it's gonna create emotions and I'm just scared of what those emotions will be at times, you know. I mean OK so it's a little bit more acceptable to be gay these days but I still don't trust the world, you know. I mean I'm trusting even less these days.

So while the Legal-16-Generation have benefited from society's more tolerated attitudes and liberalising of the laws, there was still a belief that some heterosexuals cannot be trusted in all settings. But the changing climate meant that, unlike the older generations, this did not stand in the way of them being out and forging trusting relationships. Quite clearly, for the Legal-16-Generation, being out was the norm, and from a younger age.

4.4 – Taking Control – Cyber Space & Disembodied Participation

The need for caution and control when establishing social ties positions the Internet as a valuable resource for gay men. In the potentially hostile hetero-normative environment there was little confidence to make the leap of trust. The disembodied participation over cyber space has offered gay men a means by which to take control of their environment and so lay the foundations of trust. Through this contemporary medium, it was possible to control the direction and speed of the friendship/relationship with little or no risk. It also provided the gay/sexual space from which to explore multiple gay identities. The need to trust the other was not a necessary requirement of this style of interacting. Using the Internet to communicate and engage with other gay men engendered a confidence 'within' where participants were free to act in a way of their choosing; be it as a lay counsellor or 'sexpig'. Yet each generation used the Internet differently.

Most of the Criminal-Generation had some form of Internet access and to varying degrees, used cyber space and cyber groups as a way of creating and maintaining friendships. Only Charles did not regularly access to the Internet. Kenneth did have good access but mainly used it for work purposes. What seemed extraordinary was the way that this age group had taken to the Internet. In some respects, it had the benefit of reducing the risks associated with meeting new people because of the degree of control it offered. Importantly, the sexual orientation of the other was easily established simply by their presence on a particular gay cyber venue.

The Criminal-Generation used it as a way of constructing a network of friends. It was not important if they never met the other person, but this was most certainly not ruled out. George had become quite proficient in making contacts all over the world with whom he would always try and meet fact-to-face:

John: So your friends in America and all over the world. How do you go about meeting them?
George: Mostly on the Internet. I developed a method very early on in fact my first trip, of putting a note out on, I'm on the bears group er and I put a note out, 'UK bear visiting New York first time. Anybody a similar age be interested in showing me the sights'. And that worked…
John: And you've friends in all these [places]?
George: Oh yes. Pretty good friends, they're not, you know, we have this myth in this country that Americans in particular are superficial. It isn't true. They're as open honest generous as anybody else.

Jack had been using the Internet for last eight years after some of his younger friends had pointed out the benefits of it, such as getting to know people and arranging to meet up with men for sex. Thomas started to use the Internet in the last 12 months but has started a college course to help him get to grips with the new technology. George described the Internet as being particularly significant to his generation who, in the past have been starved of safe social environments other than 'the cottage' or the 'up-stairs' or 'gay-night' type of gay bar. The disembodied participation that cyber space offered provided the men in the Criminal-Generation with a means of forming trusting relationships without the usual concerns for safety encountered with face-to-face meetings.

The Legal-21-Generation used the Internet in much the same way as did the Criminal-Generation. One important difference was the degree to which this resource was seen as a means of forming an intimate relationship with another gay man. In the early stages of a relationship, trust in the other person was not a major concern as the Internet reduced the potential risks and harm that could be done. All the participants in the Legal-21-Generation used the Internet as a way of minimising risk while still providing the opportunity to meet new people and build social networks. Chris had extensive cyber networks of which he interacted on a nightly basis. He felt it offered him the control face-to-face interactions did not by providing the opportunity to establish the motives and trustworthiness of the other person. Joe and Bill originally met on Gaydar, simply by Joe sending a message that said 'woof'. After talking for several months, they eventually met up when Bill drove over to see Joe in Manchester.

Joe:	Yeah, we started talkin' on January the 15th and we started seeing each other on April the 15th.
John:	So you had three months of chatting on Gaydar and…
Joe:	Yeah…
John:	And then…
Joe:	And then I invited him round for tea and cakes, and it was tea and cakes.
John:	Yeah, so it wasn't like, "come round for a shag" and tea and cakes, it was just really…
Joe:	It was just tea and cakes no strings.
John:	You made that clear then?
Bill:	Yeah.
Joe:	Yeah I did din't I?
John:	And you were happy with that?
Bill:	Yeah.
Joe:	But he nearly bottled it, he nearly turned round and went back.
John:	Really.
Bill:	Yeah.
John:	Why?
Bill:	I got almost there and I thought "what am I doing"?
John:	And this is from [Yorkshire town] is it.
Bill:	Yeah.
John:	Cos it's a fair way.
Bill:	Oh yeah, its definitely not round the corner.
Joe:	Then, and then didn't you get lost?
Bill:	Yeah well.
Joe:	And you phoned me.
Bill:	I phoned you and you came out and met me.

Joe: And then there was no turning back.

Waiting several months before meeting each other face-to-face gave them time to negotiate some ground rules and to a small degree, learn to trust each other. This pattern was echoed by Carl who also met his partner on an Internet chat site. Nick met his partner from a contact advert years before the Internet had become accessible. However, he was able to meet his closest friend when the two started messaging each other on Gaydar:

Nick: I met Bill through Gaydar and he was just trolling through… I hadn't made a new friends for years so it was actually quite difficult to begin with.

The Internet therefore offered the firm ground that face-to-face interactions could not. Rather than seeing the Internet as a potentially risky environment, such as risk from deception, gay men were able to make good use of it by using it as a way of keeping control of their environment. This will have major implications for their sense of self and well-being by its ability to connect people and so potentially end social isolation endemic with stigmatised groups. It may also provide the safe space once found in the gay community/scene and so replace the bars and clubs as a meeting ground. Importantly, the Internet was another example where gay men actively constructed their identities and communities and was therefore part of their reflexive process.

Unlike the Legal-21-Generation who made extensive use of the Internet, men in the Legal-18-Generation did not. Only two of the group could be said to use it extensively. Most did not perceive it as the resource that those in the Legal-21-Generation did. At best it was used because of the difficulties of meeting other gay men; but only used to supplement other means. It was certainly not perceived as a place where they could meet a prospective partner:

John: Do you use the Internet to meet people or just make friends
James: I met a few people off the net.
John: Friend people or sex people
James: Not sex. To meet them as mates and then see if anything happens. Er I don't tend to cope well with one night stands so I don't intend to have one night stands. Even meeting people off the Net I find quite intimidating. Yes, but you've got the scene, you've got, you know, the Net, and you don't have much

else. You know if I was getting to know gay men, you know, via mates and you know in such quantity that I didn't need to go via the Web, you know, It's not easy to meet gay men en masse out……

For James at least, having the ability to get to know the other person before meeting them did not provide the necessary safety net. To a lesser extent, the Internet was considered as a legitimate way of establishing friendships. It was not always seen as ideal. David made many new friends on the Internet; typically via Gaydar. He actually met his best friend with whom he lives via the Internet.

Echoing the practice seen in the Legal 21 Generation, David and his friend interacted over cyber space for sometime before actually meeting. This way, they were able to establish the first phase in a trusting friendship which would establish and become part of David's trusting network. The need to keep control of the direction of the friendship/relationship was present, but did not seem as important in this generation.

Of course, not all participants had a Gaydar profile, nor did they all make use of the Internet. Jason did not have access to the Internet and had no interest in it. Ryan primarily used it for shopping. Daniel did not have Internet access at home but did have limited access via public venues such as libraries and cyber cafés. Might their generational positioning have in part removed the need to control the relationship to the same degree as those in the Legal-21-Generation? Maybe this is one outcome of the changing climate: gay men are becoming more trusting 'of' and 'in' a higher number of different settings.

The way the participants in the Legal-16-Generation use the Internet again seemed somewhat different to the Legal-21-Generation. Its usage ranged from establishing long distance communities of people with similar interests; or as a way of catching up with pre-existing friends. Both Josh and Jacob used it extensively and had both met their current partner over cyber space. Unlike the Legal-21-Generation however, the Internet was not used as a way of controlling the direction of the relationship/friendship. Maybe this is indicative of them being able to forge friendships in a more conventional manner now that they lived in a less authoritarian society. Only Justin had some reservations about using the

Internet. He had tried it but found it lacking. He was also concerned about possible entrapment by paedophiles indicating the general 'public anxiety' about young people's use of the Internet (Livingstone 2003). While this concern was limited to Justin, there was other evidence of 'mistrust' illustrated by the difficulty recruiting younger participants to the research. By in large however, there was a high level of trust when using the Internet from the other participants because of the added safety this form of communications offered. Staying in control of the social interaction was easier to sustain than with face-to-face interactions and so, supplanted the scepticism that could arise from using this mode of communicating. It is easier to take 'trust' for granted by those who do not carry a social stigma and run the risk of being discriminated against. In some respects therefore, the gay experience of the Internet differs from the dominant groups who appear more wary and less trusting of this medium (Livingstone 2003). This might have implications for health promotion and public health practitioners who could use the Internet to targeted groups within this population.

DISCUSSION – TRUST & THE REFLEXIVE PROJECT

It seems self-evident that the climate in which we live will be instrumental in how we form trusting relationships. For many in the sample, incidents of heterosexism and homophobia were an everyday fact of life. Exploring these experiences from a generational perspective reveals how society's changing climate has made a real difference to the gay experience. Although the social and legal modes appear out of kilter, it is clear that as the laws moderated, so has the media and social attitudes. Yet there is still a degree of marginality and for some heterosexuals, a sense of moral superiority over the gay experience. The British National Party (BNP), and evangelical Christians found it necessary to organise a protest against Manchester's August 2005 and 2006 Gay Pride festival. Christian Voice protested on the streets of London against the July 2005, 2006 Gay Pride festival. In youth culture, it seems that the term 'gay' has been adopted to represent things deemed negative. But being gay does not carry the same risks as it once did in the not-too-distant past. The low social standing of gay men still exists but has been vastly reduced. There may still be some hetero-normative settings when it is necessary or wise to conceal one's sexual

orientation, but the authoritarian grip has started to loosen making it easier for gay men to 'come out' and live a gay lifestyle. This has made it possible to construct gay-normative settings, networks and communities without the overarching fear of arrest and persecution. It is by comparing generations that differences the processes that create, sustain or act as obstacles to building social networks are revealed. This is why it was important to explore the nature of trust in this context.

Previously, trust was seen as a 'given' between social actors. Through this research, trust has been repositioned as a necessary, but not sufficient, part of the social processes that help sustain social relationships. Trust, to some extent, relates to other people behaving in a predictable way which in the gay context, cannot be taken for granted. It was not impossible to establish trusting relationships under such conditions; but the task was made very much harder. An equally important part of the process was the ability to take control of the speed and direction of the relationship. The older generations took control through concealment. Initially for the Criminal-Generation, there was little choice about declaring their sexual orientation to the world, and subsequently, it never became an issue for them once they could. That is not to say that they continued to conceal their gay identity, as they clearly did not. But growing up in such a malevolent climate is likely to have helped mould their behaviour. If being gay has any part in shaping a gay habitus, then the secrecy and concealment becomes 'second nature' or a disposition too embedded and visceral to easily discard. The Legal-21-Generation were the first generation faced with the option of coming out. The risks were different as they no longer faced imprisonment post 1967. They took control by selectively revealing their sexual orientation in settings known to be safe. Yet faced with such choices appeared to be the cause of much anxiety, hardly conducive to forming a trusting disposition.

By exploring the cognitive (micro) and structural (macro) dimensions of social capital, we start to see the role social location and gradient plays in the formation of trusting relationships. At the structural level, being denied the usual markers of respect, along with concerns over being discovered as gay led to the construction of a mistrusting disposition. But this is where the structural elements interact with the cognitive side of social capital.

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It might be that some of the skills needed to be a successful 'social entrepreneur' could not fully develop. The necessity to constantly evaluate environmental conditions, and self-monitor may have lead to the development of a reflexive identity rather than a trusting nature in the older generations. But what began as necessity for them, now appears to be born out of latent contingency and choice for the younger generations. Growing up in a less hostile climate provided the younger gay men with the firmer ground from which to begin to build trusting relationships with others in more conventional settings. The social and legal climate had become less risky and in some settings, people had started to behave in a more predictable manner when faced with issues of sexual orientation. For example, the Legal-16-Generation were less hesitant when informing their family of origin of their sexual orientation, which they typically did while still living in the family home. This was less pronounced in the Legal-18-Generation and particularly sparse in the two oldest generations.

But to some extent this is still situational. It is important to remember that despite the improving climate, there are still many inequalities left to tackle. Gay men still have lower social standing than heterosexuals do. Gay men are still viewed as deviant and negatively feminised. Hate crimes and homophobic bullying still exists. Many religions find 'homosexuality' abhorrent and have no hesitation in saying so. In Iran, in 2005, two young gay men where publicly executed because of their sexual orientation. Poland, while becoming a member of the EU, is becoming increasingly heterosexist and homophobic and has started to ban gay pride events from many cities. In Jamaica, many gay men are murdered because of their sexual orientation. The list could go on. It seems that even in the Legal-16-Generation, this insecurity is felt along with fears of a backlash if things were taken too far. This is something that heterosexuals would not experience being part of the dominant group.

All these issues will affect the firm ground that is needed to have the leap of trust in others and so overshadows the view of trust as either thick or thin as Putnam suggests. Currently within the social capital framework, 'trust' is presented as the outcome of 'trusting relationships' making the current conceptualisation tautological. The dynamics of trust and trustworthiness between gay men and the majority heterosexual population are

not captured within such notions. The power dynamics between in-group and out-group members are ignored. Thick and thin trust are made manifest by an assumed trusting norm. This is not sustainable in groups who have lacked some of the necessary conditions to develop such skills or have the confidence needed in others. The evidence from this research suggests that by exploring trust and power provides a deeper understanding of the importance of trust within the social capital and reflexive individualisation debates. The way that trust has been dealt with in the current research is not just applicable to gay men but has wider relevance to all marginalised groups who are expected to integrate and form trusting relationships with dominant group members. Future research could explore if, as with the gay experience, the power imbalances that engender low social status could account for a less than trusting disposition and hence, be a limiting factor to the creation of social capital.

PART THREE

SOCIAL EMBEDDEDNESS – CONSTRUCTING REFLEXIVE

COMMUNITIES

Chapter 5

Happy Families? – Origin & Procreation

Often, when 'family' is referred to, it represents either the families of procreation, denoting partners and children; or family of origin which is represented by blood relatives, such as parents, siblings, and grandparents, etc. (Knapp and Daly 2002). The changes taking place in society have made it difficult to base definitions solely on these structural characteristics (Knapp and Daly 2002). In spite of this shift in kinship structure, 'traditional' notions of the family continue to play an integral part in the social capital framework. Adams and Coltrane (2005) however, point out that the term family has no definite or stable meaning. Yet constructions of normality are embedded deep within such notions and are seldom problematised (Edwards, Franklin et al. 2003; Edwards 2004). When 'alternative' family structures are discussed, they are used to represent society in a state of decline. In the current context, an overly positive notion of the family cannot be taken for granted, as the last chapter on coming out, and establishing trusting relationships shows. Yet the picture is far from straightforward. The Heaphy et al. (2004) study on older 'non-heterosexuals' concluded that older gay men's relationship with family of origin were more important that previous literature had indicated. Yet others have argued that the onset of the women's movement had showed the family as the 'site of violence and repression' (Beck and Beck-Gernsheim 2002: 85). For some gay men at least, such networks structures were a site of hostility far removed from that depicted within the social capital framework. Exploring the network styles of gay men might be one area where a gay social capital substantially differs to what is described in research involving the heterosexual population. Perhaps exploring the experiences and attitudes of the family of origin through a generational lens will shed more light on their significance in this context.

SILENCE IS GOLDEN FOR THE CRIMINAL-GENERATION

The Criminal-Generation ages ranged from early 50s to early 70s meaning that if the family of origin was discussed it was quite often referred to in the past tense. Only Kenneth's parents were still alive. He is not "out" to either of them, describing his relationship with them as 'not particularly close', especially with his father. Many of the other participants talked about their parents from a time when they were still alive and they were very much younger. In some instances, the memories of them were warm, especially of mothers. Often, accounts of fathers suggested an authoritarian presence. Although some respondents had nostalgic memories of deceased parents, there was often an overall sense of alienation, albeit for a variety of reasons. Ronald talks of his early life experiences as a time when he felt lost and different from all others in his family.

> Ronald: I was born obviously just after the war in a very isolated rural village. I think from my earliest memories I knew I was different. I wasn't the same as my brothers. I wasn't the same as my sister either. My father I think was aware of that too. [Pause] And I suppose his attitude to me sort of alienated me from him. He wasn't abusive as such. He could be very cruel emotionally. I think my mother sensed this and she tended to overcompensate if anything, which sort of made things a bit [pause] made them worse as far as he was concerned. Because he was jealous of the attention my mother gave me. So it was just a vicious circle really.

Not all participants had the opportunity or desire to tell members of their family about their sexual orientation; others had little option after being 'outed' by the authorities. The common theme to emerge from the Criminal-Generation was the lack of talk there was about their sexual orientation with family members. Clearly, at some points in their life it might have been naïve to talk about such issues as it could have endangered their liberty. This trend became habitual and the improved climate did not provide them with a secure enough foundation to be able to express their sexual orientation to other family members.

> William: But family wise, particularly the older members, they, I mean my mother knew I was gay basically, for example, because she met Alan and she used to come

and stay. And of course we had to have this frantic tidying up, well not tidying up, clearing away of, you know, gay magazines or whatever it was.

Often, the censorship was a two-way process between all involved. On the one side, family members would not acknowledge sexual orientation or discuss it even when it was blindingly obvious. On the other side, all aspects of their gay life would be hidden from view whenever possible. But being unable too even acknowledge such an important aspect of their lives may have created, if not a barrier, then a distance between the gay men and their family. Only once was a nostalgic account of a member of the family offered: when Thomas talked about his mother. There were also two positive accounts of a special sister matched by some quite negative accounts. Fathers and brothers all faired much worse than mothers and sisters. Weeks et al. (2001) suggest that the characteristics of the 'ideal type of family' are seen to be the 'haven of trust, mutual involvement and shared responsibilities' (Weeks, Heaphy et al. 2001: 22). Whether because of the time scale or sexual orientation, this was not the experience of participants in the Criminal-Generation. At best, some accounts were broadly neutral, but never emphasised 'helpful' or 'supportive'. And though they were not viewed as unimportant, if support were ever needed, then the family of origin would not have been considered. It seems implausible to consider the family of origin to be situated within the bonding social capital framework. In the Weeks et al. 2001 study, there were some positive notions of the family of origin but their scarcity reminds the reader that, often, the family of origin and early home life for gay men could be filled with hostility and be the site where the heterosexual assumption was at its strongest. If bonding social capital is formulated around the notion of being 'similar' to one another, then sexual orientation creates an unbridgeable gulf.

SELF-CENSORSHIP IN THE LEGAL-21-GENERATION

The changing climate of the UK in the time when the Legal-21-Generation were starting their gay careers did not improve the standing of their family of origin. In a similar pattern to that of the Criminal-Generation, many in this cohort placed little if any significance on their family of origin, especially in relation to their sexual orientation. In many instances, there was a sense of physical and emotional independence from their kin members. The idea

of being obligated or dependent upon family members to many in this cohort was aborant. None of this cohort was totally estranged from other family members, though positive talk about such relationships was infrequent. Despite initial fears about coming out, often the worry was unfounded. Some blood ties had initially struggled with their sons' sexual orientation but had eventually accepted it and revived the relationship. Echoing the Criminal-Generation, what seemed absent was a sense of equitable exchange, as there appeared an unspoken rule forbidding talk about sexual orientation. So as with other research, accepting their son's sexual orientation did not translate into openness or emotional support around gay issues (Weeks, Heaphy et al. 2001; Grigoriou 2004). This is a major problem as for many, the gay identity was, if not defining, then an important feature of their life and not hidden or ignored in other areas or networks.

Not all participants were in contact with their family of origin. Martin had broken ties with all of them, preferring to focus on his 'pretend' family of procreation. Martin came out to his family of origin at 21 years old. His sexual orientation was not something that could be discussed within such a context which prompted an air of secrecy in the early part of his gay career. He is now in what appears to be a heterosexual relationship with Jean, which adds to the confusion. But because of the secrecy and implicit bar on talking about such issues, he is unsure if his mother and other family members are aware that he still considers himself a gay man:

John: She [your mum] knows you're a gay man?
Martin: No she doesn't now [pause]. I suppose in a way, I guess, we don't discuss it, I guess she think "he's with Jean, he's settled down it was a phase" I don't discuss it with her, plus she's 79. She's quite liberal but erm, she didn't used to be and that's how we've grown up, we don't discuss it. And the family, I don't know I supposed they're all a bit confused at the moment.
John: Yeah, has anyone every asked you?
Martin: No. And I don't feel the need like I did when I was 21, to explain myself. Now I know it's my life and I'll do what I want with it. I don't have to explain myself to anyone. Then [when he was 21 years old] I thought it was necessary.
John: How does it make you feel that no one has asked you?
Martin: [Pause]. Amused really. Cos I can see they must be sat there thinking "well is he or isn't he, do they or don't they". If they asked, I don't know what I'd say to be honest. "Mind your own business" or "no we don't"?

This is comparable with the Criminal-Generation, where the self-censorship that Martin experienced is promoted by himself and his family of origin. It does not seem conducive to fulfilling supportive relations between himself and his kin as the social capital framework would have us believe. Martin acknowledges that he has never been particularly close to any family members and, as a Merchant Seaman in his teens, he spent a great deal of time away from them. He is currently estranged from them because of their refusal to acknowledge Jean, or involve her in family occasions. They did not 'approve' of the age difference between them and it would seem that time has not healed the rift within the family.

It would be impossible to give a definitive answer to why Martin and many others of his generation are not close to their family of origin. It is however possible to explore various interpretations. Though causality cannot be assumed, it could be asked whether it was the inability of Martin's family to talk about his sexual orientation that prevented them from forming a close relationship or whether it was their lack of closeness that prevented such talk. Yet sexual orientation is important in this context if for no other reason than because being gay violates the heterosexual assumption and as such necessitates such talk. It might be that there is an implicit assumption that to talk about sexual orientation is to talk about sexual matters. For many, however, identifying as gay was an important part of their sense of self over an above what they did sexually. Had the stigma and heterosexual assumption not existed then they might have been able to freely talk about such issues without the need for self-censorship. But communications between gay sons and their families throughout this generation seldom broached the topic of sexual orientation. After the coming-out process had been dispensed with, all other gay issues were promptly ignored. In the literature on divorce, it has been reported that there are times when close kin are not seen as a support structure because of the potential for them to be judgemental, especially in instances where close ties are made with the former partner (Pahl and Pevalin 2005). Might a comparison be made between the newly divorced and gay men? Fear about being judged negatively may act as a barrier to the son discussing important issues that relate to his sexual orientation. For the family, it might be their general lack of knowledge and understanding about such issues (rather than any overt prejudice) that prevents them from entering into such discussions. The added problem for gay men is that the stigma of being

gay may hinder the construction of other supportive networks that could be used in times of stress and turmoil. This was evidently the case for Martin, who to all intents and purposes was part of close bonding ties in his families of choice and families of procreation. However, the pressure to hide certain important aspects of himself meant that the support structures that were seemingly set in place lacked any meaning. He eventually attempted suicide because of the isolation he was experiencing and is currently taking medication for depression.

Richard's 'out' status within his family of origin echoed Martin's experience were sexual orientation was either unknown or not spoken about by those who did know. He describes his relationship with his family, especially with his mother as 'strained', which he suggests was due to her religious beliefs. Although he still has some contact with members of his family, the relations are broadly neutral and they cannot be described as supportive. The poor relationship with his family of origin has prompted him and his best friend (Christine) to prepare a 'living will' indicating their wishes should either become incapacitated (although they are unsure of the legality of such an arrangement). The reason for this is to exclude his mother from all input, as he does not trust that she will carry out his wishes.

Richard: To me, erm, well the problem I've got is that, well the thing that we had the discussion about really was whether we could be each other's next of kin legally. And I don't think we can. So Christine's next of kin would be demented mother. So it probably would pass on to somebody else, that responsibility. Whereas with me it would basically would be my mum or my dad or my brother. And the issue I have is that I know that, especially with my mum, she wouldn't recognise or act upon my wishes. She would do what she thought was best even if she knew what I wanted. So my issue is that I don't want my mum to do what she thinks is best. I want what I want done. So say that I was incapacitated in some way, erm, I know my mum would want me to live at her house. She would want to wash me, wipe my arse, shower me, dress me, decide how I had my hair, you know, decide, you know that I had to have a shave every day, you know, daft things like that. And I know that that would be my worst nightmare, and if I had any shred of consciousness I would live a miserable life in that situation. Or if I died I know that I'd end up having a Catholic burial, which I'm really against. So I know that there'd be a fight if I died before my mum. Or if anything happens to me before my mum. So we've had a discussion of ways around that really, but we still haven't found a, got an answer to yet. Erm, cos we don't even know, you know, if you had one of those like living will things we don't know how watertight they are at this point.

While Richard and Martin were in a near state of conflict with their family of origin, quite often this was not the case. More often, there was a general sense of malaise or indifference and relationships best described as cordial. Close-knit, emotionally supportive or caring would not be fitting descriptions however. Carl is not in touch with his father but does have a large extended family. His mother has recently moved to Spain with her new partner and after the initial shock of being told of his sexual orientation, appears to be quite accepting of it. But the physical distance between them means that she has very little input into his new life as a gay man. Until recently, Bill lived in the family home with his mother. At 41 years old, he was unhappy there in part, because his mother did not accept his sexual orientation. Again as with Richard and Martin, Bill had never vocalised this with her, but his sister had done so, so that his mother did have some knowledge about her son's sexual orientation. In spite of this, she continued to ask when he would be moving out and getting married, which left Bill feeling exasperated.

Bill: [My] mother is a big problem. We've tried to explain to mother but mother is erm of the age that she goes to church every week, etc, etc.

Joe: 'If I [she] ignore it will go away'.

Bill: Yeah, basically she's just ignored it. For years she said "its about time you got yourself a place of your own, got married and got a place of your own, moved out, got a place of your own". Nag, nag, nag, nag, nag, then Joe came along so I thought, right that's it. Moved out and I hadn't been moved out less than a week and "when you coming for your tea" yo' know unbelievable. And even now, she can't get over the fact that I don't go every week.

When he eventually did move out to live with his male partner, she was somewhat bemused. It took some pressure before his mother begrudgingly accepted that he was gay. She has still not entirely accepted Joe, but members of Bill's extended family are helping in this situation. It appears the rules of the game have been changed with little or no negotiation. Bill has made his intentions clear:

Bill: They either accept the fact that Joe's with me or they don't, as simple as that. And I am prepared to say, right fine…if she wants to see me…then she has to accept the fact that I'm living with Joe and that's it.

It seems that a pattern of closeness is not apparent with the above participants, a quality echoed in the narrative of Chris. To assume that blood ties lead to a close-knit relationship of mutual support and obligation is clearly not appropriate for these men's relationships with

many of their family of origin. Though the relationships are not overtly hostile, there is an air of conflict and struggle to many of them. And while this style of relations may not be alien to heterosexuals, it does seem that in the current climate of partial acceptance, sexual orientation adds an additional layer of complexity to such arrangements that are not accounted for in the current conceptualisation of the different forms and processes of social capital.

Even those who appear to be closer to their family of origin do not seem to exhibit what has been described as 'bonding' social capital. For example, Nick and Danny describe how they get on with their respective parents, and how in some instances, they are regarded the same as their heterosexual brother or sister. It has taken some time to arrive at this state of affairs. This was highlighted by Nick, who had chatted to Danny's mother on the phone before he met her, so smoothing the way. It was made clear however, that the couple required their parents' support:

Danny: [When] they came to meet Nick I think they thought you were quite a catch and you made them laugh and you're a lot more chatty than [previous partner]
Nick: And also I spoke a lot to your mum on the phone before we finally met, and because I had quite a hard time coming out to myself I told her that anyone gives me a hard time can go and fuck off basically. So by the time she came they realised that they had to make an effort. There's never been a problem has there, never, no.
Danny: [My] sister's married and mum will say, 'my sister's husband doesn't chat to me like Nick does and didn't do what Nick would do' and so she obviously does compare my partner and my sister's partner.

Nick now has a good relationship with Danny's mother and has started to build ties with Danny's father too. With respect to his own parents, however, he does not seem close to them at all, pointing out that the couple do more with Danny's parents than he does with his own. The relationships they were building with both sets of parents could be described as mutually supportive. Yet there seemed to be a mutual understanding that sexual orientation would not be discussed, a theme that has run throughout the findings from the Legal-21-Generation. This has in effect meant that any suggestion of sexual orientation was 'tidied away' from family members. Sometimes this was a matter of hiding magazines or other gay artefacts but on other instances translated into hiding live-in partners.

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On some level, there is evidence within the accounts provided by members of the Legal-21-Generation that occasionally families of origin did offer support. Often this was instrumental support. For instance, Nick and Danny talked extensively how their families loaned them money so they could purchase their house. As it was quite a substantial amount that each member contributed, they had a will written such that if anything happened to one or both of the couple, each family member would have their money returned from the estate. Without this support, it seems unlikely that they would have been able to buy what they have described as their 'home for life'. It therefore seems that in some instances, families of origin can be supportive in ways unconnected to sexual orientation. It also seems that in this instance the couple were able to ask for support, though the evidence suggests that this does not transfer to emotional support, despite the need. Sexual orientation acted as a barrier to emotional support from parents. Contrast this experience with what occurred before Nick came out. The theme of not including the family of origin when seeking social support - even at times of extreme stress and distress runs throughout participants' accounts in this generation,

The inability of the men in this generation to use their family of origin as a source of support might be an example that links Putnam's 'social support model' with Wilkinson's psychosocial approach discussed in the introduction. Here, the marginal status of being gay (psychosocial) obstructs them from accessing support from his social networks. The stigma of being gay, the heterosexual assumption and negative stereotypes appear to stand in the way of some gay men building up the necessary skills and competencies within their family of origin. These factors prevent gay men and their families of origin from discussing any issue related to their sexual orientation.

A Thaw in Relations for the Legal–18-Generation

Continuing the theme from the previous generations, all men in the Legal-18-Generation talked about their family of origin, though again, not always in a positive light. Where this group differed from the older generations was that there were some positive accounts and

examples where members of the family of origin had been supportive. None of the participants' parents had any serious problem upon discovering their son's sexual orientation. Indeed, many were broadly positive and supportive of them even though some of them were of an age when it would have been illegal for them to act on their sexual orientation. Only Daniel was not a teenager when he told his family he was gay.

All participants were in contact with at least one of their parents. Some had a very positive relationship and were in regular contact either in person or by phone. Ryan had a particularly close relationship with this mother and used all means open to him to be in contact with her,

> Ryan: God I love her [his mother] to death.
> John: Right. How often do you get to see her?
> Ryan: Oh all the time. She comes up or I go and see her or whatever, you know. She's just turned forty. She's quite a young mum. I get on really well with her….
> John: What does she think about you're being gay
> Ryan: Oh completely fine with it…Never been a problem.

Of those who had a positive relationship with their parents, the mother was often the closest. For many, they remained a source of support even though none of the men in this group currently lived with them. It seems that fathers did not fare well as only Jason and David had any 'regular' contact with them. Many did not have a particularly strong relationship with their father.

> Daniel: I closely identify with mother and grandmother as apposed to father, or his relationships, so quite a strong maternal line running through the family.

The processes of individualisation affected the family structure as increasing divorce rates often lead to relationships with fathers becoming more emotionally and geographically distant. This was brought about as parents separated, it was the father who moved out of the family home, and then quite often, away from the area with the consequence of him loosing contact with his offspring. For example, James,

> James: I don't speak to my dad because he doesn't speak to any of the family. When my mum and dad split up he met someone else and he has basically just, you know, left and kept himself to himself.

When fathers were still around, the relationship with them could be positive, if not always conventional.

> Jason: So, when I see my dad I'll have a space cake with him, and it's already cool, and we talk about the world… My dad was a bit of a hippy really.

Sexual orientation was never given as a reason for conflict with either their mothers or fathers who could be quite supportive. :

> David: [I came out to] my dad first because he found some magazines in my bedroom. And my dad was absolutely fine with me but then he said, 'you're going to have to tell your mum'…so I did, I told my mum.

In the Criminal-Generation, the relationships with family members could be strained if they knew of their relative's sexual orientation, especially for fathers. For instance, the father of Jack from the Criminal-Generation accepted his son's 'homosexuality' but it had to be kept at a distance and Jack moved out of the family home. It was after all illegal, and Jack had not been sent to prison until after his father's death. In the Legal-21-Generation, there is little evidence of a close relationship with any of the fathers. Often, there was no contact, be it through death or divorce. In the Legal-18-Generation, there are examples where some family members were not only accepting of their son's sexual orientation, but also supportive. The younger age of the parents, along with the changing social climate, might also be a factor in the family of origin becoming more supportive of its gay son. Ryan had 'quite a young mother' whereas Jason had 'space cakes' with his father. What was different was that, in two instances, relationships with fathers seemed more genial; and there were two instances where families of origin were seen as supportive in an emotional capacity.

The changing social climate also made it possible for a son's sexual orientation to become common knowledge within the extended family. Of course, coming out to the family of origin can be quite different to revealing one's sexual orientation to the extended family, and it was often left to other family members to inform their relatives. Speaking to a group that supports families and friends of gay people revealed that many encountered difficulties telling other family members of their child's sexual orientation. It has been likened to a

type of 'coming out' for the parents; albeit they have not had the same amount of time to 'get used to the idea'. For the older generations, this was not always an issue as many did not come out or discuss their sexual orientation with other family members. It was more of an issue for the younger generations who more frequently did come out and discuss it. For instance, Jason of the Legal-18-Generation came out in his early teems so he was still living with his family of origin. Neither his immediate nor his extended family had any issue with his sexual orientation and their acceptance of it acted as support for him:

> Jason: I mean even my nanna, she was the last to know I thought because I was always, don't want to hurt her feelings. She said, "when are you getting married?" [she was a] wonderful woman. She said, "not to a girl, to that [name] lad. I want to wear a lovely hat".

Others however still found it difficult to inform extended family members. It could be that partial acceptance made it easier for those closest family members to know, but as the reaction of kin from further a field could not be adequately gauged, it was judged safest not to inform them. For instance, though both of David's parents knew of his sexual orientation, it had been kept from his extended family:

> David: My mum's brothers who we do know quite well, we're quite a close family. She has, er how many brothers does she have. She has six brothers and none of them know… My dad's mum does know because she is a bigoted little racist stupid Catholic bitch basically. And that's …… I love her because she's my Nan but she's really…

David has mixed feelings about his family. He describes them as close and even points out his love for them. But this is based on duty and obligation and not necessarily out of choice. The conditions that are imposed means he has to conceal his sexual orientation completely from many of them which means he is unable to respond when some members of his family say things that are prejudiced and provocative.

AN END TO HOSTILITIES FOR THE LEGAL-16-GENERATION

The young age of those in the Legal-16-Generation dictated that they are still embedded within their family of origin to a greater degree than the previous three generations. This can be linked to the changing social and legal climate for gay men. All the participants in the

Criminal-Generation and the Legal-21-Generation, and most from the Legal-18-Generation had left their family home before coming out as gay. However, in the Legal-16-Generation, two of the three participants had come out while still living with their parents. In the Weeks et al. (2001) study, they present various reasons why gay men would leave home. They cite Cant's (1997) suggestion that the shame of being gay could be a strong incentive to move away, especially when family values and relationships acted more like a prison than to give support (Cant 1997, cited in Weeks, Heaphy et al. 2001). Employment opportunities, going to university and the desire to be individual were also presented as powerful incentives to leave the family home:

> Irrespective of the nature of family and community relationships, and the reluctance or desire that individuals might have in leaving home, this event can often mark the opening up of new choices … and new ways of seeing oneself (Weeks, Heaphy et al. 2001: 82)

Another powerful reason to leave home for many in this current sample was so that they could be gay. For many, a gay lifestyle would have been impossible had they stayed within the family. Yet there seems to be a discourse of escape embedded in all these examples, which may not resonate with the gay youth of today. Staying at home and being gay could therefore be a relatively new social phenomenon and points to three important considerations. Firstly, it might be that with past generations of gay men, the move away from the family home was when they began to construct a 'new' reflexive identity, whereas the changing social climate has allowed the current generation of gay men to start this process while still at home. As a representative from the Manchester Parents Group (MPG) who had volunteered for over 10 years pointed out

> MPG: I find now that people are coming out younger. You know, younger age. I mean my son came out when he was sixteen but it was unusual in those days. But more parents increasingly, you know, sixteen, fifteen are telling their parents now. I don't think they probably don't want to, they don't want to keep to themselves any more. They're more open about it.

The one thing that was also highlighted was while the age had changed, the issues that parents brought to the group had remained the same over the last 20 years.

A second important consideration relates to the age when the gay career would have started. Again, past generations are likely to have started their gay career upon leaving home whereas several participants in the Legal-16-Generation started theirs while still living in the family home. The final consideration relates to where the reflexive self and gay career would have been constructed and performed. Weeks et al. (2001) attribute it to 'the queer city' where a 'sense of belonging in safe spaces' could be built up with other gay men and sections of the gay communities (Weeks, Heaphy et al. 2001: 83). Again, this was echoed in the present research with the men from the older generations, who in many instances, had moved away from their community of origin and now lived in and around Manchester. Individualisation implies urbanisation (Beck and Beck Gernsheim 2002) and indeed, many men in the sample had moved to be in or close to Manchester. Does this relate to reflexive individualisation? It seems so, as the move was not simply a matter of moving to the 'queer city' as Weeks et al. (2001) rightfully highlights, but importantly, moving away from the traditional ties and communities of origin. Only once they had moved away from such traditional structures were the gay men comfortable enough to 'cobble together' their do-it-yourself biographies free of constraining factors. That is until we reach the Legal-16-Generation. They already lived on the peripheries to Manchester so were able to use the facilities without the need to move. What is significant, however, is that they embarked upon their gay career still embedded within their family and community of origin. Constructing the reflexive self no longer required the move to pastures new. The changing social and legal climate had allowed them to begin to 'cobble together' their reflexive identities in view of their community and family structures.

When seeking support in times of need, the men in the Legal-16-Generation were able to use their kin networks. Of course, this does not mean that they always did so, and, as will be indicated in the health chapter, support could range from emotional support concerning their mental health to simply being reminded to go to the doctor. This might be a function of still living at home, yet, they had started to build supportive networks outside the home. What distinguishes the Legal-16-Generation from the other cohorts is how positively they experience home life. They did not give accounts of home as a burden, or their relation with the family as hostile. If they were out, their sexual orientation was accepted. Josh felt

supported by his mother because of her warm acceptance of his sexual orientation though Justin's parent did seem to take a little longer to get used to the idea. They did after all, meet Justin's boyfriend and discover their son's sexual orientation upon meeting them at the airport.

Though there were fewer numbers from the Legal-16-Generation compared to the older generations, they provided generally positive accounts of their home life. They did not, however, mention their extended family and/or kin that did not live with them. They all described their relationships with most of their family as close, particularly with their mothers. Fathers did not fare badly but were not the source of support that mothers were.

> Josh: Yes, I told my mum and she told my dad. I'm close to my mum and I knew she wouldn't have any problem with it. I don't know what my dad thinks. But I've never really been that close to him so…

Josh's parents are separated and there is little contact with his father. Justin also considers that his family will not take issue with him when he gets round to telling them about his sexual orientation and although unsure of his family's response, it does seem that the general expectation will be positive rather than negative as it was with the older generations. Again, this points to a sea change in the social climate for gay men. For the Criminal-Generation, there was little thought about telling their family as for a large part of their lives, being gay was illegal. For those who could not escape telling their parents, there was a general uncertainty about how they would respond. For the Legal-21-Generation, the thought of coming out to their family of origin caused the greatest anxiety and as they experienced the 'agony of choice'. Some have still not actually told their parents and have left it to unspoken assumptions. For others, the thought of telling their parents could in no way be countenanced to the extent that they were prepared to wait until their parents' deaths before coming out. Only Chris's family were aware of his sexual orientation while he was still at school and their response was to try and send him for aversion therapy. At this point, it should be remembered that overall, no parent or family member of any of the participants had a hostile reaction to the revelations, only anxiety. The apprehension might reflect the uncertain future of a gay son and the risk to which he might be exposed. It is only when we come to the Legal-18-Generation what we start to see an easing of tension

though not in the majority of cases. David did not tell his parents he was gay as he thought they would reject him. Daniel and James both moved away before telling their parents, but Ryan and Jason both told their parents while still living at home and while both in their early teens. Jason had no choice as he was outed at school but Ryan did have the choice. Rather unsurprisingly, both these participants gave the most positive accounts of their family of origin. For the Legal-16-Generation, the general expectation is that telling their parents will not be a cause of hostility and it is here that we might be seeing the biggest change both in the expectations of gay men and in the reaction of their families of origin. The paradox is that the processes of individualisation is usually seen as the cause in decline in social capital, specifically, bridging capital. Conversely, the generational context reveals that the changes in social and legal climate have allowed the younger generations to develop their bonding capital with some members of their family of origin.

5.2 – FAMILY OF PROCREATION – FEW & FAR BETWEEN

Only participants from the Legal-21-Generation and the Criminal-Generation have any experience of being part of families of procreation, which in itself might be significant. Several from the older generations got married and had children before they realised the implications of their sexual orientation. It would be wrong to assume that marriage was a convenient cover to conceal their sexual orientation as, many were not fully aware of it prior to marrying. The pressures to conform to one's ascribed gender roles were likely to be at their greatest for these two generations as there seemed little option but to be heterosexual and follow that ascribed pathway. None of the participants in either the Legal-18-Generation or the Legal-16-Generation had been married or had any children, though this is in no way meant to imply a general rule for all gay men of these generations. It does seem however that the pressures experienced en masse by the older generations have considerably lessened resulting in gay men starting their gay career much earlier in their life course.

Both Charles and Ronald had been married and had children though they subsequently left their family and started to live a gay lifestyle. Their experiences of being married and then coming out as gay were very different from each other. Charles came out to his wife while in his 20s and has kept in regular contact with her and their daughter. He chose not to conceal his sexual orientation from his daughter and she has never reacted against it, even when she was teased by her peers at school for having a 'gay dad'. He continued to live in the same village as she did to maintain a high degree of parental input throughout her childhood. It was important to Charles that where possible, he did not conceal his sexual orientation from his daughter. The other account of the gay married man was provided by Ronald who offered a much gloomier picture of both his time while married and the consequences once his sexual orientation was revealed. Before he was married, he did have an idea of his 'difference' but not the necessary understanding, experience or vocabulary to make sense of his feelings:

Ronald: I hadn't really worked out what it was all about then. It took me years before I did that.

The 'heterosexual assumption' at the time meant that growing up in the 60s in a small close-knit village in the Midlands provided no positive imagery about being gay for Ronald. To make sense of his feelings, he turned to a discourse of 'being different' to explain what he felt. Ronald and his wife had grown up and gone to school together. They married at the age of 20 in 1967, the year that 'homosexuality' was decriminalised. There was no overt pressure to get married but at the time it was simply the 'done thing'. He describes how he always wanted a family and children and liked the atmosphere of families:

Ronald: And course I wanted kids… I liked the idea, I liked the atmosphere there was, you know, in families. But like I said even at my happiest times, and there were a lot of happy times during the time I was married, there was always this feeling of underlying sadness. And basically it's, it was just like feeling lost really I suppose.

The sense of alienation he experienced in his family of origin continued into his family of procreation despite getting the family he wanted. There was still an omnipresent sense of emptiness to all his relationships. As will be highlighted in greater detail in the health chapter, Ronald suffered from clinical depression for most of his adult life. Initially he was

put on antidepressants but as they did not address the underlying cause of his depression, he feels they did not work. In due course, he had to undergo several treatments of ECT therapy, which in the short term did seem to have an effect.

> Ronald: And I had about I think eight of those the first time I was in hospital [ECT] and when I went in again about four years later I had another course. But I suppose the root of it all was that, you know, I just felt like an alien basically. I didn't really know, I didn't have the concept of being gay in those days because as I said, it was a very isolated small rural community where I grew up. There was no one else like me, I knew that.

Being 'pensioned off' from work gave Ronald time to get involved with a local charity that supported people living with the HIV virus. It was while doing this that he got the necessary vocabulary and understanding about his sexual orientation:

> Ronald: For the first time in my life I actually came in contact with a lot of gay men who were, they were just ordinary people, fulfilled people with careers and just lived an openly gay life style. And I felt at home in their company and I blossomed in their company if you like. I got very, very involved with this organisation, you know. I used to see clients and I used to give lectures to groups of student nurses for HIV.

Ronald eventually left his wife. At first, the divorce was not acrimonious because he had not told his wife about his sexual orientation. However, once she discovered he was gay, it quickly became so. He no longer has any contact with his ex-wife or their two grown up children. He tries to remain stoical about his loss but is deeply hurt by their refusal of contact, especially that of his children:

> Ronald: [I] Lost it all yes. I read somewhere… I think it fits so aptly. I'd rather be hated for what I am than loved for what I'm not.
> John: It's so true isn't it.
> Ronald: Yes, it just is. No I do miss my kids because we were very, very close.

Ronald has since moved away from the area where he lived with his families of origin and procreation and now lives in one of the suburbs in Manchester. The only contact he has with his family is through his sister who appears to be acting as a conduit to his two children. Charles on the other hand, remained in his local community of origin, built up a successful business and is a respected member of the community. But why were the outcomes for Charles and Ronald so different? One interpretation could point to the length of time they

were married. Charles realised he was gay quite soon into the marriage and ended the relationship. Ronald struggled on for some time before realising the path he needed to take. Indeed, it might have been the improving climate that acted as the impetus for Ronald's eventual 'outing' whereas for Charles, there was still much hostility at the time he started his gay career. Age might also be a significant factor. Charles was younger whereas Ronald was in his fifties. Maybe the expectations of a younger man are different and doing such 'rash' things might be more accepted. Of course, it might be down to individual differences. What they share is that once they did start to live a gay lifestyle, they did so with gusto.

Echoing the experiences of Charles and Ronald, several of the participants in the Legal-21-Generation were either part of a family of procreation or had recently been. Though not actually married, both Carl and Martin lived with heterosexual females in what appeared to be heterosexual relationships. Carl, as stated had recently been living with this family of procreation until the relationship with his partner broke down and she left. They share the care of their children with Carl having them for the weekend and Fran throughout the week. However, this does not always happen and Fran has become increasingly unreliable. It seems that while her life has become somewhat chaotic, Carl's life has become much more stable and settled. He is now getting out of the debt that he and Fran built up and so is learning to cope both financially and emotionally. Fran however, has 'accidentally' become pregnant to someone she does not like, been evicted from their house for 'smashing it up' and often fails to meet her childcare obligations. The difficulty is the benefits are in Fran's name, which means that Carl often struggles to have enough food in to feed the children. The irony is that when Carl was part of the family of procreation, it was he who was unreliable. He drank heavily and resorted to violence on one occasion.

Martin's situation is very different from many others in the study, as he has lived with his female partner for over two decades. She is called Jean and is very much his senior. She has always known about his sexual orientation but Martin now keeps such issues, along with sex with men, private from Jean. They still seem to do most things together (other than sex). For instance, they have bought their house together, go on several holidays a year together and spend all their social time together. Martin is in what could be considered as a

family of procreation. Jean has children from a previous relationship. Martin is treated very much as the father to them, and the grandfather to their children. To all intents and purposes, this appears to be a heterosexual family unit. They decided to start their relationship after both coming out of failed relationships with men. However, it was made clear that it would not develop into a sexual relationship.

Martin: [Back in the 1980s] she was going through a divorce, I was finishing with Don and erm, we said what a good idea if we set up house together, we'd both gone off men.
John: And did you ever have a sexual relationship with Jean?
Martin: No, she tried a couple of times but I wasn't interested.
John: So its always been upfront then?
Martin: Yeah

At the start, this sort of relationship suited them both. Yet, over the years, it seems that Martin has let his gay identity be consumed by the relationship, much to his regret. He now states that he feels trapped and unable to develop his gay side through fear of upsetting Jean. Doing most things together also severely limits his opportunity to meet up with men other than for sex. He points out that he longs for gay camaraderie. At one point, he jokes that he is only a part-time gay man in that the only opportunity he has to be gay is throughout the day when Jean is at work.

Puzzlingly, he talks about not being the type of person suited for relationships, as he gets bored too quickly. He therefore seems to have two positions with his relationship with Jean. On the one hand, he talks about being in a relationship with her and allows some people in his loose network to believe they are a heterosexual couple.

Martin: Basically because it's nobody else's business. But also for Jean's sake. Yo' know , people think we're a couple, she's happy with that so let them get on with it.

On the other hand, he does not consider his relationship with Jean to be like a partnership.

John: And were you in a relationship with anyone when you…
Martin: I've never been in a relationship really, until [the mid 1980s]. There was a lad [I met in a group] who was gay but he wasn't sure he was and was going out with a girl. And I went out with him for about 12 months. Since then he left

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the girl. Moved in with a guy in Manchester… Nice guy, still if I see him I talk to him. But that was the end of that and I've never had a relationship since.

So despite being in a long-term relationship with Jean, it does not register as such. This is despite him often referring to her as his partner and allowing the relationship to severely limit his activities. It might be that he knew of my sexual orientation and therefore felt able to provide a private account of his relationship with Jean. He may have assumed I meant 'with a man' when talking about 'relationships'.

Increasingly, Martin was feeling trapped and isolated in his relationship with Jean and was in a precarious position being neither out nor closeted. He was unable to discuss his sexual liaisons he had with men and felt it appropriate to conceal what he considered was the 'seedier' aspect of his sexual orientation. However, he also was unable to talk about any other aspect of his sexual identity with her despite the relationships being premised on his gayness. In the first interview, he commented that he needed to talk to Jean about him having gay friends and allowing the gay side of his identity to develop more:

Martin: But it's something I'm goin' to have to broach as some stage because it's something I've become more and more aware of with being on the Internet and that… I need that identity as well… that's why I want to find somethin' non-sexual cos although she knows I have sex, I don't sort of rub her face in it and say "I've had a nice shag today" erm, so if I could join something that was particularly [non-sexualised].

At one point, he started to attend a support group, which was the first time he had been out without Jean since the relationship started. One of the topics discussed at the group was the possibility that his attendance at the group could make her feel insecure. This indeed was the case and upon Martin's return, Jean was quite 'frosty' with him.

Martin: Boy, what an evening that was. I had a great time, thankyou. Mind you I did tell you I was easily pleased;-) Honestly, I really enjoyed myself. When I got home it was a bit frosty and the q & a `s didn't lend themselves to an easy flowing conversation! Jean is still in self protect mode, which is understandable and I'm going to have to tread softly so as not to frighten the horses. It didn't help when she found that welcome pack in the back pocket of my pants after they had been through the washer!! I'm not sure how much she believed when I told her that they were a new batch and you had given them to us to check that the info sheets were as they should be!! Still I'll be back,

I can't come next week because I'm on duty Tue/Wed but I will definitely be there on the 20th [Gaydar message].

Jean saw his attempts at developing the gay side of his identity as a threat and thought that he wanted to leave her. He reassured her that it was not the case. However, Martin did not manage to make it back to the support group as he found the pressure too great. He was also unable to attend any other gay social group as he had indicated he would like to. Consequently, he could not find a safe outlet to either construct his reflexive gay identity or establish the supportive networks he so desperately needed. Considering his circumstances, this leaves Martin in quite a perilous position. As indicated, he has already attempted suicide; he has been off work on long-term sick suffering with depression for which he takes medication. Being able to find a source of support might have been the lifeline that could have helped Martin through this critical period in his life. There might be comparisons to draw here with Ronald who was also suffering from depression and had had to take considerable amounts of time off work. Was this the result of society's attitudes towards 'homosexuality'?

These men have encountered several different types of social isolation. Ronald for instance, gives accounts of three experiences of social isolation. The first was geographic: he grew up in a small close-knit community and continued to live there after he was married. There was no opportunity to express his sexual orientation safely in such a setting had he been able to do so. He also experienced social isolation in his family of origin. He could not relate to any member of his family and so felt alien to them. The third experience of social isolation was in his family of procreation. Because of Ronald's sense of difference, the three types of social networks he 'belonged' too (community, family of origin, and family of procreation) did not provide him with the meaning, shelter or support that would be expected within the social capital theory. Similarly, exploring Martin's case shows how his relationship with Jean concealed his sexual orientation so could offer him some form of protection from prejudice and discrimination. However, the support structures lacked meaning with the consequence that he too felt socially isolated. How might this be interpreted?

One interpretation might be that the way social capital and specifically bonding capital is currently conceptualised valorises traditional ways of relating. Putnam seems to focus on notions of similarity, conformity and deference more indicative of pre-industrial ties where closeness related to proximity rather than emotional bonds found in today's relationship structures. Clearly, part of the attention given to social capital arose out of the apparent weakening of such structures. But it is likely that the minorities, the stigmatised, and the deviants of this world would benefit greatly from the loosening grip of such structures. The 'weakening' conditions and erosion of family values have liberated gay men from following an prescribed route, and into a situation where they can construct their reflexive lifestyle. If social capital can only be found in what are considered 'traditional nuclear family structures', and cannot co-exist within those that do not follow these dictates, then the validity of the concept is weakened. These alternative styles of relating should not be viewed as a threat to the traditional conceptualisation of social capital. If the social capital theory is to reflect all societies and communities and not just the dominant western, white heterosexual middle classes, then there needs to be an acceptance of the changes that are taking place within and throughout society. Maybe the confusion arises from the various ways that social capital can be theorised. To some, it is a resource and property of the group or community. To others, it is a resource of the individual. Maybe the competing agendas between the many and the individual need deeper exploration, especially as we live in an increasingly individuated and reflexive world. But the threat to social capital does not come from these changes but rather, from the continuing attempts to maintain the theory in its current limited form.

It is also necessary to explore these different living arrangements within the generational context as they reveal a growing confidence within the gay identity that no longer feels the need to adhere to heterosexual assumptions. For instance, two men in the Criminal-Generation conformed to the ascribed masculine route at some point in their life. Martin and Carl of the Legal-21-Generation 'lived' with their female partner as man and wife but did not marry. They nevertheless still followed their ascribed route. It is when we reach the younger generations that participants show little or no interest in conforming to this heterosexual standard. The symbolism and pressures of marriage have changed as society

has become more individualised. At the same time, the pressure to conform to heterosexuality was also lessened which will result in fewer gay men conforming to that standard. There is also the issue of the gay lifestyle becoming more visible and acceptable. This might result in an increase in 'gay married men' leaving their families of procreation to live a gay lifestyle. Clearly, this will affect hugely how many construct their families of choice and will therefore be significant to the way that social capital is experienced and reported.

CHAPTER 6

FRIENDS & LOVERS – CONSTRUCTING FAMILIES OF CHOICE

Many western societies are undergoing great changes and what bound societies, communities and families together can no longer be taken for granted (Beck 1994; Beck and Beck-Gernsheim 2002). From a social capital perspective, these changes are viewed negatively and portray society as in a state of decline. The individualisation thesis however holds a more positive approach and does not see the family or community in a state of decline, but rather, a state of transition as the individual asserts their rights over obligations that had previously restricted them and their type. For individualisation then, the changes taking place lead to the disembedding and the re-embedding of ways of being and doing as individuals 'cobble together their do-it-yourself biographies' (Beck 1994: 13). For gay men, these changes will affect many areas of their life. At an individual level, the change in climate has allowed more gay men to come out and live an open gay lifestyle free from state persecution. It has also allowed them to re-embed themselves in network structures of their own design. Intimate relationships need not be formed around marriage; families built around kin; or communities around geographically defined neighbourhoods. The social capital framework does not appear to value the variety of relationships and communities that gay men have constructed or rejected. As stated, the social capital theory is formulated around bonding networks being 'similar' to each other or unlike each other (bridging social capital). However, in an age of do-it-yourself identity construction theorised in the reflexive individualisation thesis, being 'like' each other might be problematic. Networks might be infused with a mixed of bonding and bridging ties of relationships as people cobble together, not only their biographies, but also their social support structures. Most current social capital theorising appears to promote a pre-industrial style of family tie and offers little understanding of alternative ways of 'being' in a social world.

6.1 – Coupling & the Changing Face of Intimacy

The relationships and bonding ties charted in the last chapter might be best considered as the 'old order' based on duty and obligation rather than choice. It is when we start to explore the families of choice that the gay context seems to have more relevance. There are many different types and forms of relationships that can be found in the families of choice. One of the more important is the intimate relationship of the partner/lover. It seems that being part of a couple is not only the preserve of heterosexuals but is also often found within gay relationships (Giddens 1992). The fieldwork conducted with the Lesbian & Gay Foundation (LGF) for the present study revealed that the vast majority of gay men who went for counselling typically did so either because of a relationship they were in or because of wanting to be part of a relationship. Gay relationships are pivotal to the chosen family (Weeks, Heaphy et al. 2001). Traditionally, heterosexual relationships have been valorised and structured around gendered norms (Weeks, Heaphy et al. 2001; Beck and Beck-Gernsheim 2002; Knapp and Daly 2002; Edwards 2004). There are so many tacit assumptions bound to the idea of marriage that they quite often do not need spelling out. Quite the reverse is true of gay men's relationships. Little can be taken for granted. The absence of mixed gender essentially makes everything negotiable (Weeks, Heaphy et al. 2001).

Within the reflexive modernisation thesis, traditional notions of the 'family' and 'relationships' are seen as changing for all regardless of sexual orientation. Preserving the family line and procreation are no longer dominant features as obligation and solidarity are supplanted by individualisation (Beck and Beck-Gernsheim 2002). Intimate relationships now have the potential to emerge beyond the power differentials that have habitually confined them. Giddens theorises the notion of the 'Pure Relationship' founded on democracy and equality.

> A pure relationship has nothing to do with sexual purity, and is a limiting concept rather than only a descriptive one. It refers to a situation where a social relation is entered into for its own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfactions for each individual to stay within it (Giddens 1992: 58).

He further contends that gay relationships have the potential to be more democratic by nature because of the absence of the competing gendered scripts. This is not to say that gay men can typically escape their masculine construction, or that they do not have masculinist views and attitudes. Rather, the roles that gay men embark on when in a relationship with someone of the same sex will have a qualitatively different dynamic from those wherein there are mixed genders. Whether this relates to the style of relationship, or the division of household chores, it would be an act of folly to attempt to impose a heterosexual model on a gay couple. The 'Arthur' and 'Martha' stereotype[9] might relate more to the how we are socialised into *relating* to each other from a gendered perspective rather than a reality of living as a gay intimate couple. Life seems much more complex than that in same-sex relationships.

Although some research suggests that the absence of traditionally ascribed forms of relationships engenders a more democratic egalitarian style, (Giddens 1992; Weeks, Heaphy et al. 2001), Worth et al (2002) challenges this assertion by pointing out how they found more authoritarian patterns of intimacy in their New Zealand based research on gay couples. Though the evidence is mixed throughout the generations in the present sample, there appears to be the seeds of a pattern emerging from the data. In the Criminal-Generation, there is less evidence for a democratic and egalitarian style of relationships than there was in the other generations.

COUPLING IN THE PAST TENSE – THE CRIMINAL-GENERATION

Participants in the Criminal-Generation had been in an intimate couple relationship at some point in their life with the exceptions of Jack and Kenneth. George was still in committed relationship and though a source of disappointment, he was still emotionally attached to the idea of being a couple. Some of these couples had been together quite some time whereas others had recently embarked upon their new partnership. For others, they had been part of a couple in the past but for a variety of reasons, were no longer. Death of the partner affected three participants in the Criminal-Generation (two of George's previous partners

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[9] Arthur and Martha refer to one person taking the male, active role and the other taking the passive female role.

had died and he now lived with Dicky, his third). Both Thomas and William's partners had died over 20 years ago. Neither had been part of a couple since. These two participants placed a great importance on their last relationship but did not seem to place any on potential future ones. In some respect, they seem to be very 'traditional' widowers maybe reflecting what can happen in the heterosexual population of this generation. Charles had had two previous partners and still considered his relationship with them as very close. Clearly then, being part of a couple relationship was important for the Criminal-Generation but as only George was in one, there were few accounts of how the relationships were actually constructed. To some degree, there is limited evidence that equality was important, for instance, when George moved in with Dicky, he gave him half the value of the house.

TERMS & CONDITIONS IN THE LEGAL-21-GENERATION

The majority of the Legal-21-Generation were part of intimate couple relationships. Nick and Danny had been a couple of over 10 years whereas Bill and Joe were relatively new to coupledom. Comparing the two highlights that their approach to being a couple differs in that Bill/Joe's relationship appears less egalitarian/democratic than does that of Nick/Danny. This could be in matters of finances, chores or style of relationship.

Nick and Danny often have a negotiated outcome where neither necessarily has a preference nor would override the decision of the other. The method of doing their finances echoes the process that Weeks et al. (2001) discuss where there is a degree of co-dependence and independence. Their joint account is used to service their monthly bills and each contributes the same amount of funds. This was not a laissez-faire outcome but was the result of negotiating the most appropriate system that ensured fairness and equality. In all other financial matters, Nick and Danny ran their finances separately. Consequently, how they manage their joint finances relates to how they manage their private affairs, safe in the knowledge that they both contribute equally. Their shared finances are as likely to be about autonomy as they are about equality.

Bill and Joe on the other hand have a very different approach to how they run their home. It was much less negotiated with Bill taking all major decisions, especially relating to financial matters. Yet even here, there was a degree of Joe accepting the decision due to his poor record of handling money. For instance, he has had several CCJ's and two houses repossessed. Bill on the other hand was 'good with money' so taking control seemed like a natural and necessary event that provided the couple with a degree of financial security. Joe receives a small allowance from his wage for day-to-day living. Bill decided the type of car Joe can afford based on repayments, petrol and insurance. So in some respects, Joe's level of engagement with the finances was to allow Bill to take control, although Joe did feel aggrieved by his lack of funds, he sees the necessity of the arrangement:

Bill: Erm, he'll throw a paddy at the slightest thing. But when it comes to money, he listens now basically. "I want this, I want this" "well you're not having it" yo' know "you can't afford it". Alright he might have some money of his own, he can have it out of that. But now you've got to think for both of us, not yourself anymore and it's a learning process that he's going through err, he finds it hard at times don't you.

Joe: [no response]

But then on other occasions, he acknowledges that it is necessary;

Joe: Oh yeah, if he didn't manage to keep me in check, then I would have severe problems. I couldn't live here on my own, without making a bollocks of it anyway. I've owned two houses and I've made a hash of it twice, that's were I've learnt it this time, I thought I can't do this.

When comparing how the couples organise their living arrangements, there are other clear differences, for instance, in relation to household chores. The division of labour in a heterosexual relationship might be related to gender differences (Weeks, Heaphy et al. 2001; Beck and Beck-Gernsheim 2002). Beck and Beck-Gernsheim go on to point out how the division of domestic responsibilities is fast becoming a source of 'irritation and tension' within marital relationships as women become more active outside the home, men's participation in housework remains low (Beck and Beck-Gernsheim 2002: 101). 'Gender sameness' necessitates same-sex couples to 'negotiate roles and domestic tasks' (Heaphy, Yip et al. 2004: 888). In his research on gay couples, Yip (1997) highlighted two different patterns of the division of household labour. The first based on equality where the couple

share the chores; and the second based on specialisation, where the specific aptitudes of the individual dictate what will be done. As Weeks et al (2001) point out, this is not based on the tasks being equal, but rather on the fact that they have been 'negotiated between equals' (Weeks, Heaphy et al. 2001: 116). In the present research, this model was replicated though not in all instances. Nick and Danny seem to base their sharing of household chores on the specialisation model where the person either most equipped or least perturbed by the task takes responsibility for it. However, Bill and Joe do not always share their tasks quite so equitably. It seems that much of what Bill will not do, or does not know how to do is left to Joe. Ignorance is bliss for Bill, as he seems to follow a heterosexual model of ineptitude around some tasks.

Joe:	You do the washing up – DON'T YOU?
Bill:	We both tend to cook.
Joe:	If it's something plain, he'll do it. If it's something a bit more adventurous, I'll do it.
John:	For example?
Bill:	If it's hot and spicy or something different…
Joe:	I'll do it.
Bill:	Joe'll do it. Right. If its straight forward…
Joe:	Meat and two veg he'll do it…
John:	So you just half pulled your face about washin' up.
Joe:	I hate washing up!
John:	So this is…
Joe:	It's a bugbear washing up because as far as I'm concerned it's… you don't like doing the washin' up, I don't like doing the ironing so we swap. I don't think you know what the iron is do yo'?
Bill:	I don't iron.
John:	So are you happy enough with this situation?
Joe:	No he's not happy…
Bill:	No, no I've never ironed.
Joe:	I have to iron cos there's only me to deal with so I learnt to iron. And I do the washin', and the traipsing out to the shed if it's pissin' down to put it in the tumble dryer.
Bill:	No it's…
Joe:	If it's pissin' down then it stays there damp!
Bill:	No, not always. I have washed, and I have ironed, I haven't ironed [confused tones].
Joe:	No you haven't ironed
Bill:	I've tumbled dried haven't I?

As illustrated, the washing and ironing was 'left' to Joe despite his objections. Indeed, Bill even confused ironing with putting clothes into the tumble dryer. The division of labour does not match what might be found with gendered divisions of household chores although Bill does take responsibility for the garden. In other areas, they do share responsibility, such as in cooking and cleaning. Joe takes responsibility for cleaning the cars; they both do the shopping.

INTIMATE RELATIONSHIPS IN THE LEGAL-18-GENERATION – ALL'S NOT WHAT IT SEEMS

In the Legal-18-Generation, two participants were part of a couple. Daniel had been with his partner a number of years. They met while doing voluntary work for a local gay charity and were friends quite sometime before they formed into coupledom. Their relationship was quite different from any other in the sample as it was both celibate while at the same time monogamous. In some respect, it seems their relationships was formed as a political act of camaraderie where sexual relationships never became part of its make up. By the time the fieldwork had ended, Daniel and his partner had parted and so limited talk on such matters. Ryan was also in a long term relationship of around two years. He felt he has done his share of sleeping around and has chosen to 'settle down'. This discourse of 'settling down' was most important to the Legal-18-Generation who used it for a number of behavioural changes which are discussed in the health chapters. Ryan's partner is around 13 years older and was described as the breadwinner of the family with Ryan describing his role in the family home as the 'housewife'. Yet the way they structure their living arrangements does not match what has been discussed previously. It seems that Ryan has a great desire to keep control of his home environment. All the bills and the tenancy agreement are in Ryan's name as he is very cautious about losing everything if his partner suddenly ended the relationship. This seems neither egalitarian nor democratic but still quite reflexive on the part of Ryan.

LIMITED EXPERIENCE & LEGAL-16-GENERATION

Only one participant in the Legal-16-Generation could be considered to be in a long term relationship, and that was Jacob. However, much of this relationship was conducted over cyber space as his partner lived in the US. Josh and Justin had in the past had 'boyfriends'

but these relationships had been quite casual. None of the Legal-16-Generation had lived with their respective partners and all still lived at home.

The above exploration into the intimate relationships throughout the generations illustrates the continued importance of coupledom but also, how participants did not follow any particular model. The absence of 'rules' might provide some with the necessary impetus to construct their own styles of forming intimate relations with others. Some did not feel it necessary to replicate the gendered heterosexual model and did appear to take a democratic or egalitarian approach. There are also those who take neither of the approaches mentioned above and in the absence of negotiations was a degree of conflict. What seems pertinent to the current research is the degree of reflexivity within the decision- making process. One area where this was most evident was around the notion of monogamy.

THE IMPORTANCE OF MONOGAMY AS A REFLEXIVE MARKER

Though monogamy may be considered a traditional component of heterosexual relationships, the symbolism and ideology that characterise the notion continue to play an important part in the gay relationship. Although the approaches were quite different throughout the generations, accounts of monogamy were littered throughout the data. Having grown up in predominantly heterosexual family environments may have had a profound effect on gay men, who, as Weeks (1995) pointed out, are still 'wedded to familial language'. This might be why notions such as 'family' and 'monogamy' are often rooted in both the literature and accounts provided by the participants. It might also provide a reason why many gay men form into couples: because it is what they know. Research conducted on gay men in New Zealand found that monogamy was 'surprisingly' [sic] common and used as a type of symbolism of commitment in the early stages of the relationship (Worth, Reid et al. 2002). The notion of monogamy also worked as a marker that proved the relationship was:

> …more special than the lives of other single gay men by reverting to expectations and ideals of fidelity similar to those of their parents (Worth, Reid et al. 2002: 243).

The issues that surround monogamy might be one key difference between the way gay and straight people negotiate the rules of their intimate relationships; not because non-heterosexual relationships are inherently promiscuous, but rather, because they do not have the inherent power inequality institutionalised within them. The absence of mixed genders might create the necessary conditions to facilitate a more flexible reflexive approach to monogamy. Monogamy in gay relationships is said to have a fluidity that may still not be as easily sustained in contemporary heterosexual relationships (Weeks, Heaphy et al. 2001). Of course, there cannot be a single type of gay relationship. The processes and outcomes are likely to vary substantially. Even in the Worth et al. (2002) study reported above, monogamy was not something that was always negotiated between the two parties, but often was when one person had 'acquiesced' to the wishes of the other. What is clear is that monogamy does not mean the same thing to all people. The reflexive times we live in has opened the way to increased choice and fluidity, especially in the current context, as Giddens (1992) pointed out:

> Male gays place in question the traditional heterosexual integration of marriage and monogamy. As understood in institutionalised marriage, monogamy was always tied to the double standard and therefore to patriarchy. It was a normative demand upon men, but for many honoured only in the breach. In a world of plastic sexuality and pure relationships, however, monogamy has to be 'reworked' in the context of commitment and trust. Monogamy refers, not to the relationship itself, but to sexual exclusiveness as a criterion of trust; 'fidelity' has no meaning except as an expectation of that integrity which trust in the other presumes (Giddens 1992: 146)

Indeed, what stands out when investigating gay relationships is the manifestly egalitarian and democratic approach many couples take (Giddens 1992; Weeks, Heaphy et al. 2001). In the current research, the symbolism and ideology of monogamy affected all participants, regardless of age and length of gay careers. Their approach may have relevance within the reflexive individualisation thesis and social capital theory as this process might be moving at a faster pace that what is currently seen in heterosexual relationships.

The Assumption of Monogamy in the Criminal-Generation

In the Criminal-Generation, the idea of monogamy was not always discussed at the onset of the relationship though the assumption was that the relationship was monogamous. Sometimes, the relationship changed and developed with exclusivity no longer being an issue. For instance, Thomas provided an account of his partner starting to go to gay saunas, and of himself starting to read pornography after the sex had 'dried up'. There was little negotiation or disquiet here, it was simply a shift in what was allowed. Thomas still felt the relationship was as intimate with his only regret being that they started to use separate bedrooms. William's relationship with Alan also started off monogamous. They were together 19 years. Midway through, he describes how they hit a 'rocky period' when Alan met another man. William only discovered this when he realised he had a STI and confronted Alan. In this instance, the relationship was renegotiated and some rules set in place, which dictated condom use for sex outside the relationship. This however was in the 70s and much before pre-safer-sex and HIV/AIDS. George's first and second relationship were monogamous throughout. His current relationship, he regrets, was open. This was not out of choice, as George would have preferred it to remain monogamous. The difficulty was that Dicky continued to go 'cottaging' without George's knowledge. When George discovered this, while he was very hurt, they decided that they would have an open relationship. In this instance, open relationship translated into not having sex with each other but having sex with other people separately.

The Fluidity of Monogamy in the Legal-21-Generation

Accounts of participants in the Legal-21-Generation demonstrate a fluidity of monogamy and in several cases this process seemed to be based on the democratic/egalitarian approach that Weeks et al. (2001) described. Some couples might refer to it as negotiated monogamy whereas others might mean it to denote an emotional, rather than sexual monogamy, as was the case for Chris and his partner. Often however, the fluidity came about because of some past indiscretion, as was the case for several in the Criminal-Generation. Nick and Danny's relationship was monogamous and for the best part of 10 years. This was never discussed in the early stages of them being a couple but only came

about when they hit a crisis. Nick had sex with a neighbour, and 'wracked with guilt', told Danny.

Nick's infidelity became the impetus for them to reflect on their relationship and re-negotiate a new position that would not lose any of the intimacy they had with each other. They decided that they would embark on having occasional 'threesomes'. Part of the process for this couple would be to get to know the other person first, almost to 'vet' the other person's suitability and potential. What was important was that they kept control of their version of monogamy by only 'playing with each other'. So even though Nick effectively 'cheated' on Danny, they did manage to survive this and negotiate an outcome that suited them both. What might be important here are the stage of their relationship and the stage of their gay career. When Nick and Danny first got together, being out as gay was a relatively new experience for Nick. This was also the case for Bill and Joe who, unlike the last couple, talked about whether their relationship should be monogamous or not.

However, this was again a case of Bill deciding and Joe going along with that decision. Being in an open relationship was not an option and monogamy was a condition of Bill moving in with Joe (despite his reluctance). In this instance, Joe acquiesced to the wishes of Bill:

John:	You don't have to answer this if yo' don't want to, but your style of relationship, because you see on Gaydar there are a lot of people in relationships but there are open, or you can do this, that or the other so seems some have rules and some are just completely monogamous, do you have any rules?
Bill:	Answer it [Bill tells Joe].
Joe:	Monogamous [crest fallen tone].
John:	Is this through choice; is this what you've talked about?
Bill:	Well [directed at Joe]
Joe:	What?
Bill:	Is it through choice?
Joe:	Yeah [deflated sigh].
John:	Kind of?
Joe:	Kind of yeah.
Bill:	If he wants to stay with m' those are the rules.

It seems that the style of Bill and Joe's relationship is more authoritarian than the style of 'pure' relationship described by Giddens. Giddens was not saying however, that 'all' gay

intimate relationships would be of this style but that they had the potential to adhere to a more democratic and egalitarian approach. What might be important here is that the process that led to the outcome involved some sort of negotiation rather than an assumed or accepted pattern. Being somewhat more experienced in gay life, they had taken the opportunity to discuss this issue before moving in with each other. However, this was not always possible, as with the case of Carl. He was at the start of his gay career as was his partner. Both had little experience of being gay or being in the kind of relationship that allowed discussion on such issues.

He described meeting Mark, his partner/boyfriend, as the biggest life-changing event that had happened. They met on Gaydar and like Bill and Joe, for the first part of the relationship, did not meet face-to-face.

Carl: [We] were chatting for quite a few months actually before we decided to meet. I talked to him and he talked to me cos he'd sort of split with his wife, he's got four kids. And we just seemed to get on so well. So we went out for a drink and yes, hit it off.

Mark had also been married and had four children, which gave them a shared understanding of each other's situation and the potential demands that families can make on their time. Having to work away for long periods of time meant that he and Carl had to maintain contact via the telephone and letters. Although they had not discussed monogamy, Carl had given it some thought. When asked if he was going to stay monogamous with Mark while away, Carl replied:

Carl: I think so. I'm goin' t' see how it works actually because it might prove a bit more difficult than what I'm expecting it to be.

Unlike the assumption within many traditional heterosexual relationships, Carl acknowledged that it might be more difficult than he was expecting. While Mark was away, Carl had a brief sexual encounter with one of the neighbours. Unsure what to do, he decided not to tell Mark. At first glance, it might be argued that had they had more experience from a longer gay career, maybe they would have discussed the issue. But as it was, Carl was still very much the novice in his gay career; and Bill and Joe were both very new to being in an intimate relationship with another man.

There are comparisons that can be made to the participants in the Worth et al. (2002) study. There was a narrative of using sexual fidelity/monogamy as a declaration of commitment and symbolism to separate couples from the promiscuous stereotype of the gay man on the 'scene'. The process was not static and therefore events meant that in some instances such notions needed re-negotiating. This would seem 'obvious' within the reflexive individualisation thesis that stresses change and choice. What might be significant is the ability to be reflexive about such issues where it is possible to reach a new agreement that suits both parties. Of course, such examples are relatively easy to condemn as they could suggest that gay relationships are inherently unfaithful. This would be a moralistic issue, and I am not here to persuade or justify one set of behaviours by comparing them to another. The interest for this research is in the processes that are apparent that go to establish the various forms of relationships that gay men are in and how they negotiate their various positions within a late modern climate.

THE IMPORTANCE OF BEING MONOGAMOUS – THE LEGAL-18-GENERATION

Monogamy was no less an issue for the Legal-18-Generation and the accounts they provide offer a similar range to those reported previously. James thought he was in a monogamous relationship but discovered that his partner had been unfaithful to him. He was put in a similar position to Joseph from the Legal-21-Generation who was infected with HIV when this happened. Fortunately, James did not contract HIV[10]. It seems that he used monogamy as a safety net from HIV and despite his past experience, was looking for a monogamous relationship with the suggestion that he would once again dispense with condoms. Daniel has a completely different approach from all others in the present study throughout the generations. He describes his relationship as both monogamous and celibate. It seems that his relationship grew out of a close friendship but did not develop sexually. They are, nevertheless, extremely committed to each other and have signed the civil register that Manchester City Council operated prior to the recent legislation that allowed same sex couples to enter into civil partnerships. He felt strongly that his relationship should be

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[10] How couples negotiate safer-sex is explored more fully in chapter 10

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recognised and comments how doing this was as much a political statement as it was a demonstration of his commitment to his partner. Whatever the sentiments, their decision arose out of their reflexive desire to construct a chosen family.

Ryan describes his relationship as monogamous and as something both he and his partner wanted. There are some who are not in the typical relationship, such as David, and some who do not wish to be in a relationship (Jason). Monogamy was not an issue for David as he was currently in a relationship with a couple he met through his interest in Manchester's fetish scene. He plans to move in with them soon but the relationship will not be exclusively between the three of them. The rules have been discussed however and again suggest a reflexive stance. Jason has been in several long-term relationships, starting when he was only 14 years old. His then partner was in his 30s and the relationship lasted five years. Since then, he has had several other long-term relationships but is currently single. He gives an account of wanting to remain single as he finds being in a relationship too restrictive. He had become indifferent and somewhat cynical towards a traditional model of relationship based on living together and seeing each other on a daily basis. He perceived them not to work for him so no longer wanted a relationship other than on his terms.

MONOGAMY AS AN IDEAL IN THE LEGAL-16-GENERATION

The final accounts of monogamy are from the Legal-16-Generation. Even with their relative inexperience, monogamy was something they had addressed within their relationships highlighting its importance and the increasingly reflexive nature of gay relationships. Justin was still quite inexperienced to the point where he had not embarked upon a sexual relationship. Nevertheless, he did have a boyfriend but it had ended because Justin wanted a monogamous relationship whereas his boyfriend wanted it to be 'open'. Jacob on the other hand was in a long-term relationship with someone who lived in the USA. The long distance between them necessitated some form of negotiation about monogamy. They decided that their relationship could be open but that it would have to have some rules to adhere to, essentially around anal sex and condom use.

At the time of interview, there was still no legal recognition for gay relationships which might be why gay men in the present research made important symbolic markers out of other events in their relationships. Monogamy, or the ability to reflexivity negotiate the rules around it, was just one of many symbolic markers used by the participants in the present study (though this was structured somewhat by generation and age). Buying a house and living together was reported as an important feature of coupling (Weeks et al. 2001) and in the older generations at least, was evident in the present study. Yet accounts from the Criminal-Generation and Legal-21-Generation also highlight the importance of equity and equality of the arrangement. For example, George ensured he paid his share towards the cost of Dicky's house when he moved in. This also occurred with Nick and Danny in the Legal-21-Generation but not Bill and Joe (Joe had some bad debts). The formal arrangement were often needed to be put on an equal footing and as such, make both equal within this part of their formal living arrangements. Being equal partners in the owning of a house might provide security in the absence of traditional roles and legal recognition.

Anniversaries of first meeting, first having sex or moving in with each other also provide important symbolic markers of commitment to gay men (Weeks, Heaphy et al. 2001). This was certainly true of many of the couples in the present study, which each had their own special story to tell about meeting. For Thomas, it was a chance meeting outside a 'cottage':

Thomas: I met Fearghus in Macclesfield…I had a friend then, I'd come out then, I knew I was gay, I knew what to get, I knew how to go on the scene. He [an intimate friend] showed me, he took me to Manchester, he showed me gay life in Manchester. I didn't know anything about it at all, I didn't know anything about cottaging. I'd never done, I didn't know a thing about that. I didn't know there were other men like me in the world, I knew there were but they were 'queens'. As my dad said, 'queer men'. Anyway, I liked it and I started going on the scene. And whilst I was there I met another guy. He's passed on now. And he introduced me to another guy and we went to Macclesfield cottaging. And whilst he was at the station, looking around, I went up to the shops as I was looking for a nice reading lamp for my room. And in Macclesfield, as you could down the station, there was a little toilet, a Lady's and Gent's toilets there. So I went in for a genuine pee. When I came out, zipped up, was walking up the road, looked at these lamps and a voice from a car said "excuse me, have you got a light?" and I said "yeah, hang on" brought my lighter out and he said

"would you like a cigarette" and I said "no, I've just had one thank you" and we got chattin'. And he said, "are you interested in music" and I said "yes, yes" he says "what sort of music" and I say "the classics, I like the classics". He says, "I'm into the classics" he says um, "are you gay" and I didn't know what to say really and I said "yes" I thought don't hide it, yes. Cos I could see he was after me and I'd got enough sense to know and he says "would you like to come over to my place and listen to some music sometime". And I say "yes". He said, "what about the weekend" I said, "I'm sorry but" it was the beginning of the holiday you see, I says, "I'm off to Italy in, on Saturday and we're there for a fortnight so I wont be able to see you til I come back" he says, "well I'll give you my telephone number". Of course we didn't have a telephone at home and in those days, it wasn't like it is now, there was no mobiles and things. He says err, "I'll give you my telephone number and you can give me a ring" I said "right". So when I came back, on the Sunday, I rang him up, I went down to the telephone box and I rang him up. And I said "hello, is that Fearghus?... its Thomas hear". He says, "oh hello". I said, "are you free this weekend?" "oh yes, yes". I says, "well where are you?" and he says, "well I'm in Romley". So I say, "well I've heard of it but I don't know where it is". He says, "well, do you know where Stockport is". I say "oh yeah, I know Stockport". He says "well, if you come on such a train on Saturday I'll meet you" and I said "oh thanks" and that's what happened". I went down, met him, we went back to his place and listened to some music then went to bed.

As earlier commented by George, he met his partner after missing his bus on a cold election evening in the 1950s: a memory still vivid today. In the Legal-21-Generation, Nick and Danny construct an elaborate narrative around how they both sent their details to a contact magazine but point out it was to look for friends rather than lovers. It was an unrelated sequence of events that meant they were able to become a couple. However, in the youngest generations, there are fewer accounts of such events, possibly because nostalgia and time are key ingredients to their construction. In the Worth et al. (2002) study, monogamy was used to symbolise the quality of the relationship. In the present study, other indicators were also used. Just as the coming out stories mark one important area of gay men's lives (Weeks, Heaphy et al. 2001), so to do the markers of 'settling down' and constructing the close intimate bonds. The stories of how couples meet, share and love were important markers in the absence of formally recognised structures that the heterosexual population can use.

What was illustrative of the above accounts was that the rules of the relationship were negotiated rather than simply assumed (though in some cases in the older generations, the

negotiations seem to occur some way through the relationship). Exploring the generational perspective shows that this was being organised both earlier in the relationship and earlier in life course development. It was less likely that the rules would be left to chance as they were with the older generations. It might be that the stakes are higher now, as Joseph found to his cost after contracting HIV from his partner who had not followed the rules. It might be that the changing legal and social climate has engendered a more reflexive approach and enabled individuals to negotiate the terms and conditions of their life.

Whether it be monogamy or who is washing up, when explored within the gay relationship, the absence of clearly defined gender divisions mean little can be taken for granted. Yet importantly, this is still the site where gay men must construct and maintain their masculine identities, which may have significance to the process and outcome of these negotiations. They cannot leave domestic responsibilities to a wife or female partner as heterosexual men can, but must still maintain their sense of masculinity intact. Maybe that was why some actively shared the household chores, such as Nick and Danny of the Legal-21-Generation. They constructed a narrative that maximised the displeasure or minimised the importance of performing various household chores. Ironing and cleaning were two examples. These activities are typically identified as 'woman's work'. Nick 'loathed' ironing but did not mind cleaning the house. Conversely, Danny did not like cleaning but had no reservations about ironing. Dividing the workload up this way may be as much to do with salvaging their sense of masculinity as it is with having a democratic relationship though the results are the same. Consequently, the identifiers that could detract from the masculinity identity also need negotiating to maintain equilibrium for both parties and not just one as in a heterosexual relationship.

So while Giddens (1991) and Weeks et al (2001) suggest that some gay relationships are democratic and egalitarian, they seem to be referring to 'an ideal rather than a living reality' (Weeks, Heaphy et al. 2001: 20). The absence of mixed genders does not automatically make gay relationships more egalitarian, as the various accounts reveal. They can be equally authoritarian, where one person takes all the decisions. It might be more appropriate to view contemporary relationships as 'increasingly' democratic, to reflect the uncertainties

caused by the absence of roles and rules. The importance lies not only in the decisions made but also in the process of negotiation. For instance, those in monogamous relationships where one person had acquiesced to the wishes of the other still came to that decision through explicit negotiation. The evidence suggests therefore, that gay couples reflexively construct relationships rather than passively fall into them.

Maybe a more appropriate label for the gay relationship would be a 'reflexive relationship' to match the position of the actors within (rather than 'pure relationships') (Giddens 1992) or egalitarian (Weeks, Heaphy et al. 2001). Even those gay men with the least degree of reflexivity still negotiated aspects of their relationships to a greater degree than might be expected from heterosexual couples who might unquestioningly subscribe to the ascribed norms of monogamy. The 'reflexive relationship' might also focus on the range and styles of intimate coupling without positioning them in opposition to heterosexual styles. Reflexive relationships are not exclusively gay as their only requirement is that whatever rules, values and norms are adopted, are done so through overt negotiations and no assumed or obediently accepted. It will also mean that even those who may not be considered 'reflexive' in the purest sense, but who still are required to take a reflexive stance in relational terms will still be included. This is particularly important, as it is illustrates how many gay men are constructing their social support networks and so directly links to the formation of social capital. The over valorisation of 'traditional' family structures prevents the concept of social capital from valuing such intimate relationships as they are often positioned as a reason for its decline. Reflexive individualisation views these as changes rather than a state of decline; a disembedding to re-embed. They therefore act as a valuable contribution to the construction of the families of choice. Another important relationship in the construction of families of choice is that with intimate friends.

6.2 – Friendship Patterns

As has been shown in the gay context, the individualisation of kinship patterns does not follow the same routes as in 'traditional' heterosexual relationships. Gay men have the

potential to be freed from the assumptions that bound them to traditional families and communities of origin. They now have the choice of constructing and negotiating their own style of network ties comprising a variety of kin, partners and importantly, friends. The role of friendship ties in the construction of the chosen family is highly significant in the current context and highlights an important difference from heterosexual people (Weeks, Heaphy et al. 2001; Heaphy, Yip et al. 2004). Many heterosexual people may turn to their kin for support, especially as they get older (Pahl and Pevalin 2005). In the gay context, friends often take the supportive role. In some instances, friendship ties might be the only source of social support. That was certainly the case in the Weeks et al. (2001) study and is echoed in the present research. Friends were the main source of support regardless of whether or not the person was partnered. In some cases, there was little alternative but to turn to one's family of origin for support, such as Joseph from the Legal-21-Generation who needed a carer after breaking his arm and was unable to fend for himself. Having withdrawn from all other social networks, he had little option but to ask his mother for assistance. Nick and Danny turned to their kin to borrow a substantial amount of money. Such support would not be considered within friendship ties. In the Legal-16-Generation, both Justin and Josh turned to their kin as well as their friends for support regarding their state of mental health. But as will be revealed in the health section, there was a general reticence about seeking emotional support or even being seen as dependent by peers and even partners. In some respect, gay men seem bound by the same masculinist codes that shape and restrict heterosexual men's behaviour in many areas of their lives, including the way they relate to their friends.

Friendships with other gay men were very important for many in the current sample. One reason for this might relate to how the majority had moved away from their families and community of origin and so needed to construct their networks afresh as is common today generally. Often, these friendship patterns had very different quality when compared to intimate couple relationships though they did not lack in importance or significance. As illustrated in the chapter four when discussing trust, being able to trust other people on the issue of sexual orientation acted as an impetus to constructing a social network with

other gay men. It might be such networks act as a buffer against some of the excesses of prejudice:

> The development of non-heterosexual social circles and friendship networks are not only instrumental in developing mutual support against the opprobrium of the heterosexual assumption, they are also celebrated and chosen over the company of heterosexuals (Weeks, Heaphy et al. 2001: 189).

It did not appear to be simply a matter of some friends being acquaintances and others being confidantes as in some instances it was neither desirable nor needed to have too deep a bond. This did not negate the importance placed on such friendships. What seemed to cement the friendship were the variety of activities and shape of support that was offered and received. There were potentially two factors that may have assisted this process and so are important within the social capital debate. Firstly, being freed from the heterosexual assumption meant that there was no need to account for sexual orientation with other gay people. Nor was an explanation needed for being gay as the other person already had that frame of reference. The second issue relates to how gay men are set up in opposition to heterosexual men within the hegemonic masculine discourse. Hegemonic masculinity relates to "configuration of gender practice' rather than a type of masculinity' (Hearn 2004). Gay men are not impervious to such influences but the anxiety of being considered 'gay' by one's peers no longer presents an issue for many. Consequently, the gay masculine performance may have the potential to relax some of the limitations imposed on homosocial relationships.

For some, it was a matter of sharing intimacies or 'sexsploits' (George, Ronald) whereas for others, it was about having a compatible shopping partner (Nick, Richard). Shopping might be more difficult to manage if the two men where heterosexual. In other instances, it was a matter of being able to show a caring supportive side to demonstrate the friendship. Such activities could range from help looking after children (Ryan); to hosting an alcohol free Christmas for a recovering alcoholic (Ronald). Some hosted friends and companions for a holiday and then showed them around town (George, Kenneth). So while the activities might be different, the patterns of friendships that emerged from all generations was their importance. This was also evident with the Weeks et al. study:

For many individuals who are not in long-term relationships, as well as for those who are, friendships as families of choice are the prime focus of emotional support. Friends may change; new people may enter the circle. But friendship networks seem permanent – certainly, many individuals act on the assumption that they are. In contrast to the vagaries of one-to-one relationships, friends, on the other hand, are a focus of long-lasting engagement, trust and commitment (Weeks, Heaphy et al. 2001: 61).

It was not just about support in times of need. Enjoying each other's company was equally important. But it was in the process of such activities that the supportive mechanisms could be established for future use if needed. This of course did not mean to say that they would be used, as there are many potential barriers that could stand in the way of men seeking support from others. Having a gay identity and alternative sense of masculinity may influence friendship patterns and so could be different from how heterosexual men regulate their friendships. For instance, compliance with the hegemonic ideals could inhibit homosocial intimacy. Heterosexual men may experience anxiety about others considering them 'gay' which may present different limitations of their friendship styles. Having an alternative sense of masculinity, or at the very least, falling outside the hegemonic ideals, may allow gay men more opportunities to have intimate friendships with other gay men.

SAME SEX FRIENDSHIP & THE CRIMINAL-GENERATION

To some extent, the current sample offers mixed results around this issue. The men in the older sample predominantly talked about having gay male social networks. Only on a few occasions did anyone talk about being part of either a mixed or a heterosexual social circle. When they did, such as the case of Kenneth and William, the interactions might not be equitable; sexual orientation if known might be hidden; sexual orientation might not be known and so remain hidden. As with the Heaphy et al. (2004) study, many in the Criminal-Generation had moved to different parts of the country so that they could be part of a gay community and therefore, nearer to other gay men. Having the same marginal status seemed to offer them both a sense of solidarity and belonging. It was not that friendships with non-gay people were seen as undesirable, they seldom happened. In at least four instances (George, Jack, Thomas and Ronald) all social interactions were with other gay men. The possibility of friendships with non-gay people was seldom countenanced. Reciprocity and

support were strong characteristics of the type of friendships participants in the Criminal-Generation had constructed with other gay men though support was more often given than received. In some instances, it related to providing a supportive caring environment, such as Jack did by providing alternative therapies to some of his friends. In return, Jack was able to ask for instrumental support, such as help with computers, or being taken shopping. Ronald, as stated, hosted an alcohol free Christmas for a friend. The reciprocity came about when Ronald needed support after a troubling incident with his then partner.

THE DECLINING IMPORTANCE OF GAY-ONLY FRIENDS – THE LEGAL-21-GENERATION

When we reach the Legal-21-Generation there is a split with many still getting a psychological sense of belonging from the friendships they had with other gay men. Bill and Joe's social circle was almost entirely other gay men. Carl, though new to the gay identity and community, was fast establishing friendships with other gay men and relying less on his old heterosexual social support networks. Martin was void of a gay network but stressed how he longed to establish friendships with other gay men that did not involve sex. It was Richard and Danny, however, who proclaimed that it was not necessary for their social networks to be gay. They both felt that their sexual orientation and gay identity was unimportant in terms of friendships. Richard talked about not having many gay friends because such friendships always had the ulterior motive of sexual attraction at their heart. Sexual attraction was not considered enough to sustain a good friendship:

> Richard: Well I've only got a few gay friends because I find, I find it quite difficult making friends with gay men. Erm, because there's always, I think there's always got to be an element of physical attraction in a friendship. And I don't mean I would never have a friend that I don't fancy but I just think that the way it seems to work is that, erm, it's really hard to talk to somebody who doesn't fancy you in a gay bar or anywhere. Erm, for no reason. There's got to be a reason why you're talking if you don't fancy each other.

It might be that within the gay equivalent of masculinism, sexual attraction supplants emotional exchanges, very much like what happens within the heterosexual context between men and women. There were several throughout the generations who did not appreciate how other gay men objectified them sexually. Danny thought that friendships should be based on doing things with each other unrelated to sexual orientation. To simply base a friendship

around being gay would soon become 'dull'. What is interesting here is that the direction is not necessarily towards integration with the heterosexual majority, but rather, away from gay separatism. Consequently, this pattern might be connected with constructing a reflexive network rather than becoming integrated with the wider population. And this is the pattern that gets more pronounced in the Legal-18-Generation and the Legal-16-Generation.

The Writing's on the Wall – the Importance of Non-gay Friendship in the younger generations

Those in the two younger generations placed less emphasis on having gay friends, though all participants had gay friends. The gay friends they have do seem to play a different role in that this is the one area where sexual orientation can be talked about. Gay friends make up the support structures around gay issues. For instance, Josh of the Legal-16-Generation has a good mix of gay and straight friends. Yet in terms of support, he turned to his gay friend as they were better equipped with the necessary understanding of gay issues. Similarly, James of the Legal-18-Generation had a mix of gay and straight friends, though when he was going through the trauma of being tested for HIV, he turned to his gay support network as he felt they would have a better understanding of the issues. It seems that the importance of having an exclusively gay social circle has decreased. Yet this does not seem to have extended to friendships between gay men and lesbians, which were rare.

Faggots & Faghags – The Special Bonds Between Gay Men & Straight Women

Only one participant in the present research reported being in a friendship relationship with a lesbian. Chris of the Legal-21-Generation met Lisa on a works course. Part of the reason for its success arises out of his partner's jealousy that appears to stifle his friendships with other gay males. Because there can be no sexual attraction between Chris and Lisa it seems to facilitate an openness and closeness that would otherwise not be allowed. Yet there seemed to be several accounts of special bonds between gay men and heterosexual women who also welcomed the absence of sexual objectification and interest. The emotional and intimate bond supplanted sexual attraction and so allowed a sense of security to develop that might otherwise be absent in many other styles of relationships. This was clearly the

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case with several of the participants in the current study, though it did seem to be structured by generation with the Criminal-Generation lacking much female input into their social and personal lives. For several participants, friendships with heterosexual females were intensely supportive, intimate and enduring. Indeed, the accounts given of such friendships pointed to them being at least equal in terms of importance to long-term couple relationship.

In the Legal-21-Generation, several participants talked about a close bond they had with a heterosexual female (Carl, Nick, and Richard). Even within this context however, there was a variety of different patterns that could be explored. Perhaps the most intimate friendship between a participant and a heterosexual female can be found in the account of Richard. He described his friendship with Christine as extremely close and for much of the time when she was not caring for her mother, they lived in the same apartment. Their friendship was based on mutual respect, openness and the ability to support one another in times of crisis. Yet in some respects, they also lead a separate social life and so had different friends from each other. It seems that this was important as it indicated to Richard that Christine is not the typical 'faghag' who were considered to cultivate gay friends to be able to go to gay bars:

> Richard: … I find it quite offensive because erm, I've got some really good female friends that people would presume were faghags but they're not because they don't particularly go round the Gay Village. They just like me because of who I am. Erm, and they've been called faghags in my presence and I've been really annoyed about it because I think well, I don't know. It's used in a derogatory way. It's not used in an endearing way.

They both acknowledged that their friendship was 'special' above all others to the point of describing each other as 'family'. They had a level of intimacy that was usually observed with couples. They could talk openly about almost anything and to a large extent, did not see the need to censure out aspects of each other's lives. It was to all intents and purposes, the most significant relationship to Richard and Christine.

There are similar patterns found in the Legal-18-Generation. Jason talks about several close friendships he has with heterosexual females but it is the narrative of Ryan that provides

evidence of a different style of heterosocial intimate friendship. Ryan has known Natasha for a number of years, in which time they have developed a strong relationship to the point where she is described as being part of his family:

> Ryan: My family would consist of my mother, [my partner], my best friend Natasha, erm, my mum's husband [name], erm, my beloved cat. [who] else would be in my family, Natasha's kids and my friend [another straight female].

The friendship is based on offering a high degree of emotional and instrumental support. Natasha is a single mother with two children, one of which is disabled. Ryan often helped to look after them with her. Ryan and her mum are the only people she trusts to do this, implying that Ryan provides an important outlet for his friend. Natasha confirms much of what Ryan says. A major reason why she was comfortable with the friendship with Ryan relates directly to his sexual orientation in that it removes potential sexual attraction or tension she expects to find in friendships with heterosexual males. This will not happen, as gay men are not sexually attracted to straight women. The result is that the relationship develops beyond what might be expected in mixed sex relationships. This mixed style of friendship might also develops differently from same sex patterns. For instance, Natasha considered her female friendships were competitive, tended to be 'bitchy' and prone to gossip. There was no such concern with Ryan which engendered a high level of intimacy and the ability to share their deepest secrets:

> Natasha: He's the best mate that anyone could ever have erm, he's just been fantastic in the three years that I've known him, I've gone through personal torture really erm, in my relationship and find out that I've got, erm my daughter's disabled. And he was my rock. He really helped me through everything that I was going through at the time. And the one that I've told everything to - spoke about and everything. More so than my friends that I've had since from school. I don't know, I just felt a really good connection with him. We just get on very, very well. I think we are very alike in a lot of ways, but very not alike in ways as well which, I don't know, it's just a bit mad. But we just seem to get on to get on very, very well. And I, he baby-sits for me as well which is erm, a big thing because I don't let anybody baby-sit my children, just my mother. And for me to do that, as people have said to me, you know, it's a major responsibility for Ryan with having the disabled child and an older little boy as well erm, but you know, it's never been a problem. I don't even worry about the kids at all. When I go out, when I know that Ryan's here with the children

looking after them, cos I know that they're looked after as well as, well as if I were here myself.

The paradox here is that, in terms of social capital, Natasha recognises that she and Ryan are very different yet provides an account of an intimate relationships that could easily be described as 'bonding social capital'. Similarity does not appear to be a necessary requirement.

Of the three participants in the Legal Generation, Justin and Josh talked about a close bond with a heterosexual female, Mel. She was discussed in terms of being part of their support structure. Their relationship with her did not seem as intense as it did for some participants in the other generations. They both considered that some gay issues were not suitable topics of conversation with her. Despite this, they were able to receive support from her regarding their recent mental health problems. She was clearly an important part of their support structure but on the health issues, she was not their mainstay, which was left to professionals for Justin, and a gay friend for Josh.

These friendships work on so many levels. Firstly, heterosexual women might sometimes want to avoid the sexual attention and tension they receive from heterosexual men. They may also want to steer clear of the competitive, 'bitchy' element that occurs with other women. Likewise, gay men may always appreciate the sexual attention and bravado from other gay men. What results from these different approaches is a propensity for non-sexual relationships to develop between gay men and heterosexual women. These styles of friendships were often very close intimate relationships built on an equality that might be more difficult to sustain with other types of friendships, be they heterosexual or gay. Again, relating back to Giddens notion of the pure relationship, here we see an example of two friends being able to treat each other as equals.

Yet to some degree, sexual orientation had both an enabling and a disabling affect on the friendships. On the one hand, it was the absence of sexual tension that seemed to create and sustain the friendship. Sexual attraction was not, nor never would be, part of the friendship. This facilitated a closeness and level of intimacy often reserved for partners.

Yet sexual orientation still occasionally acted as a barrier to some extent in that it prompted a degree of self-censorship specifically around gay issues, especially in the younger generations. It seems that gay issues were still best discussed in a gay context. It was not necessarily to the detriment of the friendship, but it did mean that there were still concerns over having a stigmatised identity. The discourse implied that heterosexuals would not necessarily understand some aspects of the gay lifestyle.

The changing social and legal climate has made being gay increasingly accepted in many parts of society which will likely mean that friendships between gay and straight people are more common (Grigoriou 2004). Though this has been occurring for some time between gay men and heterosexual women, friendships between gay men and heterosexual males were rare. What little evidence there is suggests that as the taboo of 'homosexuality' breaks down, it will become easier for such friendships to develop (Weeks, Heaphy et al. 2001). The degree to which the heterosexual male is comfortable with 'homosexuality' or has homophobic tendencies will be instrumental to such friendships (Bank and Hansford 2000). They did not often occur in the Weeks et al. (2001) study. They provide just one instance and attribute this phenomenon to their participant's relative youth. In the current sample, some participants provided accounts of friendships with heterosexual males. However, they seem to suffer from the same problem of self-censorship as existed within the family of origin. Within the traditional family structure, there was tendency to accept their gay sons sexual orientation but this did not translate into openness or emotional support around gay issues (Grigoriou 2004). As illustrated in the coming out stories, in many instances, when family members were told of their son's sexual orientation, there was seldom a hostile reaction. However, it was also reported that after coming out, families seldom discussed sexual orientation or offered support on such issues. It often became the 'elephant in the corner that no one dared talk about'. Of course, this was structured by generation but throughout the different age cohorts, the patterns are similar, even in the Legal-16-Generation who are accepted but do not give accounts of being supported.

To some extent, this pattern was also replicated within friendships with non-gay people, especially males. These friendships often came across as 'stunted' because of the subtle

pressure not to stray from the heterosexual standard that was imposed upon them. Quite frequently, it was an interactive process involving the gay man self-censoring much of his gayness out of any interactions with non-gay people. In some instances, there was also either an implicit or explicit understanding that the gay man would do this. As mentioned in chapter four, William from the Criminal-Generation had an implicit agreement that issues of sexual orientation would not be discussed with his heterosexual friends. When this rule broke down, the interaction became quite moralistic and judgmental. There were several in the Legal-21-Generation who had some sort of friendship with heterosexual males, but the smooth running of such friendships relied on all issues involving sexual orientation being hidden. For instance, Richard's heterosexual friends made it difficult for him to talk about his sexual orientation:

Richard: Yes, I've got more straight friends than I have gay friends. And I've probably got more gay mates than I have straight mates, if that makes any sense. So my close group of friends that I see a lot only include one gay man. So a lot of straight women and a couple of straight men.

John: And the straight men are your friends?

Richard: Yes, they're friends.

John: How did you meet them?

Richard: Erm, well there's [friends name]. I met him at erm, well there's quite a few, mostly college, university, work, you know one of the three. Erm, because I have quite a good relationship with straight men. I don't know why that is, but I do. Well I think it's to do with what I was saying earlier about, you know, the kind of, as long as you don't talk about sex much, you know, then … I've got one straight friend and we do talk about sex occasionally but it more err, a retaliation thing on my part. Because he talks about women and shagging and tits and fannies and what he'd like to do to her. And then when he does that I say well, I'd really like to do such and such a thing to him and him and him. You know, and I do the same back and he doesn't like it. But he knows why I've done it and, so he would never say anything but I know he doesn't like it. I think well, if you're going to talk that way with me, I can talk that way with you. And you have to accept it. And he kind of does, but I know he doesn't like it.

Yet this also needs tempering with what Richard discussed in chapter four where he described how his heterosexual friends did not trust him as they perceived him to be a sexual predator. Such instances do not seem very democratic or egalitarian. Gay men start from a position of assumed inferiority with heterosexuality being assumed unless refuted. Having to conceal gay values and norms prevents the heterosexual assumption from being

challenged and allows heterosexist myths to fester. The account of the interactions makes it apparent that the stigma of being gay acts as a barrier as the friend cannot relate to what he considers a gay lifestyle.

The difficulty arises because sexual identity can act as a defining feature of the individual (Giddens 1992; Edwards 1998). To lose this important quality could engender a superficiality within the network structure that does not acknowledge such statuses. This was most pronounced when participants talked about their friendships with heterosexual males. Though this differed between generations, each cohort experienced internal and external pressures to restrict from view many aspects of the gay lifestyle. Yet for the younger generations (Legal-18-Generation and the Legal-16-Generation especially) the importance of other gay men in their network structure was diminishing. It seems that gay men are increasingly turning away from aspects of the gay lifestyle and community which they perceive as 'back stabbing' and 'bitchy' (Grigoriou 2004: 31). In the present research, this trend was evident, though the reasons for it were diverse. For the older generations, as the 'family' was a problematic location for the gay identity, they had initially turned to the wider gay community when constructing their supportive networks. For the younger generations however, the family was much less of a problem and many started their gay career while still living with them. For these younger cohorts, the notion of the gay community had become problematic for locating their identity (see table 7 for how the different styles of family and support structures mapped onto the four generations). These issues will be explored in more detail in the next chapter.

Table 7 - The different styles of family mapped onto the four generations

Family of origin	Families of procreation	Families of choice	
Could not be out as illegal so need to hide sexual orientation. The emotional distance did not cease after social and legal climate became less hostile. Sexual orientation still never address by either party. Unlikely to be supportive as lacked meaning through inability to address sexuality.	The heterosexual assumption, absence of legal protection, and hidden nature of being gay might push some towards forming families of procreation. Marriage might be the 'natural' move into adulthood.	The early climate meant interacting with other gay men was difficult and so stifled this style of family or overt network building. Relationships/friendships were disguised and established covertly.	*Criminal-Generation*
Though no longer illegal, family of origin still perceived as the site of hostility and uncertainty. Still high degree of self-monitoring. Gay issues ignored/remain hidden because of continued social stigma. Family of origin seldom because emotionally supportive or close and often lack meaning.	Despite improving climate, the pressures to conform to heterosexuality remain strong leading some to marry. However, the changing climate means being gay is increasingly visible and more married men begin to question their position within the families of procreation.	Beginning of the families of choice as legal climate changes allowing gay men to 'openly' form relationships. Also the beginning of the gay community as gay men support others in similar situation. Kin are still absent in this cohort's families of choice.	*Legal-21-Generation*
Legal and social climate mean the family of origin are aware of their son's sexual orientation quite early on into their gay career. Some are supportive and sexual orientation is no longer a no go area though some aspects remain hidden or kept private.	No examples within this small, unrepresentative sample. Is this indicative of the improving climate providing better opportunity to embark on gay career earlier in life. Less pressure to conform to marriage when making the transition into adulthood were reduced as the gay man was often out and so made their intension clear.	Several start to construct families of choice made up of kin, partners and close friends. Gay community was important in early part of the career but has decreased in importance. Chosen family unit now more important than notion of community as site for support.	*Legal-18-Generation*
The family of origin know of son's sexual orientation early in gay career and are broadly supportive of son's decision to live gay lifestyle. Some aspects are still kept private though discussion is welcomed	As for Legal-18-Generation, the heterosexual assumption is weakened allowing the gay career to start while still living with the family of origin. The need to conform to the heterosexual standard is not considered	There is a rejection of the gay community as social networks are constructed around friends, lovers and kin.	*Legal-16-Generation*

CHAPTER 7

THE CHANGING FACE OF THE GAY COMMUNITY

Pre 1967, the physical manifestation of gay space needed to be invisible. There were no places or gay scene as we understand it today though Skeggs reports that they have 'existed in Manchester since the early 1900s' (Skeggs 1999: 218). As the legal and social climate changed, the physical presence became more open and visible. There now exists what many consider a vibrant gay community in Manchester. The 'Gay Village' as it has become known, is located next to the Rochdale Canal in what was once a heavily industrialised and, then, run down area of Manchester. Having this focal point has to some extent, given the 'gay community' a physical presence in Manchester and, as such, made it possible for unprecedented levels of community activities.

7.1 – COMMUNITY GROUPS & PARTICIPATION

The voluntary sector has an important role to play in providing a platform for voluntary and supporting activities and often presents the public image of the non-commercial aspect of the gay community. These stakeholder groups and organisations are key to the styles and forms of civic engagement as they represent the 'core' that MacKian (1995) describes. However, there are many other ways in which gay men involve themselves in community activities far removed from the formally recognised fundraising, political activities, and supporting activities provided by the key community stakeholders. There are those who spend their time running social/activity based groups. There are those who participate in formal and informal groups – the 'publics'. But there are also those whose only level of community activity is to socialise on the gay scene. What 'counts' as belonging to any group or community is both symbolic and subjective. It is at times a matter of choice but at the

same time, being gay meant there is no choice. The fluidity of belonging and participating in communities may also be changing along with other societal shifts. The next section explores the structures and experiences of various sections of the gay community.

'The Heart of the Community' & Other Platitudes – The Stakeholders Perspective

The way social capital locates stakeholders and key community organisations should mean they play an important part in shaping the activities, personal support groups and even the experience of gay men. Throughout the course of the fieldwork, and the immersion process, many key stakeholders were talked to, observed and their advice and opinion sought. Not all could be accessed for the sample because there were simply too many. Therefore, the potential of many were explored and attempts made to access them. The purpose of exploring the stakeholder's perspective was to add depth of understanding to what might constitute the gay community and gay experience of social capital. The principles of crystallization (Richardson 2003) stress how the same experiences can be explored from different angles, so essentially having the same story told by different people.

Not all data came from interviewing or observing stakeholders but sometimes, from having conversations in bars and clubs, which were then turned into field notes. Taking this approach worked on two levels. Firstly, getting involved with various groups demonstrated the forms of civic engagement that might be open to gay men in Manchester. Secondly, it added depth by highlighting both the possibilities and the tensions within the gay community. Taking a snapshot of the gay communities in Manchester at the time of the fieldwork revealed some startling results.

Lesbian & Gay Policing Initiative

One of the first groups I attempted to access was the Lesbian and Gay Policing Initiative. This transpired to be an extremely negative experience that is reflected in the account given below. It might have been as easier to give a dispassionate account of what took place but that would not adequately illustrate the discord that shaped my experience. Greater Manchester Police Authority (GMPA) hosted the policing initiative meetings and provided

such things as stationery, note takers and postage, but more importantly, a platform on which members of the gay community could engage with the police. It was established in 1993 in an attempt to improve community relations between both parties. For a number of years it was quite successful but interest in the group had started to fade. At the time of the fieldwork, it had not had a chair for several months and attendance at the meetings was sparse. One of the reasons for the decline was that the figureheads who had set the group up had moved on to do other things. There were also tensions between competing organisations. For instance, the meetings used to be hosted at a lesbian bar but could not be once the venue had been sold. The meetings were then sometimes hosted at Manchester's Town Hall, especially the AGM when larger rooms were needed. When the fieldwork began, the meetings were being held at the Hollywood Showbar. However, city councillors would not attend because of who owned the venue.

My interests as a researcher were declared to those who attended the AGM, held at the town hall, and it was suggested that I might be useful in trying to recruit new members to what was a fast diminishing and ineffective group. To try to move the group forward, a temporary chair was elected along with some core group members, of which I was one. The first thing that struck me about this group was the GMPA's desire to fulfil their statutory obligations in consulting with the gay community. Buzzwords abounded - the community consultation on offer was in name only. They showed little regard to the complexities and limitations of the issues and cared less about the suitability of those they consulted and deemed representative of the gay community. Some of my hopes were to engage with the hidden sections of the gay population, such as gay married men or those who did not visit the Gay Village in Manchester. Another of my roles while participating in this group would be to hold the police to account on some of their more dubious decisions, as had been the case when the group first started. I was not alone in this endeavour. Two other new members also saw their role as one that challenged the policing of the gay community and not as a 'rubber stamping' exercise for the police and police authority. However, this approach to dealing with policing issues was not welcomed by the new chair.

On reflection, my dual roles as researcher and gay man were incompatible in this instance. My reason for being there was not simply a matter of accessing this organisation. To be a fully participating member, it seemed important to explore ways of challenging injustice and improving the standing of the gay community. The result was that the two other new members and I were described by the temporary chair as 'militants who had infiltrated the group' to the GMPA and we were quickly sidelined, misled on several occasions and eventually excluded from the committee despite being elected representatives. The two other new members were concerned that the label they had been given would be met with reprisals from the police so they withdrew their input from the group. The Lesbian and Gay Policing Initiative eventually stopped holding public meetings, postponed the AGM, and only had the one member: the temporary chair who still continued to act out his responsibilities for GMPA. My first attempt at accessing a community group had failed, but the experience was informative.

As the fieldwork progressed, it became increasingly clear that my utopian view of the gay community would not serve the research well and the experience with the policing initiative had highlighted just some of the (gay) politicking that went on within the gay movement in Manchester. There were many divisions and competing agendas. Some groups would not communicate or work with other groups. Some local council members expressed disdain for Lesbian & Gay Foundation (LGF) and considered it ineffective and a waste of money. The LGF saw the unwillingness of some key stakeholders to recognise them and their potential as harmful to the gay community and a barrier to some accessing their service. On a personal level, some used their sexual orientation as a platform but then refused to be drawn on 'this single issue'. All this was useful information that showed me the divisions and personal agendas of many of Manchester's key institutions, personalities and organisations that were said to represent gay interests (a lesson that proved most useful as the decisions about which groups to access at which time were made). So this was civic engagement.

THE LESBIAN & GAY FOUNDATION

One of the key stakeholders was LGF. The LGF has a high community presence in Manchester and their main remit is HIV prevention. They also support people through various activities such as face-to-face counselling, couple counselling and a dedicated telephone helpline. Several LGF representatives agreed to take part in the research. There were also the less visible, but equally important groups that were autonomous yet affiliated to the LGF. This might be a simple matter of the LGF providing a venue, as they do for the Gay Married Men's Group (GMMG). This group offered support to men in relationships with women but who are attracted to men. This particular vulnerable and hidden group brought a unique perspective to the gay experience and notion of civic engagement. There were some support groups who are not affiliated to the LGF but who have received grants and funding from them. For instance, Manchester's Parent Group who offered support to the friends and families of gay people and so is important from a social networking perspective. Key stakeholders from both groups were accessed for the current research.

As the LGF seemed central to civic engagement, much attention was given to them. The interviews with representatives and affiliates of this organisation took place throughout the course of the fieldwork. The purpose of the interviews was to explore the roles and position of this organisation. The results presented here are not intended to be representative of all those in the LGF's hierarchy. Rather, they are to give a snapshot of where some in the LGF consider they currently are in the perception of others, and of their role within the lesbian and gay communities.

The LGF was formed in April 2000 with the merger of Healthy Gay Manchester (HGM) and Manchester's Lesbian and Gay Switchboard (Switchboard). The two organisations had quite different remits with the emphasis of HGM being HIV prevention, while Switchboard operated a support and information telephone service. It was considered that the two groups complemented each other and bringing them together would mean they were not competing for the same pot of decreasing funding. The LGF is now the largest lesbian and gay health and support organisation outside London with a budget of over one million pounds.

The first issue they had to overcome was the name. This was not simply a matter of deciding the name of the organisation, but rather, its direction and focus. Many sexual orientation groups also seem to include gender identities within their remit and therefore focus on both gender and sexual orientation. Historically, there is often a perception that service providers should meet the needs of the 'LGBT' community and so include transsexuals and transgendered within their scope. In a recent guidance document by the BMA, it was made clear that 'trans' issues were unique and not entirely relevant in dealing with sexual orientation (BMA 2005). Similarly, Stonewall are clear in their aim to be a lobbyist for lesbian and gay issues. There has been no conclusion to the debate but the LGF had to decide what would be in their name. The question that needed addressing was whether they would focus on gender as well as sexual orientation. They consulted with many different stakeholders and users. The bisexual people were happy to come under the lesbian and gay label but agreement could not be reached on the inclusion of 'T' in the title. It was put to a vote of members who decided to restrict the title to include just 'L' and 'G'.

The main remit for the LGF is HIV prevention with 50% of its funding of around half a million pounds coming from the 14 Primary Care Trusts (PCT) in Greater Manchester. There is a reciprocal arrangement that provides the LGF with the necessary funding to perform its key role, and the PCTs are assisted in carrying out their responsibilities under the CHAPS programme which is a national strategy for HIV prevention. This is primarily achieved through the distribution of condom packs to the gay bars/clubs and saunas.

The formula for working out where the money goes is based on the number of HIV positive gay men there are in that area. This seems to be a very 'down-stream' approach considering this money relates to prevention. The LGF and CHAPS are lobbying to get that formula changed because the focus should be on the number of sexually active gay men there in a given area, which better represents the challenges they face. Under the system described, much of the funding goes to London as that is where the majority of gay men living with HIV are located. Another funding difficult arises out of the increasing treatment cost, which appears to be absorbing funding that ought to be used in the prevention of HIV. Again this paradox is challenged by the LGF who point out that it would be more cost effective to

increase the prevention budget to slow down the rate of new infections and cut the cost of treatment in the long run. The PCTs have set up a working group of which the LGF are a part to explore these issues further.

The other half of the funding comes from successful grant applications to organisations such as the National Lottery and Comic Relief; to charitable trusts (though these grants can take up to three years to obtain); and fund raising and donations from the lesbian and gay communities. It is with this money that they are able to expand their focus to include other issues, such as supporting community members, and other groups such as lesbians and bisexuals. This is achieved through Helpline (the new name for Switchboard); hosting groups; providing funding through Operation Fundraiser and operating counselling services:

> LGF   This is where we get quite generic because, as I said, the condom distribution scheme is obviously gay men and HIV prevention work. If I take the Helpline, this is where you get LGB. That could be you know, mental health or sexual health or just information giving general advice giving. Same with counselling, in terms of group work, as you know, we have some women's groups and men's groups with different focuses. Whether that focus be age or theme, like Ice Breaking and Stepping Stones coming out into Manchester. The training that we do at the moment is specifically for men. But again under the HIV banner. Not necessarily coming to an HIV workshop but also issues around assertiveness and self-esteem, negotiation skills. And stuff like that. In terms of like personal development stuff.

The roles of the LGF are therefore, HIV prevention and supporting lesbian and gay people through various activities. The scope for civic engagement here is vast but the perception was that they wanted to move beyond condom distribution and a helpline. It was also commented that the role of the LGF should not be limited to a Health Promotion Unit for lesbian and gay people:

> LGF: What I don't want to happen is for the LGF to become a health promotion unit. And I say that because within every ward there's an NHS health promotion unit where they help you to give up smoking, give up...just like that, you know what I mean. I don't want the LGF to become like a lesbian and gay health promotion unit. I think it has teeth to be able to do something else.

To work at the LGF, it is not essential to be lesbian or gay but there was a worry that the organisation would continue to be perceived as a gay men's agency. One way the board of

trustees wanted to overcome this was to ensure they had a good equal opportunity policy encompassing those they employed and those they served. They have 24 members of staff, which has an equal split of men and women, whereas 60% of the users of LGF are men and 40% women. The board of trustees has a 50/50 gender split. The volunteers are a 70/30 split in favour of men. One area that they are still struggling with is around recruiting ethnic minority users. This was an issue raised by Manchester Parents Group, Manchester Lesbian and Gay Chorus, and to a lesser extent, the GMMG. It is clearly an issue throughout the gay voluntary sector in Manchester.

LGF have relationships with many different sectors and groups of people around Manchester. They work with the HIV sector, LGB sector, the statutory sector, and the private sector. They have good relations with many but there are those who are particularly negative about the role and position of the LGF. For instance, there was a perception that some other LGB organisations unduly criticised the LGF:

> LGF: I think the other challenge is especially Manchester City Centre, I think too long we've been in the firing line. We've put our heads above the parapets at times and we've been shot at. And where we haven't put our heads above the parapets we've been shot at anyway. But again I think that comes with the territory. I think that comes with our size, our success, our profile.

Clearly then, the LGF are aware of the negative perception of some of the other Manchester gay groups and stakeholders. Much of the problem arises out of 'personalities' and the different perceptions of their role. For instance, some key stakeholders outside the LGF are considered more interested in self-promotion and development than they are in the health projects or the gay community. There was an acknowledgment that there are tensions between the LGF and the council:

> LGF :   I think because the politics around the gay politics in Manchester and Manchester City Council, we've got a long way to go to patch up the differences. You know, but Manchester Town Hall, people say 'oh the gay mafia' but the Council Officers, the Counsellors who are gay and have a gay agenda are known as the gay mafia and nobody wants to … But they've used the gay agenda in the past to better their own, you know.

Daniel of the Legal-18-Generation in the section above also highlighted this and so supports this perception (he is also critical of the LGF). There are clear tensions within the LGB sector, illustrated by other stakeholders throughout the fieldwork. For instance, the role of Operation Fundraiser:

LGF: I'll give you a good example. I'll go back to Operation Fund Raiser. Now Operation Fund Raiser was undertook by ourselves and the George House Trust and we could have been selfish, we have fund raised all the monies and kept all the monies ourselves. We felt it really important to put some of the monies back into the smaller under funded projects within Greater Manchester. And we've been slagged off for doing that. I mean it's that negativity. Everything's always, you know, negativity, the glass is always half empty and never half full, you know. And we find it a real issue for Manchester, in particular with other Manchester projects, LGB projects. And it can be, that can be quite frustrating... As I say, Manchester, the LGB politics have been going on for many, many years. Many, many years and for some reason, we can't get over it.

The role of the LGF and operation fundraiser are very important to some of the smaller groups that offer specialised support to various sections of the gay community, such as Manchester Parents Group (who applied for funding to expand their services), and the Gay Married Men's Group.

THE GAY MARRIED MEN'S GROUP

The Gay Married Men's Group was established around 2000 to support men in relationships with women but who were attracted to men. It is an affiliated to the LGF who provide a venue and some support to volunteers. It was difficult to establish how long the group had been offering its services, though it seems to have started prior to the birth of the LGF. The volunteers who run the group have all been in relationships with women. Due to the difficult and vulnerable nature of the group, attendance was sporadic. There were no rules about attendance and men could attend as often or infrequently as they pleased. One of the main difficulties for men in this position was the fear they experienced when trying to access the group and the symbolism of their crossing the line into a gay space. There were also the actual risks of being discovered and then outed that acted as a major access barrier.

These factors brought difficulties in getting volunteers to run the group. They needed to have experience of being in this situation in order to be able to engage on a meaningful level with those that attended and needed support. Getting someone to fit the criteria was very difficult. Typically, voluntary support groups get their volunteers from their pool of users such as happened with Manchester Parents Group. However, the vast majority of men using the GMMG were unable to give their full names, let alone commit to help running the group. There was a perception that the changing nature of society and increasing interest in the Internet were bringing about a change/decline in interest in the group. Therefore, a grant was applied for from Operation Fundraiser to build a web page so that the group would have a cyber presence. The changes to society were a more difficult challenge and could be interpreted in various ways. It might be that fewer gay men are entering into heterosexual relationships, though that would only account for the younger generations as the older generations had already done so. The improving climate might therefore bring about a greater need for such support groups as older gay men realise that they no longer want to be married and want to live a gay lifestyle. The difficulty in maintaining numbers might be related to the need to conceal the group and its members. The web presence may help in this matter, as it not only makes the group visible to potential users; it also allows them to interact with other men in their position before attending the group. Also, the LGF produced some postcards that advertised the services of the GMMG that were distributed to various venues across the northwest of England. Despite this, engagement with this group is still sporadic and highlights a major problem with the way that the social capital theory blithely uses the notion of participation as a measure of a successful community.

MANCHESTER PARENTS GROUP

Manchester Parents Group is not affiliated to the LGF but do still receive some support from them, through Operation Fundraiser amongst other things. MPG was started in 1986 by three mothers of gay sons. It was through talking to young people about problems they faced in the family that they realised there was need for more support for parents and young people and families. So they decided to set up a group to meet regularly, as well as a

telephone helpline. They now hold face-to-face meetings, once a month in the Taurus Bar, which is in the gay village. They are a voluntary group run by a 12 strong committee who are all parents of gay children. They do not have an office and, other than Operation Fundraiser, have no other funding. That is why they meet in Taurus as they are not charged for the use of the room.

They offer three routes to their support: through face-to-face meetings, a telephone helpline and via email. Other than supporting people, one of their main aims is getting information out to as many places as possible. Being affiliated to FFLAG, which is a national organisation supporting Friends & Family of Lesbians and Gays, they get assistance with producing booklets and leaflets that advertise their service. They have several helpline numbers across the northwest of England. The helpline numbers are volunteers' own home telephone numbers.

The types of person calling for support, face-to-face, ringing or online all seem to have similar issues to deal with:

MPG: Well it's usually the same sort of things that people present, you know, people have just found out and they're very apprehensive and they know nothing about it. It's total stress and they want to know how to deal with certain situations, you know. But usually people present this sort of a fear and lack of understanding. But they're usually very frightened of the future for their sons or their daughters. You know, usually frightened of things like will he be gay bashed or bullied or, you know, I think it's really, we're all sort of fed with sort of negative aspects aren't we, as what is gay.

There was an awareness of the changing social and legal climate and the group had been witness to increasing numbers of parents as it has become easier to come out as lesbian or gay. A recent change is in the increased numbers of men asking for support. However, the majority of members and users are mothers and when men do attend, it is usually with their wives:

MPG: We are getting increasingly more men, which is good, you know, men are prepared to come to a meeting and talk about it more, which is an indication of the times I suppose really isn't it.

Whereas the older generations would not have been able to go to their parents and reveal their sexual orientation, the changing social and legal climate meant that the younger generations could do so and realised the need for a self-help group to support the parents. Having this support group is likely to make it easier for the gay person once they have come out, as it may be one less thing they have to worry about or deal with. Moreover, supporting parents in this way indirectly helps the son, as they are more likely to be able to use their family of origin as a support structure rather than having to omit certain elements of their lifestyle:

> MPG: The way we look at it is if we can help parents come to terms with the issue, then we're preventing a lot of problems, family problems and you know, that might otherwise help them.

This was evidenced by a moving story of a family trying to come to terms with the issues faced by society's prejudice and discrimination:

> MPG: A couple of parents came and they were in a terrible state because their son had tried to commit suicide several times. And eventually it was wonderful to see this son because he had a partner and he was happy and he changed beyond belief, you know, so that was really a great thing.
> John: It's a true success story then isn't it.
> MPG: Yes, yes. Because they say probably if they hadn't have come to the group and been able to talk to him and help him, you know, something would have happened. But he's very, very happy, you know, he's got a partner and he's really, really happy. And the change in him, you know, I think it's difficult for young people to come to terms at first with their own sexuality.

Clearly, it was the support of his family that assisted him through the difficulties associated with coming out. The MPG therefore provide a platform for family members and friends of gay people to engage in gay community matters while not being gay themselves. Yet they too seemed to be facing similar problems to the GMMG. Though they had enough volunteers, it was becoming increasingly difficult to recruit new ones. They also thought this was indicative of a changing world. It was not simply a matter of the issues going away, but also that more people were using the Internet for support.

From a voluntary perspective then, both the LGF and Operation Fundraiser are important support structures that facilitate various levels of community engagement at the fringes of

what might be considered the gay community. Often, these are the type of voices that are not being heard or listened to though the services they provide are essential to some of society's more vulnerable people.

SUSTAIN – COUPLE COUNSELLING

The LGF have also ventured out into working with some of the heterosexual partners who provide similar services to the heterosexual communities. Sustain was a joint venture between Relate and the LGF. The provision of counselling for same-sex gay couples was non-existent prior to this but there had been face-to-face individual counselling for some time at the LGF and before at Switchboard. Relate did offer services to same-sex clients, but its public perception as a heterosexual organisation acted as a barrier to lesbians and gay men. The perception of the volunteer counsellors at Relate was also that they were middle-class 'ladies' counselling middle-class couples. When same-sex couples had accessed the service, they had found it less than satisfactory:

> LGF: Well the evidence that we had before the project began was that lesbian and gay couples had accessed Relate but the reporting back was that the couple often ended up counselling the counsellor because the counsellor had got insight into the complexity and the difference of gay or lesbian relationships. There was an assumption that they operated on a similar level to heterosexual relationships … The reality was that the counsellor wasn't equipped because the counsellor was usually heterosexual, coming from a heterosexual background and probably previous experience had only ever been with heterosexual couples. And now they'd had two queers turn up and didn't understand about a lot of complex other issues … about gay people need gay people.

This was borne out in the account given by Martin of the Legal-21-Generation who went for mainstream counselling because of his depression. The counsellor chose to attribute his state of mental health to his job rather than to his being a gay man living as a heterosexual. The complexities of the gay lifestyle meant that heterosexual counsellors lacked a frame of reference that would explain some of the things that might seem 'obvious' to a lesbian or gay person. For instance, heterosexual counsellors could not understand the different layers of 'outness' within a relationship where one half of the couple is out in all his social networks whereas the other is in the closet in all-heterosexual environments. Having lesbian

and gay couple counselling would dispense with this need to explain aspects of a gay lifestyle that heterosexual counsellors often needed. The two organisations therefore, put a joint bid together and applied successfully for funding to develop such a service.

Sustain was launched in February 2003. However, it was beset with difficulties and barriers that needed to be overcome prior to the service starting. One was Relate's insistence that the new lesbian and gay counsellors had grounding in heterosexual couples before being allowed to counsel same-sex couples which meant that the new service would have to use Relate counsellors. This was perceived as heterosexist as there was no insistence that the heterosexual counsellors had a grounding in same-sex counselling before they were allowed to counsel heterosexual people. The accounts given here was of a heterosexual organisation acting in a prejudiced and discriminatory way:

> LGF: But the whole project has been like that. And it might well be that this whole project has been a steep learning curve for a lesbian and gay organisation working alongside a straight organisation. But the, certainly Relate believe that they have the upper hand. They are the ones that were calling the shots and we had to, had to follow their rules.

Beset with difficulties and internal politics between the two organisations, the service had hoped to train 8 Sustain counsellors in their first year. They did not manage this and only four got through their training: only one remained active. The year after, there were five trainees but due to lack of funding, the joint venture ceased, though the LGF still offers couple counselling without support or interference from Relate.

WHICH DIRECTION FOR THE LGF?

The direction of the LGF at times seemed less than clear once it strayed from its main health aims of HIV prevention and support of the lesbian and gay community. Maybe however, this was indicative of the complexities and divisions found within what might be termed, Manchester's gay community and business-orientated gay scene:

> LGF: I don't say community anymore because I say communities. I think a lot of people still see it based around the scene. A lot of emphasis is put on the scene in terms of the gay community. I am much more interested in mobilising

the gay community again. Unfortunately it's HIV and the clause 28 factor, its always bad things that mobilise us. I'm more interested in looking at how we can empower the communities more, getting involved in different ways. So, you know, we should be encouraging lesbians and gay men to be … school governors, to be, you know, public committees within the Primary Care Trusts and things like that, you know. For us [the gay communities] to have more of a voice. And to me it's about empowering us more to be there.

There was a need therefore, to draw a dividing line between the gay scene and the gay communities. Both were important, and it was not a case of valorising one over the other. What the scene did, for example, was to provide a visibility and safe space where the lesbian and gay community could interact and be at ease with themselves and each other. The LGF saw themselves as much more than a health organisation for lesbian and gay men as their motto, 'ending homophobia and empowering people' illustrates. But as a charitable organisation, the LGF are not allowed to have an explicitly political voice/role. Nevertheless, they still felt that they had the opportunity to challenge some of the prejudice and discrimination that lesbian and gay men experience. Sometimes, this could be by informing GPs and other health professionals about appropriate language when dealing with lesbian and gay issues. Their way of doing this was by supporting the lesbian and gay community around health issues. They are aware that other organisations are also trying to improve the social standing of lesbian and gay men but by using a top-down approach whereas the LGF are trying to do this bottom-up:

LGF: In terms of how we're dealing with homophobia. How are we learning to switch that homophobia off, now there are people and places like Stonewall and Outrage that are doing all that. And I think, yes but they're doing it in just one way. But Outrage are doing it very activist way. You've got Stonewall just working very closely with parliament… but who on earth is working with another institution and every other body, you know, working within the population itself, across the North West.

There seems to be an absence of visibly political groups in Manchester. In London for instance, there are groups such as Outrage, a gay activist group, and Stonewall, a political lobbying group. Groups of this nature are not evident in and around Manchester, which could limit the scope of gay activism. It is not that such activism was not present in the past, as the potted history found in appendix 11 illustrates. For instance, 1995 saw the first national advisory group on Lesbian and Gay Hate Crimes held a conference in Manchester Town Hall.

Further back in time, thousands demonstrated on the streets of Manchester to protest against Clause 28. But there does not seem to be a 'formally' recognised gay activist group that could provide the gay population with direction. This leaves much attention concentrated on the LGF who tried to provide some direction but were confined due to their charitable status:

> LGF: Say we can't get involved politically, there's … nothing stopping us being able to involve the community in what's going on. And we can put that in many different guises to send alarm bells going off to particular people depending on what your bag is. If you want to be political, with stuff going on. We can write in certain ways to inform people to empower people to, you know, make suggestions of what you can do about this. Rather than it being the LGF with the LGF flag on the town hall steps, dangling away type of thing. So you've got a lobbying from the back really encouraging people to take it forward.

It must be acknowledged that the interview with the LGF was at the end of the fieldwork at a time when a root and branch review was being undertaken within the organisation. This research only gives a snapshot of where the LGF was at that time. As a dynamic organisation, it will be in a constant state of renewal and change. However, I am left with the feeling that what it strives to be and the actualities of what it can be are somewhat jumbled. It cannot have an explicit political presence because of the restrictions that being a charity places upon it yet in the absence of such a presence, there seems little other choice. Manchester's gay politics have historically been a reaction against the negative treatment of gay men, such as the Campaign for Homosexual Equality in the 1960s, the clause 28 demonstration in the 1980s, and the Lesbian & Gay Policing Initiative of the 1990s. It now seems that Manchester as a gay city is failing to mature beyond these first and second waves of the gay movement. The only 'political' movement seems to be coming from a health organisation that is not in any position to be political.

What is needed in Manchester are voices parallel to those provided by Outrage or Stonewall. Stonewall had explored the feasibility of a northwest branch but was informed by some of Manchester's Key Stakeholders[11] that there was no need for such input. Clearly, the information they were given was wrong. It is likely that the key stakeholders' interests

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[11] Confidentiality does not allow me to state which key stakeholders informed Stonewall that they were not needed in Manchester.

would not be served by having such organisations in Manchester. The result is that political activism is stifled and stagnating. Thus an important aspect of civic engagement is absent in the current context as the publics' accounts of political activism will illustrate.

On a different level, the LGF does provide a platform for many levels of participation from volunteering to running groups, helpline or counselling services, down to participation in groups and activities or MacKian's (1995) 'participatory citizen'. However, there are no current examples of this in the accounts of those interviewed for the present research.

COMMUNITY GROUPS – SWIMMERS & SINGERS

There are many gay social groups that operate in and around Manchester but again, too many to access them all. Therefore, just two became the focus for the current research. The first was the Lesbian and Gay Chorus. The reason for accessing this group arose because of Putnam drawing our attention to the role of 'choral societies' in his notion of civic engagement.

> Voter turnout, newspaper readership, membership in choral societies and football clubs, these were the hallmarks of a successful region (Putnam 1995: 2).

The second group was Northern Wave Swimming Club. Finding a gay bowling league might have had more impact because of Putnam's metaphor of 'bowling alone' but this was not possible. The focus turned to a group that did another type of sporting activity. Of course, social activities are equally important to the notion of social capital and civic engagement and are therefore important to the present study. Representatives from these organisations were interviewed and participants observed.

THE LESBIAN & GAY CHORUS

At the start of the fieldwork, membership of the choir was low. There were occasions when only the four committee members turned up to sing. It had been running in various guises for the last 5 years and was just about to go through yet another metamorphosis after appearing at the EuroPride event held in Manchester in 2003. The choir supported the

London Gay Men's Chorus, the UK's largest gay choir, at the Library Theatre. The London choir had a much more professional outlook and held auditions for members, had a waiting list of those who wanted to join and employed a part time singing coach. Manchester Lesbian & Gay Chorus was much lower key and in many respects the 100 strong London based choir eclipsed the 12 members who stood on stage to support them. The event however, substantially raised the profile of the choir and by the end of the fieldwork, the numbers had increased to over 60 active members. The committee also grew to nine to reflect the changes. Initially, the choir met twice a month, but the growth in popularity meant that there was a demand to meet every week. They now regularly perform at many events both gay and straight. They are presently the largest Lesbian and Gay choir in the UK.

Participation in this group is strong and there is a core group of regular attenders. Typically, there was an even split between male and female members though there was often the perception that lesbians were under represented. There was a strong feeling that as a community choir, there should be no restriction on joining with no audition or cap on numbers. However, it did cause some tensions, as in some instances, even a basic level of singing could not be achieved by some members. The decision to allow all people 'regardless' was voted on by all the choir members and it was decided to continue to allow any person who wished to attend to do so. The difficulty arose in that the practice venue had to be changed three times to accommodate the growing membership. Eventually, a suitable venue was found and the choir settled there.

There are weekly subs to pay, but concessions are easily obtained for those with limited finances. They have received funding from the lottery and had two grants from Operation Fundraiser but are not cash rich. They feel their relationship with the LGF is good. In many respects, this group represents the traditional notion of voluntary and participatory community activities. Access is easy and retention of new members is good.

NORTHERN WAVE SWIMMING CLUB

The target of Northern Wave Swimming Club primarily were sections of the Lesbian and Gay community in the Greater Manchester area but they attracted membership from across much of the Northwest. The club started back in 1997 running just one night a week. There are now around 120 active members spread over three nights. It offers various activities ranging from casual swimming, coached swimming to water polo. However, socialising was an important element of the club so should be included in the list of activities. Tuesday evening was the main meet and was rounded off with snacks and a drink at Taurus bar in the Gay Village. There appeared to be two different groups operating within the club. The first one primarily focused on swimming whereas the second group had a more social element to it. This sometimes caused tensions, as both groups were legitimate members vying for limited space in the pool. At the start of the fieldwork, the pool was divided up 50/50 though the vast majority were 'socialites' rather than swimmers.

The stated aims of the club are to provide a safe environment for lesbian and gay people who might not otherwise socialise on the gay scene. In spite of the clubs attempts to include as many sections of the lesbian and gay communities as possible, there did appear to be some issues relating to 'outsiders' accessing the group. The fieldwork survey revealed that the vast majority of the members were male, reasonably affluent and well credentialed. There was only one active lesbian member. It seems that the club had a core of club members but attracting and retaining new members was difficult.

They have a formally constituted committee. At the time of the fieldwork, they had applied for and received a three-year grant from the Home Office to develop volunteering. This seems to have been successful with numbers of volunteers going up from single figures to 110 at EuroPride (2003). The driving force behind the club was the chair who was also Club Development Manager, a salaried position paid for from the grant. He and the committee organised and attended swimming events across Europe and so kept a busy and active schedule for the members. The club has formal ties with the LGF and rents office space from them.

7.2 – The Rise & Fall of the Gay Community

As the above illustrates, there is no shortage of groups, activities, support or visibility to many sections of the gay community in Manchester. This can be put down to the processes of individualisation that have allowed many gay spaces and many groups/organisations to flourish. However, there seems to be an element of infighting between many of the key stakeholders: but are they fighting a loosing battle? The increased visibility has made it easier for more gay men to come out and live an openly gay lifestyle. As indicated in the previous chapters, gay men are now able to come out at an earlier age while potentially still living with their family of origin. Something that was very unlikely for the older generations. But has the increased access to gay space, and ever larger numbers of competing identities started to eroded the symbolic construction and collective understanding of the gay community? The experience of the 'gay community' has changed and it is no longer the important resource that past literature suggests (for example, see Weeks, Heaphy et al. 2001; Heaphy, Yip et al. 2004). If this is the case, the implications for those charged with promoting gay men's health will need to re-address their strategies. The next section explores the attitudes and experiences of the generations to the 'gay community'.

A Case for Community – the Criminal-Generation

50 years ago, when some of the Criminal-Generation started out on their gay career, there was a genuine need to hide all aspects of their gay identity. The need for such spaces arose out of the sanctions enforced if discovered as gay. Congregating would be a risky business, and so need disguising. Jack, a 72 year old participant told me how in the absence of clubs for working class gay men, he went to lesbian clubs. Doing this meant that if the place was raided, they could form into mixed couples and hopefully avoid further suspicion. When George met his first partner in the 50s, it was a very secret affair hidden only by the poverty of the nation that saw two men sharing a house as a cost-cutting exercise rather than 'homosexuality'. With the removal of homosexuality as a criminal offence some 20 years later, it became a little easier for the gay men to socialise and construct a community and family network around themselves. However, the accounts given do not seem to be of

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the construction of a family of choice. Charles, once he had left his wife, lived and worked with his male partner. In some respects, he still seemed part of traditional network structures. Even in the accounts of those who moved away, what is described is more akin to traditional notions of the gay community. Back then, it was not just about creating a safe space in which to socialise, though this was important, it was about having a sense of belonging and shared meaning with other gay men. This might only relate to being comfortable around other gay men. For example, George only realised the necessity of the gay community when his second partner had died. Though he had many around him who offered their support, he felt they lacked the necessary understanding. He therefore decided to relocate himself to somewhere like Manchester that had an identifiable gay community. There was also an element of supporting others, such as those with AIDS/HIV, as Jack and Kenneth did, or it might be about setting up support groups to support other gay men reconciling their sexuality with their Christian beliefs as Kenneth did. Consequently, the types of activities taking place were analogous to constructing a community rather than the chosen family.

Now some 50 years into their gay career, many in the Criminal-Generation consider the gay community as 'ageist', overpriced and loud (see also Heaphy, Yip et al. 2004). In the eyes of Kenneth and Charles, the Gay Village primarily targeted the younger gay man. Age and ageism were issues highlighted by Weeks et al.

> Of the potential divides, age is perhaps the most difficult to bridge, and generational differences can matter, especially when, as is often suggested, the non-heterosexual world, like the heterosexual world, is aimed at young people (Weeks, Heaphy et al. 2001: 68)

Clearly, generational differences do matter, not just from the point of view of inter-relations but also by how they structure the experience of being gay. Many in the Criminal-Generation accommodated the negative aspects of their gay space, as they had known life without it, a situation they did not wish to return:

Jack: If it wasn't there [the gay community] it would be, as it was when I was a
           young man, pretty much isolation. When you didn't talk to anyone cos you

couldn't. Mainly because you couldn't allow anyone to know your sexuality. So if it wasn't there you would have to hide your sexuality.

But he was also aware of the changes taking place:

> Jack: But the village is not as safe as it used to be. Far from it.
> John: No, so why is that?
> Jack: Partly because of the publicity that it got through various television filming… So you're getting the Zoo crowd going down to look at the animals in the zoo type thing.

The perception was that heterosexual people had seen the Gay Village on the TV and had come to 'gay watch'.

One difficulty arose in the way that the majority of participants throughout the generations associated the gay community (a notional construct – symbolic place) with the gay scene (the geographic manifestation – socially constructed space). The Gay Village in Manchester became the centre of all the ills of both the gay community and gay identity.

COMMUNITY LOST – LEGAL–21–GENERATION

In the Legal-21-Generation, there were as many voices rejecting the idea of the gay community as there were embracing it. Joseph could no longer subscribe to such a notion because of the negative treatment he had experienced from many within the gay community. In his younger days, he had wholeheartedly embraced the gay communities and found it quite a liberating experience. It seems that in the 90s, the freedoms won by the gay community had provided the impetus to build a safe space where gay people could 'be themselves'. For instance:

> The creation of spaces in which to live, socialise and sometimes work, in an informal separatism from the heterosexual assumption… In such spaces, non-heterosexuals can be themselves, without having to explain who they are or wait anxiously for a misunderstanding about their lives. And in this way they can protect themselves from hostility or rejection (Weeks, Heaphy et al. 2001: 188-189)

It now seems that something has been lost in respect to the gay community. Back in the early 90s, there were few gay bars in the Gay Village in Manchester. What gay bars there

were often had a strict door policy. For instance, the Rembrandt was one of the most popular leather bars in the early 90s. The door policy was such that women and those not dressed as men where either denied entry or told they could only use the upstairs bars. The degree of segregation was much more in evidence back then. As stated, having gay-only spaces seem vital to the construction of the masculine gay identity in four distinct ways. Firstly in engendering a sense of belonging to a community that lacked physicality. Having somewhere gay men can call their own, away from the hostile hetero-normative environment, attaches symbolism, meaning and a sense of place to the bars and clubs that had sprung up and latterly became known as the gay village. Secondly, having such venues offered gay men a safe environment to engage with others like them. Thirdly, the newly formed gay spaces provided the setting where it was possible to construct a new sense of self away from past networks of family of origin, friends and peers. Finally, the ability to construct a private 'place' in a public space free to practice their masculine performances away from the gaze of the heterosexual population. These four elements are what seem important to the social construction of gay space and engendered a sense of meaning and belonging individuals have towards such places.

What seems to have occurred is an undermining of gay space by heterosexualisation. As the popularity of the gay village grew, it became an increasingly lucrative to those wanting to cash in on the pink pound. The shift in emphasis saw an increase in bar space in the gay village but a decrease in what was once considered gay-only spaces. From a time when many bars and clubs had a strict gay door policy, there is only one men-only gay bar left in the Gay Village. There is a wide scale perception that the gay community/scene has been appropriated by 'hordes' of heterosexuals. Gay space has fallen prey to 'gay themed spaces'. Some assumed that heterosexuals using the gay village would be 'gay friendly'. The reality was quite different, causing a dilemma between notionally allowing gay friendly people to use gay space, and keeping the level of privacy needed by a minority group:

> Richard: I don't like the fact that there's a lot of straight people in the Village... but at the same time, I want to be able to take my straight friends there. So my kind of rule is that straight people shouldn't go there unless they've got a gay friend with them...

Chris: Not that I'm talking about segregation. And yes I am for integration, you know, of the gay community and the heterosexual community, but, to a certain extent, you know, it can be counterproductive when you think that…gay people going into straight bars, because then the straight men cause the trouble because they think 'who, what's he looking at me for'. Which is why it makes more sense and it's sort of, it's a safer environment for gay people to have their own areas.

The result is, the sense of belonging that many gay men had for the Gay Village in Manchester has been supplanted with potentially hostile experiences of intolerance and lack of understanding about the norms and values of the gay people. For instance, Nick, describes a conversation he overheard in the Rembrandt:

Nick: But I really do object to this, well there was one guy in the Rembrandt, he was straight and he was complaining to his girlfriend that someone was fucking looking at him. And I thought, 'well yes, in a fucking gay pub, if you don't like it, fuck off'!

It seems that the Legal-21-Generation had tried to manage the integration between the gay and straight worlds but it had failed. Many had taken their straight friends to the Gay Village to show them what they had achieved. However, there was an overall objection to heterosexual people using the Gay Village in the absence of gay friends. They also did not get the level of acceptance that would make it possible for them to freely use heterosexual space as gay men. The consequence was that the gay community/scene was no longer the safe space they had once known. It was not just that it was bitchy and backstabbing (as Grigoriou reported) that had turned this group of gay men away from the gay community. It was because it bore little resemblance to the gay community they had helped create and defend. Those who had known what it had been like in its 'heyday' no longer had a psychological sense of ownership and this disillusionment resulted in them withdrawing from it notionally and physically.

IT'S SO PASSÉ – THE LEGAL-18-GENERATION

The Legal-18-Generation had grown tired of the 'scene' and as part of their settling-down process, had turned away from it. Only one participant (David) had any positive experiences of the gay community but this might be due to his newfound interest in fetishistic sex and

recreational drug taking. The rest, like many in the Legal-21-Generation had withdrawn from most aspects of the gay community. The difference between this generation and the latter was a matter of perspective. It was the perceived changes to the gay community that was the focus of disquiet for many in the Legal-21-Generation, whereas for many in the Legal-18-Generation, it was not that the gay community had changed but quite the reverse, it had stayed the same – and had not grown with them. The lack of change had led to withdrawal from the gay scene:

> Ryan: Don't get me wrong, four or five years ago I was obsessed about gay [community] and gay life. Everything had to be gay. My hair had to be cut by a gay hairdresser. I had to see a gay doctor. I had to go out with gay people. I had to drink in gay bars. I had to go to the toilet in gay toilets. That's how gay I was. But I've just grown out of that, you know what I mean. It has no interest to me at all.

This generation were much more reflexive and saw the changes in themselves as a reason for their disdain for the gay community. They had moved on, and the gay community and scene had failed to keep pace. Those continuing to use the scene were perceived stuck in the past. The hedonistic times that they had all enjoyed in their youth had started to wear thin.

The other account was of the gay situation/climate moving on. There was nothing left to rally round, not because the war had been won and equality reached, but rather because of the general focus of the gay world had become more individuated and without a collective voice.

> Daniel: One of the little kind of, um, memories of the time was going to the gay pride march. And I went on my own I think, I'd just gone as a sightseer, to check it out. Just, I think it was around the time I was coming out. And I'm walking on the pavement and it was all singing all dancing. I thought it was amazing taking over London, and um, just stepping off the pavement onto the road and joining the crowd, the gay parade and I thought "I'm not a bystander anymore" I felt like, I'm now me and I can do things to shape my life. I'm not a gay person that's been affected by the Tory party, yo' know section 28, yo' know on the receiving end and just a bystander and being sexually repressed and everything. I felt by coming out, and just things like that, yo' know joining the pride march, it was symbolic of joining it up and becoming a protagonist

almost, I'm now, yo' know my own person, it was just starting to piece that together I think.

He derides the gay community of today for being too individualistic and having lost its sense of struggle and direction. Those with their own vested interests were determining its focus and the direction of the gay community too narrowly. The businesses that ran 'gay themed' bars stressed their gay credentials but had no sense of responsibility towards the gay community. Their interest was in profit regardless of whether it came from gay or straight 'punters'. The city council desire to promote Manchester as a 24-hour city (Hindle 2001) related to generating income and visitors to the city with little thought to what is good for the community. There were the local gay politicians who stressed their gay credentials but then refused to be drawn on this 'single issue':

Daniel: Yeah, and then we have to rely on council representatives like [councillor name] or [councillor name] to represent our interests but I don't know how… [or] what their platform is. What's their mandate, it's all such am imposed mandate isn't it? They've given themselves a platform to do it, to speak for everyone else.

John: Do you think they speak for you?

Daniel: No, I think they speak for council interests in relation to the gay community, I mean that's quite clear with Mardi Gras isn't it.

John: Why is it quite clear?

Daniel: Well because their loyalty is to the council and its vested interests to put up an income generating event, tourists and visitors and raise the profile of the city as a diverse modern city. It's not… I'm trying not to be too negative but [laughs].

Another view was that too much emphasis had been placed on a medical model focusing narrowly on gay men's sexual health and the distribution of condoms. The political and philosophical aspect of the gay identity were either ignored or not recognised. All attention was directed at the gay scene to the neglect of the other components that go to make up the community.

Daniel: We used to be sort of driven by the fact that we were fighting HIV, the fact that we were fighting the Tories and fighting section 28 but that's all dying away now, yo' know its lessening as a threat so we haven't got a collective enemy or cause and that means that things are changing.

The withdrawal from the traditional gay community for this group was the result of a combination of settling down, rejecting the back stabbing element and also, the absence or loss of a rallying cry to fight the experience of marginalisation. It must be noted that only Daniel provided a politically charged account of the gay identity and gay community. The others showed little interest, which did confirm much of what Daniel said.

GLOW STICKS & LYCRA PRICKS– THE LEGAL-16-GENERATION

In the Legal-16-Generation, there was an out and out rejection of the gay scene though Jacob did make an interesting distinction between the gay scene and gay community:

> Jacob: I think when the community isn't looking for sex, it's quite enjoyable. But erm, when it is looking for it, it gets really rather annoying so I leave it alone. I mean, sex isn't everything. When I say gay community, I think people being friends, sex not ever coming into it, talking about things like, it doesn't have to be gay issues. It's a bunch of gay guys just being friends, and that's the gay community, it's being together. When I hear 'gay scene', it think lycra, flashing lights, ultraviolet lights, glow sticks, erm, necklaces, beads, you know: And of course, condoms, lube and toilets… I prefer community to scene, there is a difference in my mind.

Both notionally and physically, the gay community was avoided because of its association with sleaze and "affected' camp gay men. The older generations' motive of safety no longer existed and so negated that reason for the Legal-16-Generation to have any affiliation to the gay community. Yet in some respect, it was not necessarily about rejecting such ideas but rather questioning why such segregation was needed:

> Josh: …you talk to people who say they never go to a straight place. I think they're making it worse for themselves there. Yes, because like not talking with other people. Like just talking with like one group of people. And you should like broaden your horizons, talk to more people. Because I was talking to one guy, he said he doesn't like straight people at all and I don't know how he can make a generalisation like that.

To some extent, the climate had changed for the Legal-16-Generation and so reduced the need for gay-only spaces. Consequently, the boundaries that separated gay and straight communities were viewed as a problem and potential for future conflict.

THE BIRTH OF REFLEXIVE COMMUNITIES

The accounts from the four generations show that the improving social and legal climate may negate the need for gay space, but for those who have known no other way of being other than to constantly self monitor or conceal their gay identity, it might be a hard habit to break. To these gay men, gay safe spaces were not just about creating somewhere to socialise in but were also the site where they could connect with people with whom they have a shared a sense of belonging and understanding. This is what the individualisation of society has meant for gay men: more visible gay spaces; increased acceptance and integration with wider society; and the clear emergence of a geographical manifestation of gay space. The changing social climate has also started to affect the nature of the 'gay community', which is perceived to be in a state of decline by many in the current sample.

Participants were able to articulate what was wrong with the gay community but had less of an idea of what it was to be gay. To be gay did not mean it was necessary to only interact with other gay men. It most certainly no longer meant having to go to the gay scene to be able to be gay. The way social networks are created does not rely on notions of a unified gay community. Nowadays, especially among the youngest generations, gay men are reflexively constructing a community of others around themselves. Effectively notions of community have imploded around the individual and have become small-scale support networks.

The notion of community is important to the conceptualisation of social capital if for no other reason than to focus on its apparent decline. Yet the debates over the notion and testability of community has rumbled on for quite some time now: consider Tonnies' valorising of Gemeinschaft over Gesellschaft. Yet maybe the social sciences are doing a disservice to the essence of community by unduly focusing on its testability, rather than on the experience . It is not just, as Weeks et al (2001: 88), suggest, 'useful to think of community as a wider sense of belonging containing a variety of smaller overlapping social worlds', though this is helpful. 'Community' also implies a positive sense of belonging that not all the participants in the current sample experienced. In several cases, it was equally important to construct a boundary between what was considered as the gay community and

the individual's gay identity. Sometimes therefore, the gay community became manifest by the opposition expressed towards it. Even with opposition, the notion of the gay community remains important.

Lash's reflexive communities do not seem to offer a way forward, and are, similar to many other notions of community. For Weeks et al. (2001: 89), the idea of the reflexive communities was 'a matter of shared meaning'. What they described seems akin to a community of identity, or community of meaning, or community of practice, all of which appear to have similarities with the traditional conception of community. While not wishing to be 'bogged down' in the mire of 'community', the current interpretation is somewhat different from that which has been previously presented. The collective experience of the gay community is fast disappearing as the sense of belonging and meaning is no longer a dominant feature of gay life. Like being 'engaged' in a community, many gay men in the present study were reflexive about what was on offer and in many cases, rejected it out of hand. Now gay men were reflexively building their communities around those in their families of choice. Just as a traditional community might include shopkeepers, doctors and plumbers, reflexive communities in this instance, might include self-help groups, interest and activity groups as well as professional bodies, such as the GUM clinic or their local GP.

Reflexive communities are not simply a matter of defining one's own space but rather, choosing, constructing and negotiating a position within a network structure, which is shaped by the individual for the individual. They might have elements that unite, such as being gay, but that would be too simplistic and require some level of negotiation before it is accepted. The importance of being gay lies not just in the imaginary bonds that once united the 'gay community' but equally so in the borders that separate the different 'factions' of this increasingly diverse population. There might even be an element of internal heterosexism in their discourse, when creating this symbolic boundary between them and those they considered 'affected'. The rejection of the camp identity was not just as a matter of the new generations rejecting what had gone before, but was also, a rejection of the emotional baggage associated with that particular aspect of the gay identity. Many older participants were in a state of 'community lost' and lamented what had happened to the gay community.

The consequence was their withdrawal and this in turn affected their experience of civic engagement and how they engaged with the gay community.

7.3 – HAVE WE LOST THE WILL TO PARTICIPATE?

In some respects the changes in social climate that promoted the gay community's growth should have provided the impetus for gay men to become more engaged and participatory in the community. But the negative picture that is painted of the gay community and scene also acts as a barrier to gay men's level of involvement. The older generations had been participatory to some extent, although this might have been difficult to recognise due to the high degree of secrecy needed back then. Nowadays this secrecy no longer exists to the same extent, but this does not appear to have translated into what is traditionally understood as increased levels of community engagement. There seems to be a suggestion that for gay men 'friendship, community and political activity blend in a seamless whole, especially when the achievements of recent years seem threatened' . The data from the present study does not support this and there seemed to be an absence of political activism in the majority of the sample. There no longer seems to be the 'strong' meaningful gay community that once brought 15,000 to 20,000 people to the streets of Manchester to protest about Clause 28. As battles have been fought and won it seems that the level of political activism has declined, with many in the present sample no longer participating within the 'core' recognised by policy and research. The newer generations have not had the need to defend their gay space, as they do not consider it 'theirs'. But what are the implications for other levels of participation?

The current lack of visible political activism in Manchester might be the result of the changing social climate for gay men and not simply a matter of 'apathy'. Pride demonstrations have been commercialised and re-branded as parades or 'Mardi Gras'. The age of consent and Clause 28 are no longer an issue. There is no longer a perception of the AIDS crisis. Might participation be more mainstream and lower key? Choirs and swimmers are activity based, just as 'bowling' was for Putnam. What seems to have changed is

engagement with support groups. The collective consciousness and sense of ownership of the gay community no longer exists. Indeed, the one thing that can still ignite the flames of passion is the high numbers of heterosexual people using what was once gay intimate safe space. This has not translated into activism but quite the reverse - withdrawal. This could be one reason for the rise of reflexive communities within gay networks. Having reflexive identities equips some gay men with the ability to construct their reflexive communities in order to replace what they considered was the sterile superficiality and homogeneity of the 'gay community'.

This raises a related question as to whether gay men are 'integrating' into an increasingly accepting mainstream society; or are they constructing their own reflexive communities to replace both? Either would have ramifications for the notion and practice of participation and hence the way social capital is conceptualised. Along with the reflexive identity and reflexive communities, could the idea of participation relate to the reflexive individual participating within the confines of their reflexive communities? There would be several advantages in this. Firstly, it offers the safety needed to be an active citizen. Secondly, it allows the individual to control his particular environment.

There is the possibility that notions of civic engagement and participation assume a level of commitment to the community and society that may no longer exist in either the gay context or the increasingly individualised world. Is it now more about 'singing' than 'shouting'; 'being' rather than 'doing'; parading rather than marching? Participation as theorised in the social capital debate was not a major theme to emerge. In the Criminal-Generation all but Thomas had at some point in time been active community members, which meant participation in voluntary activities. Jack had done voluntary activities most of his life and had devoted much of his time in the recent past to supporting people with HIV and AIDS. He has had to cease this formally recognised level of volunteering due to ill health and advancing years. He still participates but on a personal level when he gives 'Reiki' or massages to his friends. Similarly, Kenneth has had so much input with gay Christian Groups, where he either established the group, or actively ran the group, that his list of past activities goes to over three pages of A4 paper. Yet now he is a member of just one gay

group. Charles is very active in supporting a hospice but confines his participatory activities to socialising in the gay context in a variety of gay groups. What stands out about the Criminal-Generation's participatory activities is that they have changed in recent years. Only William is an active committee member of a gay group and so participates at level two theorised above. There is no longer an active engagement with this 'core' or level one of the formally recognised style of civic engagement. Most still try to participate in the gay scene but they are starting to see its and their limitations. Age is a factor in two respects. Firstly, advancing years has made it more difficult for some to get to the Gay Village as often as they used to. Secondly, there is the perception that the Gay Village is there for the younger generations and is at times ageist.

As with the Criminal-Generation, there appears to be a shift in participatory activities in the Legal-21-Generation. In terms of offering support to other gay men, only Danny had any previous experience. He joined a buddying group for gay men with HIV. However, the lack of support from the organisation he volunteered for meant the experience became quite demoralising and he eventually left. He was the only participant who actively engaged at the voluntary level in a gay context. There were two instances where participants volunteered for organisations unrelated to their sexual orientation; Nick had in the past worked at an animal sanctuary and Bill still volunteered for the Scouting Association.

The 'lower' level of participation does not seem to fare much better as there are only two accounts of group membership; Nick was a member of a sports and fitness club and Carl attended the Gay Married Men's Group. Martin had once attended the Gay Married Men's Group but through pressures at home, was unable to return after the first visit. The only other levels of civic engagement for the Legal-21-Generation related to activities in and around the Gay Village or disembodied participation over cyber space (for a discussion on how participants used the Internet, see chapter 4). Some in this generation still had a great sense of belonging from simply being amongst their own type, such as Bill and Joe who felt a sense of belonging towards the Bear Community.12 They often attended bear events such as the 'Great British Bear Bash' (GBBB), which is a national event held in Manchester where

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12   A bear in this context is usually a gay man who has a large frame and is often hairy.

bears can meet up over an extended weekend. On other occasions, it was simply a matter of going to the type of gay bars where other bears went. Martin's level of participation related to nothing other than having lunch by himself in a gay bar. Even this level of interaction provided him with a great sense of belonging to his 'gay community', and was something he did not experience when visiting gay saunas and cruising grounds. For many in the Legal-21-Generation, therefore, community engagement related to informal social activities of the group, the bar or within the close-knit social networks. Supporting others or other voluntary activities had disappeared in this cohort. But can what was left count as the new individualised level of participation in this late modern world?

There were many similarities between the Legal-21-Generation and the Legal-18-Generation. Only Ryan and Daniel had done any voluntary activities within the gay context. However, in a way comparable to Danny of the Legal-21-Generation, they too had felt unsupported in their pursuits so ceased volunteering. Their reasons for doing the voluntary work were to put something back into their community. But the community on offer was increasingly void of meaning making what they did ever more difficult to sustain. Daniel for instance, became very disenchanted by the lack of political activism instigated by or through the LGF which he felt should be a voice for all gay men. The focus on condom distribution presented a too-narrow stereotype of gay men as those who were either sexually promiscuous or single. He was neither. He also felt the medicalised focus of the gay identity was too narrow and that it added to the overall stigma associated with gay men and AIDS. In many respects, Daniel may have had a point. Yet at the same time, it was the absence of a political or lobbying gay voice that was missing in Manchester, which was not the LGF's remit as their explicit remit is to prevent the spread of HIV by providing the gay community with condoms, lube and education.

Other than David, participants in the Legal-18-Generation had little or no desire to participate socially in community activities in or around what was considered by them, the gay community. They would only visit the Gay Village if absolutely necessary and therefore notionally lacked even this lowest level of civic engagement. Jason had at one point joined a gay social group but had needed to leave through work commitments. Daniel had been an

active member of several social groups in the past, one of which was Northern Wave but his interest had waned as he was not a competitive swimmer. There was no other evidence of either formal or informal participation from any member of this cohort. This absence of participation is repeated in the Legal-16-Generation. Only Jacob involves himself with any gay social activity though he was keen to construct a barrier between what he considers the gay community and the gay scene. The other two participants showed no interest in either joining any gay groups or socialising in the Gay Village. They were embedded within their mixed social networks.

There seems to be a changing pattern of participatory activities, but whether this equates to a reduction of social capital is difficult to say because of the way civic engagement has been conceptualised in the past. Participation at the lower level still requires some notion of community that acts as a springboard for activities. There is little evidence of a positively valued 'gay community' found within the accounts of many throughout the generations. Maybe the Kritsotakis and Gamarnikow (2004) distinction between social capital and social support is useful here as it allows for communities without social capital to be still socially supportive, as was the gay community when the AIDS crisis was at its height. Supporting others is no longer a feature of gay participatory experiences in the changing climate that has seen the loss of the collective sense of injustice and the communal need to fight the AIDS virus.

How gay men embed and participate within their communities, families of choice or reflexive communities, highlights several important considerations. Firstly, current conceptualisation of social capital excludes and devalues members of the minority groups. Putnam and other social capital theorist view the changes taking place in late modernity as symptomatic of a society in decline. To rectify this, how minority groups experience, construct and participate should receive recognition and validation. How social capital reflects the norms and practices of the dominant community or group need not be imposed on the whole of society. The norms and practices of gay men are likely to be substantially different when compared to traditional heterosexual patterns. What is important is that they begin to be valued rather than act as a point of comparison to a 'deteriorating' social world.

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Secondly, the roller coaster ride of late modernity that liberated gay men from their stigma, facilitated the growth of gay identities and space, has now led to the disembedding from the gay community for some. Clearly, the declining influence and importance of this community structure is part of the reflexive individualisation process that Beck and Beck-Gernsheim's theory suggests. Where the gay community once offered a safe space for gay men, especially in the older generations, it now seems that gay men have re-embedded themselves in families of choice or reflexive communities as they now act as safe haven from which to be active citizens. The experience of a unified 'gay community' was either lost or had never existed for different groups of gay men. The question is why when not too long ago, the 'gay community' or 'gay scene' were positioned at the centre of gay life, for example, highlighted in the Weeks et al. 2001 study:

> Non-heterosexual spaces within cities can provide the places or 'scenes' that can be important to the individual's sense of belonging. These play a crucial role in facilitating the formation of sexual involvements, friendships, partnerships and social networks, and can offer the promise of a new and 'freer' life .

One interpretation for the change might point again to individualisation. Firstly, there is less of a collective understanding or experience of what it is to be gay. The same social processes that made it easier for gay men to come out and live an openly gay lifestyle may have increased the diversity of being gay and thus diluted the experience. Secondly, the heterosexualisation of gay-only space has also deprived gay men of a safe, intimate place. It was in such spaces that gay men constructed their gay identity, learnt the codes and norms of what it was to be gay and shared their collective sense of marginalisation (or participated in community life). These may be important reason why such spaces have been rejected by many gay men. The implications are a decline in core participatory activities.

The individualisation process within the gay context means that gay networks have also changed and many other gay men may be experiencing a sense of 'community lost'. Faced with this loss, many gay men have turned inwards and constructed their own reflexive communities. It is at this level that participation relates to social capital at least in this context and not at the core, which seems to attract the vast majority of attention and

funding. In the current context, this core level of civic engagement is paralysed by infighting between personalities and organisations which might make civic engagement once again difficult.

It now seems naïve to assume a sense of solidarity and unity existing among such a diverse population. Yet the notion of civic engagement and those with a vested interest rely on this assumption despite the recent changes to the gay experience. But that which mobilised gay men no longer exists.

This then poses a problem for health promoters and gay men's health organisations that rely on there being a single gay experience from which to frame the health messages, a gay community they can target, and a health discourse (HIV) that resonates with the gay identity. The challenge for public health and health organisations is to recognise these changes and adopt new strategies better suited to their new audience. We will therefore need new ways of exploring what it is to be 'embedded' and 'engaged' in the gay context. It will also be necessary to begin to explore the full complexities of the health of gay men rather than just focusing on aspects of their sexual health and HIV prevention. It is to health that we now turn.

PART FOUR

THE SPECTRUM OF GAY MEN'S HEALTH

LOCATING THE HIV DISCOURSE

The experience of health and illness is a rich and complex interplay between social location, social construction and lifestyle choices (Cornwell 1984; Blaxter 1990; Brown 1995; Lorber 1997). The way public health discourse presents 'gay men's health' however, appears to be limited to issues relating to their sexual health. Its primary focus is HIV and AIDS; the safer-sex messages; and HIV prevention. To illustrate this, four health promotion units were contacted and ask to send information about *'gay men's health'*. Two weeks later, the same units were contacted again and asked for information on *'men's health'*. The difference in health promotion literature was stark. The type of material sent for men's health related to:

- How to look after your heart

- Healthy eating and diet

- Physical activities

- Stopping smoking

- Prostate disease

- Testicular cancer

- The changing health needs of men over 40 years old

- Sexual health and HIV prevention

The type of material sent for gay men was limited to some mental health issues and sexual health (primarily focused on HIV and AIDS prevention). So even though gay men face the same health issues as all men, this limited evidence suggests that health promoters treat gay men's and straight men's health differently. The other health needs faced by gay men

unconnected to HIV are ignored. By implication, health promotion fails to acknowledge the other social dimensions known to shape their experience of health. Public health discourse also assume that the experience of HIV will be the same for all people.

Back in the 80s, when much less was understood about the virus, this might have been the case here in the UK. Back then, those in the Criminal-Generation and Legal-21-Generation faced a real risk of getting HIV. There was a genuine worry about how HIV was transmitted prompting a great deal of action to prevent its spread. The urgency that drove people to change their behaviour back at the start of the crisis no longer exists. The change in emphasis could be because HIV has been repositioned from a life threatening illness to a manageable condition. But is there more than the way HIV is controlled and treated that has brought about the changes? The data from the stakeholders shows that those charged with providing gay men's health services in Manchester concentrating their efforts on supplying condoms and promoting the safer-sex message. Much of the justification for the LGF's funding is premised on HIV prevention through condom distribution. Part of their funding is provided by many of the surrounding Primary Care Trusts. The LGF are therefore firmly embedded within the HIV prevention discourse. While this approach is laudable and possibly necessary, those charged with combating the spread of HIV are faced with the problem that despite their best efforts, interest in safer-sex is declining, and there has been a sharp increase in new infections amongst gay men (Dodds, Nardone et al. 2000; Grulich 2000; Cook, Downing et al. 2004; Elford, Bolding et al. 2004). The research literature explores a variety of reasons for this apparent change in emphasis, such as rejection of health promotion, (Crossley 2000); optimism about HIV treatments (Grulich 2000; Elford 2004) and the Internet (Elford and Bolding 2002; Rees, Kavanagh et al. 2004). Might part of the problem relate to how this risk group is understood and targeted? Health promoters appear to assume that the gay communities are a passive, non-reflexive audience void of difference. The current research shows this not to be the case.

There are many factors that can structure the experience and understanding of HIV. These need exploring if we are to begin to reach a better understanding for the increases in infection rates. For instance, differences between social classes have been investigated by

Keogh et al. (2004). The current research intends to explore if the length of gay career and generational positioning are factors that shape how gay men understand and negotiate their position within the HIV discourse. It seems likely that each generation will have different experiences and preoccupations with HIV. If so, the newest members of the gay population may construct a 'post AIDS identity' (Rofes 1998). Where once HIV and AIDS were dubbed the 'gay plague' we are now in a position where advances in treatment have allowed one doctor in a GUM clinics to compare it to the treatment of diabetes[13]. Clearly, HIV is no longer experienced as a crisis by many (Rofes 1998). Rofes was not arguing that HIV was no longer a personal issue for individuals, or that HIV had been cured. What he meant was that for those on the ground, the public(s), are no longer experiencing HIV as a crisis. Despite these changes, gay men are still in part culturally constructed and objectified by HIV and AIDS.

One area that the current research intends to explore is how the experience of HIV differs by generation and gay career. Are safer-sex practises negotiations affected by generation or length of gay career? If so, in what settings do these negotiations take place: within the traditional community or in family of choice/reflexive communities? Amid a 'weakening' gay community, this issue might be of great importance. Finally, what role does past experience in HIV matters make on these negotiations? This chapter is <u>not</u> a moralistic attempt to chart who does and does not practise safer-sex. Nor is it an attempt to suggest reasons for the apparent increase in UAI risk taking behaviour. To do either would only serve to further objectify gay men's health within the HIV discourse. Rather, the intention is to explore if attention to HIV obscures gay men's health by making them objects of this single issue. There are several lines of enquiry.

1) Does knowledge of HIV differ by generation and length of gay community?

2) Does health literacy in one area (HIV) transfer to other areas of health?

Those who grew up before and during the HIV epidemic will have witnessed the panic and lack of information concerning 'AIDS'. In the early days, there was no clear understanding

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[13] The treatment of HIV was described as comparable to the treatment of diabetes in a recent conversation with a Doctor working in a sexual health clinic.

about how it could be caught, through a kiss, holding hands or by taking too many poppers? Those out as gay would have been the butt of the negative media panic which labelled AIDS the 'gay plague'. At the onset of the epidemic, the main effort was towards prevention as there was no treatment at the time. Many in the gay community took collective action to educate themselves and each other and the safer-sex campaigns were successful in changing many gay men's sexual habits (Rofes 1998; Grulich 2000). This is how Rofes described it:

> The crisis construct that underlies much of the panic over sex and drugs in gay communities must be understood in its historical context. The narrative that has taken hold in the mind of America claims gay men in the mid-1980s made dramatic changes in their sexual practises in response to the hazards of AIDS. Once the alarms were sounded, men called the party to a close, stopped much of their promiscuous sex, and focused on taking care of their sick friends and building community health organisations. Safe sex education is credited fully with bringing down the rate of newly infected men in the mid-1980 (Rofes 1998: 199).

The Criminal-Generation occupy two unique positions. Firstly, many in this group would have started to construct their gay identity before the onset of AIDS and at a time when the grip of authority had started to loosen, at least in some parts of their lives. Many of these men would have been journeymen and have more than a tacit understanding about the conditions for gay men pre 1967. What impact the onset of AIDS could have on their newly won gains in treatment could not be known. It could result in the return to the authoritarianism they experienced in the past. Here in Manchester at least, the then Chief Constable James Anderton was most unsympathetic to the plight of many gay men infected with the virus, suggesting that it was a 'cesspit of their own making'. The way the media portrayed AIDS meant there could have been a backlash against those considered to be disease carriers. The second thing of note relates to them being the first group of men to take up the challenged of fighting AIDS and supporting people with the virus. This might prove important as was reported earlier when discussing civic engagement.

Many of the Legal-21-Generation would have been constructing their gay identity amid the panic of the mid to late 80s. As the social changes relocated them from being sick homosexuals to potential disease carriers, AIDS would have merely served to strengthen

the stigma and anxiety they experienced. Their age dictates that some would have been quite early on in their gay career or still closeted. Others could have watched helplessly as their lovers and friends died from AIDS. There was still a great sense of urgency and the gay community continued to support the fight against AIDS. More was being found out about the virus and it was known that it had the potential to infect everyone regardless of sexual orientation, yet the moral discourse emphasised the danger to those with a deviant social position such as gay men, prostitutes and intravenous drug users. The mass media continued to paint a very negative picture. The focus was still on prevention and the safer-sex campaign was at its most influential. By the early nineties, Manchester saw the origins of the Mardi Gras/Pride festival, organised with the dual purpose of raising cash for those suffering with the virus; and to raise the profile of HIV and the safer-sex message.

The legal and social climate for the Legal-18-Generation was fast changing and the stigma associated with being gay was falling. This group will have grown up and embarked upon their gay career in the shadow of the AIDS crisis. It was not until the mid 90s that free condoms and lube became widely available throughout gay spaces in Manchester. The Legal-18-Generation will have known no other way of life than one where HIV was presented as an omnipresent threat. Yet for a time, there seemed a mismatch between what was being reported and what was actually happening. The societal understanding of HIV and AIDS represented emaciated individuals having their hand shaken by Lady Diana before they died. Around this time, the combination therapies meant that people were now living with HIV. The number of deaths from the virus was falling for the first time (Rofes 1998). Medical discourse had taken HIV prevention from the collective and repositioned it within the individual treatment discourse. Free condoms provided the technical fix and Highly Active Anti-Retroviral Treatment (HAART) provided a medical fix. The collective response and understanding of HIV/AIDS might have been disappearing as the gay community became more diversified. The Legal-18-Generation might have rightly asked, 'crisis, what crisis?'

The Legal-16-Generation were all at the start of their gay careers and did not have vast experience in sexual matters. Yet they experienced growing up and developing their sexual identity with two very substantial differences to the other generations. Firstly, their

source of information about HIV may not have targeted them because of their sexual orientation. The HIV/safer-sex messages might have been more generic and be directed at all young people. It may not have originated from a gay source or organisation but could have formed part of the school curriculum. Secondly their social and legal climate had changed sufficiently enough to start to redress some of the harsh inequalities experienced previously. The equalising of the laws provided increased choices and effectively 'enabled' gay men to take individual responsibility for their health and other lifestyle options. Their understanding of the risks from HIV would have been vastly diminished. What the Legal-16-Generation might have lacked in the early part of their gay career was experience.

The different stages a in gay career might well be another variable that influences how the perception of risk of HIV is experienced and understood. When comparing gender and age, young men are said to underestimate risk for such activities as driving, alcohol consumption and drug use (Trankle, Gelau et al. 1990; Cohn, Macfarlane et al. 1995; Sabo 2005). Ironically, in terms of smoking, risk perception was often over-estimated in the youngest age cohort of the Viscusi (1991) study. This was put down to the young being more reliant on 'recently provided information pertaining to smoking risks' (Viscusi 1991: 587). However, the variables above relate to age rather than inexperience/experience. There are several possibilities that can be explored in the context of gay career and risk. One could be that limited understanding leads to the lowest perception of risk as the dangers might be known but not experienced. Yet it is also possible that the reverse is true. The limited amount of information might engender a heightened estimation of risk caused by ignorance of such matters. An alternative way of exploring perceived risk might suggest that experience or length of gay career provides greater experience, choice and so, reflexivity. If so, the length of gay career might indirectly affect risk perception through the ability to be reflexive and negotiate a level of understanding.

It is important that the purpose of this chapter is understood. It is not to chart the rise of unsafe sexual practices or the alleged declining interest in safer-sex. Nor is it simply to illustrate the differences in safer-sex practises between the generations or those with the different length of gay career. Rather, it will explore the influence of the HIV discourse on

the gay population. It will investigate the processes that help shape how HIV is constructed and negotiated, by exploring where the various generations intersect with differing lengths of gay career. It will also explore the health literacy of each generation in relation to this single health condition and to see if there has been any transfer of understanding to other health issues that each participant potentially faces. Most importantly, it will investigate whether the HIV discourse has objectified all gay men regardless of individual characteristics. Through doing this, it is hoped to illustrate how HIV shapes gay men's health experience over and above any other important and relevant health issue.

8.1 - LIFE BEFORE AIDS

Most men in the Criminal-Generation have some experience of HIV though none indicated that they had the HIV virus. This was the generation who were sexually active both before and after the onset of the AIDS epidemic. The field notes reveal that some gay men had an awareness of some kind of gay cancer back in the late 1970s despite the earliest public account being in the New York Times on the 3rd July 1981. Charles remembers becoming aware of AIDS quite soon into the epidemic when it was still believed to be caused by too much sex and sniffing poppers.

> Charles: It just all seemed to manifest itself in a very short time, you know, and then you were suddenly beginning to hear about friends that were becoming ill, you know, and you didn't really know what it was and, then the awareness sort of started kicking in and it was just blew out of all proportion, you know.

When participants from this generation were asked about their health, the responses were often full and frank and included what might come under the banner of 'men's health' rather than simply focusing on HIV and AIDS. Despite the importance afforded HIV, accounts of it did not overshadow their other health and illness concerns. Indeed, only George linked gay men's health with the HIV discourse, and this was very much an after thought. It was upon contacting him to thank him for being interviewed that he questioned why HIV and sexual health had not been discussed.

George: I thought afterwards that the one area we didn't talk about was – sexual health in the context of STD's and AIDS – but I assume that was you[r] intention (Gaydar message)

Sexual health was not specifically raised because the intent was to ground the data within the broad area of health and to focus on the participants' experience rather than lead them into any specific area. In the current generation, the accounts of health related to a whole gamut of health issues. HIV only played a small part in their daily routines. It did not consume their identity to the same degree as it would in the Legal-18-Generation and Legal-21-Generation .

PRESSING NEEDS

The Criminal-Generation were all still sexually active and so still had to negotiate their interpretation of safer-sex and HIV. Yet many had more pressing needs to attend to. The risk of HIV was just one of many and in their eyes did not pose an imminent crisis. It is possible that for some, their advancing years precluded them from any worries about catching HIV. Realistically, if they did catch it, they were likely to die of old age before it had time to take hold. Yet despite this, there was still a discourse advocating that safer-sex should still be practised (Thomas, Charles and William). Often, it was out of duty to their sex partner as much as to themselves, recognising that their HIV status could not always be guaranteed. This however, greatly reduced their accounts of HIV and safer-sex in comparison to their fellow compatriots in the Criminal-Generation. Those who engaged in the HIV debate had much more to negotiate within the context of the research. They had negotiated safer-sex out of their sex lives in some instances, but by no means on all occasions; they still practised safer-sex if they felt it necessary. When they did not, it was quite often connected to the inconvenience of condoms rather than some machismo stance, or, as Petersen and Lupton 1997 suggest of masculinity, 'inviting risk'.

KNOWING THE RISKS

Many in the Criminal-Generation had spent the last 20 or so years watching friends die of AIDS or seeing them live with the HIV virus, and were no stranger to many of the

competing discourses. They had a high level of knowledge and understanding about HIV/AIDS through having open and frank discussions with those friends who had the virus. There was no suggestion that such issues should not be talked about, but rather, that the specifics of who had the virus should not be gossiped about nor judged. While it did not consume the men in the current group; they were not paralysed by it. They were able to include discussion of HIV within their friendship structures to a much greater degree than the other generation who seemed to keep such talk within their intimate relationships. Many had become volunteers for a variety of AIDS related charities and organisations at some point in their career though none are currently engaged with any formally recognised form of volunteering. This shift in gay civic engagement might be the result of the change in emphasis highlighted by Rofes (1998): no more crises meaning no need to support or engagement. An equally plausible explanation could be the advancing years of many in this group. However, of those who did volunteer for such activities, only Jack was unable to do so through failing health. The others could still engage in such participatory activities but chose not to.

NEGOTIATING THE RISK

The idea of sex and safer-sex is still very much ingrained within the HIV discourse. It was the successful safer-sex strategies adopted by gay men in the UK in response to the onset of AIDS that curtailed much of the spread of HIV in the early days of the crisis. There then came a discourse of 'bareback' sex, or the intentional infection of the self or others, which again, fuses gay men's sexual practises with the spread of HIV. Yet bareback sex needs to be distinguished from Unprotected Anal Intercourse (UAI) as the intent with the latter is not to become infected with HIV. Rather, it could be what Goodroad et al (2000) refers to as 'relapse' sex, where gay men relapse in to a pre-safer-sex state of sexual relations. It could also be that many had renegotiated the risks involved with UAI and had found them acceptable within a specific context.

Many men in the Criminal-Generation have some experience of HIV though none indicated that they had the HIV virus. It was this generation that would have been sexually active

both before and after the onset of the AIDS epidemic. Within this generation, no person provided accounts of practising bareback sex. However, there was a split between those who always practised safer-sex and those who renegotiated a version of safer-sex that suited their needs. For those who did practise safer-sex, there appeared to be a much more rigid/inflexible approach. William had been practicing safer-sex well before the HIV crisis came about. That was because he and his long-term partner were in an open relationship so each needed to protect the sexual health of the other. Kenneth did not engage in activities that necessitated condom use whereas Thomas used condoms when most other gay men would consider it unnecessary for instance, during oral sex. The three participants who indicated that they did not always practise safer-sex were Jack, George and Ronald. There was quite a range of different attitudes and beliefs from these three participants, which included the impracticalities of condom use and their use not always being pleasurable. There was also a difference in the extent to which these men did or did not practise safer-sex.

RESISTING THE MESSAGE

Those who had some negotiated aspect of their HIV and safer-sex practises provided various accounts resisting the dominant health message that dictated condom use at all times. Ronald would not practise safer-sex unless the other person absolutely insisted that they wore a condom. In light of Ronald's sexual preference relating to sexual position, i.e. he is the passive partner, he potentially puts himself at greater risk of contracting HIV than does the active partner. Initially, he considers that the majority of people he has sex with would not have the HIV virus but then reflects on his assumption and begins to renegotiate his account:

John: ……remembering you don't have to answer any questions. What do you do about safer-sex?
Ronald: [long pause] Basically I'm not bothered. But I have to say that most of the people I have had unprotected sex with I would [long pause] doubt very much whether they were HIV positive. But, having said that not all of them. But I do take an HIV test occasionally.

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In many respects, Ronald is resistant to many health messages but he is aware that part of the HIV discourse stigmatises those who do not practise safer-sex. This is reflected in the way he responds to the question. Once he has started to answer, he takes some considerable time to construct the sentence, pausing for some time and around the word 'doubt' and then changing his position. It might be that he struggles to answer the question honestly while at the same time presenting an image of a responsible gay man in front of another gay man. Mid sentence, he becomes aware that what he was saying lacked credibility. It almost seemed like he was assessing the risks before answering the question. The risk in this instance was allowing another gay man to know about potentially stigmatising sexual behaviour that did not follow the dominant ideology set down within the HIV discourse. When he gave other accounts resisting health education there was no such hesitation and he wore his resistance to such health ideologies as a badge. That was not the case when discussing HIV and safer-sex.

Like Ronald, Jack was the passive partner and so was potentially at greater risk from HIV infection when not practising safer-sex. His account of why he did not use condoms was bound up in what seemed like a discourse of anti-science. He reasoned that the onset of water based lubricants had allowed the spread of HIV. In his day, they used medicated Vaseline. He believed that because it was medicated, it killed any germs such as syphilis and so could also kill the HIV virus.

John: Thinking back, when AIDS started, when did you become aware of AIDS/HIV?
Jack: Um, would be in the 80s. I knew there was transmittable diseases, but didn't pay much attention to AIDS. Still going bareback.
John: Was this even after you knew?
Jack: Yeah cos we used Vaseline.
John: Yeah?
Jack: And I think Vaseline was the thing that stopped transmission, only since they've said, you've got to use lubes, water based lubes, that they opened gay people up to infection.

The second discourse he dipped into was that of the virus being smaller than the holes in the condoms and so able to pass through. Unlike Ronald, Jack did not reject the health messages but rather, the account of how HIV was spread from person to person.

George however, only dispensed with condoms infrequently. This was related to his erectile dysfunction. If he found himself in the right situation, and with an erection, a condom was the last thing on his mind. George did not resist the HIV health message or consider safer-sex unimportant, but the impracticalities of condoms often made them an unviable option. Here, George was responding via email to the question asking him about his safer-sex practices.

> Safe Sex. Yes, of course it is a must and I practise it when getting involved in anal sex. However - I have to admit that there are times when I don't.
> Two reasons why I don't always:
> I'm at the mercy of my erections which are not that frequent or good and at the first sight of a condom it disappears and because of:
> a) when I do get an erection and I'm in a situation where I can fuck I throw caution to the winds.
> It doesn't happen often John - maybe once or twice a year and I do get tested regularly.
>
> For information - I mix mainly with men of my own age group and my impression is that men over 65 tend to behave as i do. We do believe in safe sex and act accordingly but when we start to have erection problems ---?
>
> I have talked to many other older men about safe sex - particularly in the States. There are many men of my age group who tell the same story - yes, we think safe sex is important but we all fall from grace from time to time. A smaller number say they always play safely.
>
> The condom is nearly always mentioned as a complete turn off for those of us who have erectile dysfunction.

A MATTER OF CHOICE: A RISK FREE STRATEGY?

An account of UAI was often accompanied by some level of discussion or assessment of the risks involved. In all cases, the risks from UAI were always known, making them, in the eyes of those taking the risk, informed decisions.

Ronald: I mean I'm sorry I don't, I know we're all supposed to follow the safe sex line all the time, come what may. I choose not to and I think in my case it's an informed decision. I know the risks that I'm taking. But having said that I don't like condoms. It's like having your wellies on. So if I can get away with it I don't.

Both Jack and Ronald would rather not use condoms if possible. However, neither of them viewed their safer-sex practises, or the times when they had not used condoms as times of stupidity or madness, as did many in the Legal-18-Generation. They both considered themselves to be in full possession of the information and made their choices accordingly. George's accounts of the times when he had not used condoms were couched in another health discourse - erectile dysfunction. What may be important is how the decision not to use condoms were not taken lightly and was often an outcome of some complex negotiations.

WHEN MAKING JUDGEMENTS...

When making a judgment of whether or not to use a condom, the personal characteristics of the other man were often taken into account. This assessment was often a complex process of interpersonal negotiations and information gathering. The participants used several indicators:

- Whether the other person was deemed as 'trustworthy. That often meant getting to know the person before having sex with them (and where the Internet was used while building such knowledge)

- Whether they looked clean;

- Their willingness, or over-willingness, to have sex was used as an indicator suggesting promiscuity so pointing to a degree of caution.

- The age of the other person - older men were viewed as less of a risk. Younger men were deemed more of a risk.

The above should be considered alongside this cohort's ability to have full and frank discussions about safer-sex. There was a heavy element of personal characteristics being used alongside interpersonal negotiations. Keogh and Dodds (2004) reported that working class gay men sometimes used the personal characteristics of the other to assess the risk of HIV. However it might also be generational because the three men in this cohort who did not always practise safer-sex had a different class background meaning that other characteristics as well as class might help people make judgements about when not to use condoms.

TESTING

Regular testing for the virus was a means to confirm their status to the other person and so potentially reduce the risk. All three participants were tested regularly:

> Ronald: Well one of my partners we agreed before we had unprotected sex that we were both taking HIV tests which we did. And once we knew we were in the clear then we abandoned condoms. We didn't bother with them. The guy I lived with, I think I could have had, I could have an HIV test every day, it still wouldn't satisfy him. He insisted on wearing condoms all the time…

Those who did not give accounts of UAI also did not talk about being tested for the HIV virus.

HIV & A CLIMATE OF FEAR

Despite their age, some participants in the Legal-21-Generation did not have a lengthy gay career or a high degree of sexual experience. There was a range of experience relating to HIV. One person had the virus; several people demonstrated a good understanding of HIV and AIDS, which they had built up over the years; but one participant had very little experience or understanding of many of the issues. This is in stark contrast to the Criminal-Generation where all participants had a wealth of understanding and experience of both HIV and safer-sex and had actively been engaged in fighting AIDS at some point in their gay career.

What was noticeable about the Legal-21-Generation was the ease with which they fused gay men's health with HIV. They were able to provide accounts of other health issues when prompted, yet to a greater extent than any other group, this cohort of men were deeply enmeshed in the HIV discourse. In many instances, safer-sex was practised robustly, both now and in the past. Importantly, HIV was never ignored and to a greater extent than the other generations, continued to shape part of their gay identity. Yet despite this, some had either negotiated it out of their intimate relations in the belief that a relationship offered them relative safety. For most in this generation, the safer-sex message was not rejected, resisted nor ignored - that is not to say it was entirely believed without reliable verification.

There were two participants who did not practise safer-sex. These participants had never actually formed the habit of practising safer-sex in the first place and so built up resistance strategies with respect to the HIV discourse. To some extent, all in the Legal-21-Generation engaged with the safer-sex message as it shaped much of their sexual and gay experience.

KNOWING THE FACTS – A PROACTIVE APPROACH

Many in the Legal-21-Generation grew up and became aware of their sexual orientation at a time when there was much prejudice and ignorance surrounding gay men, HIV and AIDS. In some instances, it might have been the impetus for some to conceal their sexual orientation, worried that it might cause a backlash against gay men. For those who embarked on a gay career in the early 1980s, all that was known about AIDS would have been vague and heavily weighted with alarmist and moralistic assumptions. Most in the Legal-21-Generation did not talk of relapses into unsafe sexual practises or being tested for the virus and many in this group seemed to keep control of their safer-sex behaviours. It might be that HIV engendered a climate of fear prior to their settling down and so prompted most to get into the habit of safer-sex. There was a continued emphasis on keeping up to date with relevant information relating to HIV and safer-sex. For instance, there was some discussion about the recent change from extra strong condoms being handed out by the LGF to the normal strength ones. There had been some internal discussion about using 'normal' strength condoms, which had filtered into some sections of those in the Legal-21-Generation.

The difficulty was in obtaining trustworthy information that was both practical and useful. Traditional sources of information were considered unreliable and did not always resonate with many. This prompted some to search for an alternative source, such as a gay doctor, or someone with the virus. There were some with a high degree of proactivity in finding out new information. Richard had been out most of his adult life. All this time he had been actively acquiring what he considered relevant information about how best to protect himself from the virus. He had only ever had unsafe sex once, and that was some time ago.

Carl on the other hand was at the beginning of his gay career and knew relatively little about HIV and safer-sex. He became involved in the Gay Married Men's group which he was able to use as a resource in finding out about such issues - so again, he took a proactive approach.

NEGOTIATING THE RISK

Some participants in the Legal-21-Generation had negotiated condoms out of areas of their sex lives. Yet what seems characteristic of this generation was the way that, overall, they managed their safer-sex practices both now and in the past. Only Joseph had been seriously exposed to the HIV virus and had been HIV positive for the past 12 years. He contracted it from his partner who had been having unsafe sex with other people as well as Joseph. However, it was only after splitting up with him that he found out that he was HIV positive. In the interim he had started another relationship and so passed on HIV to his new partner who died in 1994. It seemed that long-term relationships offered a false sense of security that alleviated the need to use condoms.

Nick and Danny do not use condoms and, like Joseph, find being in a relationship offers them some form of protection. Yet as they had recently agreed that they would start having occasional threesomes, they find themselves in uncharted waters. They point out that they definitely would practise safer-sex with any other person. Yet even here, the safer-sex message was open to negotiation:

Danny: I would never use condoms for oral sex cos I don't think the risk is that big but, like you say, well there is a risk, it's just magnitude isn't it I suppose.
Nick: Yes, and also the sort of person you go out with, I mean I'm not that keen on having multiple partners for either of us…
Danny: When we have threesomes… We're very choosy but you don't know, whatever you just go with your gut feeling don't you, on your instincts.
John: When you say you're choosy. What does that mean?
Danny: Well we seem to have people who are not really sceney sort of people don't we. One guy we had married, Simon got a girlfriend, and say kind of bisexual people but, what's to say they're less risky?
Nick: Possibly more risky, exactly, yes. Also I'd rather have people who we know for threesomes.

They based their judgements about suitability and HIV status on the personal attributes of the individual as did the Criminal-Generation. In this instance, it was based on getting to know the person so as to evaluate their potential. Being 'non-sceney' (or non-gay in fact) seemed to offer them the security they desired. Again, this highlights Dodd and Keogh (2004) research who reported that within working class men there was a tendency to base judgements on the personal attributes of the other when deciding whether or not to use condoms in their sex. In this instance, dispensing with condoms was not the issue but rather, who to have sex with. 'Risk' was still at the heart of their decision however and as this couple are distinctly middleclass, it might show that men of all classes base their judgements on the characteristics of others. There were no other reports of UAI within this generation. Testing was not discussed as a way of dispensing with condoms.

RESISTANCE STRATEGIES

There were two participants who were neither in a long-term relationship, nor practising safer-sex. Unlike those who had at some level negotiated the different aspects of safer-sex either within the confines of a monogamous relationship, or continued use of condoms, some were resistant to all safer-sex messages and had rejected the science that underpins HIV transmission. As stated, Joseph was HIV positive having caught it from his first partner then passed it on to his second. Having contracted the virus, and lived with the virus for 12 years, he did not believe the science nor trust those who delivered the messages. He had picked up on the changing nature of the message and used it to justify not using condoms. He viewed doctors as using 'scare tactics' to force people into their use. He viewed condom use as nothing more than 'political correctness' that did not take into account human nature. Importantly, he did not feel he should be dictated to:

> Joseph:　　I'm not being…err, lectures is perhaps too strong a word, but to be told that "YOU MUST BE WEARING A RUBBER". Now yes, your mind will tell you, "yes is should do that" but first of all, in my case, the horse has already bolted, why shut the stable door…So that's why I'm not bothered about safer-sex.

What is interesting about his rejection of the HIV message and messengers is that the more he resists the message, the more deeply he becomes entrenched within the HIV discourse. What seems important here was that those who did not practise safer-sex now

never got into the habit of it when the HIV and AIDS crisis first emerged in the 1980s. For instance, Martin gave an account of his time in the Merchant Navy and 'bonking his way round the world' back in the 1980s. He was aware of AIDS and HIV but did not feel it applied to him:

> Martin: …when AIDS raised its head, I must admit I was a bit blinded and thought, "I'm alright, I'll be ok". A bit like a lot of people were to begin with. yo' know , "its from Africa".

In the initial stages of the AIDS crisis, he did not realise the dangers and put it down to some exotic illness from Africa which had very little to do with him. He feels that he was not alone in this idea, as lots of people did not take the threat seriously. However, now disabused of such assumptions, he still does not fully appreciate the risks involved with having UAI and so does not find it necessary to wear condoms when engaging in such activities. This is a very risky strategy, as he does not have sex with regular partners. Unlike Joseph, Martin did not reject the HIV message but rather, rationalised his behaviour as less risky because of where he lived (a small village not near Manchester) which was unlikely to be 'filled with men with HIV'. However, the type of places he went to have sex with other men might be frequented by men from all over the country making this a flawed strategy. There seem to be two important considerations here. Firstly, Martin did not seem up-to-date with his knowledge and understanding of the threat/risk. Secondly, he does not seem to consider that what he did know related to him.

It might be that for Martin symbolic and geographic distance from the gay community also creates a boundary between himself and the HIV discourse. On the one hand, being positioned some symbolic distance away from any gay/sexual settings may increase the number of health issues considered. Maybe HIV and AIDS, while still very important in Martin's life, did not have the same level of importance as they did for those who live in metropolitan areas. In Martin's case, HIV has not been the biggest health problem to affect his life. He indicated that mental health was his most pressing problem. He was not the only participant to have suffered with mental health problems but he was the only one to bring them to the fore, ahead of HIV issues. Likewise, when asked what he thought the biggest health issues to face gay men, he responded:

Martin: Well you're tempted to say HIV aren't you because it's thrust down your throat and even in all the gay literature… you pick up Gay Times and there'll be 20 adverts for safe sex because of HIV and then a load of sections at the back where they can test you for HIV, yo' know places that will do it. But very little about prostate cancer or testicular cancer erm, and many other issues that men have.

So while being distant from the HIV discourse engendered a fuller understanding of men's health issues, the downside is the absence of peer pressure or social condemnation he might receive when not practising safer-sex.

FUCKING STUPID? THE LEGAL-18-GENERATION & SETTLING DOWN

All participants in the Legal-18-Generation had a considerable amount of sexual experience and so a reasonably long gay career despite their young age. HIV was the major health theme to emerge in the data to the point that when participants were asked about their health, their first point of reference consistently fell within a HIV discourse. For instance,

1st attempt
John: So how has your health been?
James: It's been fine yes. I did go and get an HIV test, when was it, it's Mark's who gave advice. I don't know, it wasn't that long ago and that was negative, yes.

2nd attempt
John -   What about other health issues, not HIV?
James: That's only, in that I possibly could have caught, haven't had any STDs.

3rd attempt
John: I'm thinking wider than sexual health, general health.
James: You mean physical. Attached on to being gay?

4th attempt
John: So away from sexual health and mental health what about other health issues, men issues?
James: Yes I've got men issues. I think I'm quite negative. I don't tend to go and… It is difficult to meet men you know, I think the gay scene has, I think just meeting men even on the gay scene is, it depends what you want you know. I want to date people. I can't handle one night stands. And I don't tend to feel at ease in the Village and even websites it seems a bit clinical and so, yes, I have got quite a lot of issues about. I don't know if it's about men, I think, you know, if I was getting women I'd still have issues.

5th attempt

John: Shall we finish off just with general health. What, apart from your tests with the HIV thing, what was the last time, when was the last time you went to the doctors and what for?

James: To, to get a check up?

John: A sexual health check up?

James: When I was getting HIV then I had all the tests.

John: Yes, yes, syphilis, gonorrhoea that kind of thing.

James: Yes.

John: So before that, what was the time before?

James: …

John: You've not been for a while, no?

James: That's been the only time.

John: Yes. And do you know about men's health issues. What gay men ……

James: No not fully.

John: No?

James: No?

John: Like testicular cancer or…

James: No I don't know a lot about it.

John: No, right. I mean you're too young to be worrying about it. But then, if the educators are going to do it, they need to get you now, you know.

James: Yes, yes. There's a lot of truth there. Even HIV er, I did know the basics but when I went to get the test they would say things that I thought, God I didn't know that.

There were several participants who seemed to locate their health firmly within the HIV discourse and struggled to give accounts of any other health issues despite being invited to on numerous occasions. It was on the third occasion that Jason talked of his fears about mental health. Yet there was no difficulty in calling on the HIV discourse to attempt to answer the questions. Often, it was the default position. What health meant to many in the Legal-18-Generation related to HIV, the stress of being exposed to it, and attempts to ensure that they are no longer placed in danger. Good health for this generation translated into staying free of HIV.

Participants were willing and able to offer a public account of HIV and safer-sex but needed prompting and coaxing for other health issues. Their inability to do so could point to the idea that gay men are stuck in the HIV discourse that prevents and discourages them from acknowledging other potentially serious health conditions. They had been given a ready-made system in which to frame their health experience but which had only a limited scope.

The irony was that regardless of whether anal sex was practised, or exposure to risk of infection, some still found no difficulty going for HIV tests. For instance, Ryan is in a monogamous relationship and does not practise anal sex yet regularly goes for test to confirm his negative status.

Ryan: I tend to go regardless once a year for a blood test. Just to check everything out. Even if I've not slept with anybody I still go.

Sometimes it was out of past behaviour. Or it could be brought about by gossip or upon hearing that someone they had had sex with was HIV positive:

Jason: Everyone's so frightened and I think that's another thing that the gay scene needs to get over, this prejudice of anything to do with HIV really. Because if I was to go on the scene and say that I was positive, which I happen to know I'm not because, you know, you've got to be tested because you get paranoid… But if I was to go out there and say I was positive, I'd get, I don't know what the reaction would be because I think everyone's just so frightened of it.

There was still very much a climate of fear or as Jason puts it, paranoia, relating to HIV and AIDS. Yet going for a HIV test has become mundane and almost like having a gay MOT. Yet this position does not translate into open and frank discussion. For instance, when James went for his HIV test, he was very cautious whom in his network of friends he told about it, keeping it among those he knew would understand and not gossip.

HIV & CONSTRUCTING A GAY IDENTITY

The men in the Legal-18-Generation therefore channelled their experience of health and illness through their sexual orientation. Contrary to what Rofes stated, it did seem that much of the gay identity was constructed around the HIV discourse. It was still sexual orientation's link with HIV that dictated what was and was not considered important in health terms. The HIV discourse then acted as an obstacle to them absorbing any other health messages. The paradox arose from the fact that while this generation were deeply embedded within the HIV discourse, the HIV and safer-sex messages were unsuccessful in modifying their behaviour. Often, it was in their younger days or at the start of their gay career when the safer-sex message had not had the desired effects and risks had been taken.

Within the notion of men's health there is the idea that men invite risk rather than avoid risk (Petersen and Lupton 1997). For the participants in this study however, the motive did not seem to be masculine prowess, because not wearing a condom when engaging with sexual activities with another was not with the intention of becoming infected or to infect others. Rather, it was an act of recklessness defying the risk. They all came to see it as an act of stupidity or madness from which they had a lucky escape. Part of the problem seemed to be that while the safer-sex message was broadly known, it did not engage with their expectations or their experiences in their younger days.

NEGOTIATING THE RISK

Echoing the Legal-21-Generation, participants in the Legal-18-Generation had similar experiences where condoms were negotiated out of the sex; for instance, within the confines of an intimate relationship. Not using condoms was often perceived as some sort of commitment to the relationship. Yet sometimes, there was a sense of persuasion/coercion in the decision, for instance, promises of monogamy to convince participants that safer-sex was not necessary. The dilemmas arose once the relationship had ended, as in the case of James who discovered his ex-partner had been having unprotected sex with many other people at the same time as with him. James had to go for a HIV test to establish if he had been infected. His first account stressed that he did not have the necessary information about HIV to be able to make the decision with which he was faced when negotiating his safer-sex stance with his then partner. He later changed his position by acknowledging that what he lacked was the necessary confidence to say 'no':

James: I knew that you should always use a condom. I think a lot of it was just stupidity… I know that, you know, if you don't want to catch HIV at all, you should use condoms, you know… you've got less chance to catch it with some things, but anal sex is quite, without a condom is quite easy, you know, you can catch it quite easy. So, you know, I did know… I knew enough but, you know, I just didn't say no. I just went ahead and done it… Had I got lots and lots of confidence, not a lot but just, you know, just enough confidence [to] … just said, no.

It was difficult to disentangle what was 'stupid'; not practising safer-sex, or trusting someone he hardly knew. He later states that before he dispenses with condoms next time, he "would really have to get to know him well'. It therefore seems that for some, the crisis stage is over. The expectation was that at some point in the relationship, condoms would be negotiated away. Perhaps this was symptomatic of the generation or a symbolic marker of trust within the intimate relationship? Others in this group however had no such illusions and commented that the only person who could be trusted in this matter was themselves.

A MATTER OF CHOICE?

Within the health promotion regime lies the assumption of personal choice and responsibility (Petersen and Lupton 1997; Blaxter and Poland 2002; Wanless 2004). We all choose to start or stop smoking, take regular exercise or be inactive, and practise safer-sex. However, in relation to HIV and safer-sex practises, the idea of choice is much more complex than the ideology acknowledges. All Legal-18-Generation participants were, to the best of their knowledge, HIV negative. But all had to some extent in the past, failed to take on board the dominant health messages relating to safer-sex. None of them framed it as a matter of choice, or their right to engage in such practices, as did the older generations. Often, it was framed as a lack of experience, or an act of stupidity, and something that had happened in their youth. If managing the risk equated to total avoidance of the risk, then not all participants in this cohort appeared to have the necessary knowledge or capacity to achieve this despite being firmly located within the discourse. If the long-term goal was risk reduction then it seems that as the participants have got older they have acquired a deeper understanding from which to inform their decisions. Now older, there was a sense of them 'settling down'. One of the markers of this process was their reengagement with the HIV discourse and safer-sex health messages which acted as one of the symbolic boundaries that helped shape their identity as mature and engaged gay health citizens, distinguishable from their previous position as disengaged hedonistic risk takers. So what is interesting about the Legal-18-Generation was that at some point in their sexual career, each of them had engaged in sustained risky sexual practises. Most often, this was the suspension of condom use with their regular partner: but not always. At other times, it might be when

they relapsed and had UAI with someone of unknown HIV status. There was also an incidence when they had been exposed to the HIV through the passing of bodily fluids rather than intercourse. What is of note is that they all indicated that they now practised safer-sex. They often provided a narrative of 'growing up' and 'calming down' as the reason for their change in behaviour. Now there is a sense that they have settled down and no longer engage in such risky activities

ACCOUNTS OF THE INEXPERIENCED

The Legal-16-Generation were the youngest of the participants and had had the least sexual experience. When asked about their health, they did not give accounts of HIV and AIDS. Instead, they all provided accounts of their mental health worries. When asked directly what they understood about HIV and safer-sex, they did have the basic knowledge of safer-sex and condom use.

A VERY PUBLIC ACCOUNT

All participants provided a public account of the relevant issues relating to HIV transmission that broadly followed the current HIV health messages promoting condom use and safer-sex. However, only Justin questioned the type of sex where condoms should be used. Justin has not yet had sexual relations with anyone, so was still quite a novice. He considered that if both parties were amenable, then condoms could be used for oral sex. He and Josh also talked about the need for extra strong condoms. They had clearly not been aware of the recent change in emphasis where the LGF had performed a review and ceased to provide them in favour of the regular strength condoms. This is interesting as the message had got through on some level, but the up-to-date messages had not reached this important cohort of younger gay men. Other than Justin's questioning the absence of condom use for oral sex, the HIV health messages did not resonate with this cohort of men. His position appears to stem from a lack of sexual experience. It cannot be concluded that at this stage of their gay career, the health needs of the young men in the Legal-16-Generation were subsumed by the HIV discourse. There are at least two possible explanations for that. Firstly, their lack of sexual experience may create a distance

between themselves and the HIV health messages. Clearly, there was not a great emphasis placed on sexual activity. They did not seem to have a *sexual* identity to the same degree as the other generations. Sex was not the most important thing to this group of men. Friendship was considered more important. The second connected issue relates to their position towards the traditional notions of the gay identity. In appearance, they did not seem to subscribe to what might be considered a 'gay look'. Nor did they identify with many gay men who went on the gay scene who would more likely be avoided. If the reflexive thesis offers us any insight here, it is that younger gay men did not need to commit to any singular notion of the gay identity and had set in place strategies that created a symbolic boundary between themselves and those who occupied the gay spaces around Manchester's gay village. It is therefore their relative position to the HIV discourse, gay identity and gay community/scene that offers us the greatest insight when theorising how best to target them with health messages of all kinds. Echoing the Legal-18-Generation, their social networks were made up of small-scale reflexive communities. Health promoters will therefore need to take account of the shift away from the recognisably gay spaces such as the Gay Village as they are not used by all sections of the gay population.

8.2 – GENERATIONAL DIFFERENCES TO THE EXPERIENCE OF HIV & AIDS

The different social climates in which the four generations grew up and came to know HIV and AIDS plays a significant role in how the virus is currently experienced. This is emphasised by the changing importance placed on HIV, where contrary to what Rofes (1998) stated, all gay men in this sample did not construct a post-AIDS identity. Rather, the ability to be reflexive seems to be what sets the oldest three generations apart from the Legal-16-Generation, most likely the result of their increased exposure to HIV. The symbolism of the gay identity has been under going great changes since the onset of 'AIDS' back in the early 1980s. Where AIDS provided a focus for an emergent gay community, there now exists no single rallying point, and no single gay community in which to come together. One reason for this change might be related to the way HIV and AIDS have been contextualised. In the early part of the crisis, the fight against AIDS was a collective issue.

Those in the Criminal-Generation were all actively involved in supporting people with the virus and raising awareness about prevention. Fear of a backlash brought about by negative media reporting might have been at the forefront of their minds as they tackled what was then described as the 'gay plague'.

The state of crisis that galvanised the Criminal and Legal-21-Generation has been replaced with, at first, a mismatch of representation and then the dawning that the antiretroviral drugs had started to work by 1996. HIV was still being portrayed as a killer virus but people were no longer dying. While not cured, the crisis had abated (Rofes 1998). But as the last chapter on participation explored, there were many changes underway. The change in emphasis from prevention to treatment could have triggered a change in the perception of HIV. It was once a collective battle but successful treatments have turned it into an individual condition, which will of course be good news if not tempered by the increased numbers of new infections.

This hypothesis might be supported by exploring the participatory practises that are explored in the last chapter. The most active generation in terms of voluntary activities related to HIV and AIDS had been the Criminal-Generation. Many of this group had at some point in the gay career been actively involved in supporting people with the virus whereas this type of activity was rare in all three younger generations. Currently, no one in the sample is engaged in directly supporting people with the HIV virus. Evaluating these differences might shed light on the subtle processes involved by which the different generations come to understand, react and engage with the HIV crisis. The Criminal-Generation helped by supporting people with the virus and trying to educate the rest. This changed in the 90s when the collective started to show support by attending events that supported people with AIDS and HIV. This is still supporting people, but putting money in buckets replaced instrumental support; attending the Mardi Gras replaced campaigning; and packing condoms replaced buddying. Direct action became less common in the younger generations to the extent where the level of participation not only changed direction; it became extinct in the Legal-16-Generation. In some respects, there might be a limitation to the generational perspective, as those in the Legal-21-Generation who started their gay

career in the early 1980s would have been as likely to be involved as the Criminal-Generation. This also highlights the limitations of the current sample and efforts to include the more marginal in the gay community. But this should not detract from what the current generational perspective shows: that there has been a shift in emphasis in the way gay men experience HIV, including what now counts as 'supporting others'.

THE RELEVANCE OF EXPERIENCE & INEXPERIENCE – PROMOTING SAFER UAI?

HIV was the prominent health discourse that participants found little difficulty in speaking about at length. For the Legal-21-Generation and Legal-18-Generation, HIV did seem to shroud much of their talk. This was not the case for the Criminal-Generation or the Legal-16-Generation. Lack of experience might have been an important factor with the Legal-16-Generation. They had little or no sexual experience yet gave the most risk averse accounts. However, what we might be seeing here is a very public account of HIV and safer-sex. As the Legal-16-Generation get more experience, they may become more reflexive and negotiate their own state of understanding. Maybe it is in the interim between naivety and experience that they are the greatest risk, as was the Legal-18-Generation in the early stages of their career.

Managing the risk might be a way forward for the gay men who do not view HIV as anything other than a controllable condition. Without promoting unsafe sexual practices, might there be a more realistic alternative to the strict enforcement of condom use? For instance, the dangers of eating saturated fats are well known yet many people still eat meat and other sources of them. Needle exchanges for drug users may not be palatable to many non-drug takers, but realistically, health promoters need to work with the health problems they are faced with rather than only focus on what is socially acceptable. Needle exchanges are not about what is best, but rather, what is achievable. In terms of HIV prevention, it seems that the idea of risk management has been snared in a discourse of abstention. UAI and 'bareback' sex have been inappropriately linked. Gay men are effectively forced to take responsibility for their own health at times when health issues have little if any meaning and they do not have the necessary skills to best manage their health care. So they turn away

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from the whole message until such time as their perception of risk changes and they begin to embrace the safer-sex messages.

There are pamphlets on 'safer' UAI, such as those produced by the Terrance Higgins Trust (THT), but little discussion about the issue. Maybe this discourse would have proved beneficial at the time we identified earlier between naivety and experience. If nothing else, it could have disseminated the HIV and safer-sex health messages among the young or inexperienced. Maybe we also need to stop looking at the gay identity as the 'at risk group'. Not only does it culturally construct and then stigmatise gay men; it may also obscure HIV health messages directed at heterosexual populations. HIV needs to be moved back into the men's health discourse and the men's health discourse needs to open up and embrace gay men's health.

Looking at a snapshot of gay men's sexual practices might reveal that many gay men engage in high risk sexual activities. However, exploring the issues more deeply might reveal that gay men are being more reflexive and learning to deal with safer-sex in their own way. The changing climate has meant that gay men are able to construct their identity 'post-AIDS' which necessitates them taking responsibility for their own health. They also have to negotiate and formulate their own views and ways of dealing with risk. The old ways of 'abstinence' and 'crisis' no longer resonate. But this does not translate into a declining interest in safer-sex. Rather, the discourse and climate have led to a changing emphasis where gay men are actively and reflexively negotiating their position within the safer-sex discourse. On balance, it seems that both generation and length of career is likely to in part structure this experience. Take for example the Legal-18-Generation. If they can stay free of HIV in the early part of their career, as they gain experience and begin to 'settle down' their attitudes towards safer-sex changes and they begin to adopt many of the strategies. The reasons for unsafe sexual practises might also be, as James' case illustrates, a lack in the necessary skills to fully appreciate and negotiate a safe position when embarking on a sexual career.

The snapshot surveys would not tell us this. It might be that some people do not practise safer-sex at some point in their gay career. Reducing such a complex behaviour to a tick on a survey might not give a realistic picture because it is a stigmatised activity. It might be that Joseph has a point. The stigma of not practising safer-sex is still greatest in the gay population. Much research seems to focus on UAI in the gay communities but does not in the heterosexual communities. Indeed, the idea of bareback sex does not seem to have transferred into the heterosexual discourse; yet it is here that is found the fastest growing group of new HIV infections. If nothing else, it seems important that health promotions targeting gay men's health is not eclipsed by the limiting discourse of HIV. As previously stated, being gay may place some at greater risk disease but this does not exempt them from other equally serious health issues.

What might be worthy of further investigation is to explore the conditions that made gay men more receptive to the HIV health messages. Is it because gay men face the risk of marginalisation as well as the risk of infection that makes the HIV health messages resonate so deeply within the gay psyche? These conditions are not present in the more general men's' health promotion where sexual orientation is not even addressed and where heterosexuality is often assumed. A degree of cross fertilisation of ideas may be to the benefit to both gay and straight men's health.

CHAPTER 9 _____

A substantial element of the current health ideology focuses on lifestyle choices implicated with keeping healthy. Part of the discourse promotes the need for individuals to take a degree of control over their health and become fully engaged citizens (Wanless 2004). This might be achieved by engaging in activities known to have positive benefits for health, such as controlling diet and doing regular physical activities; and by refraining from those things known to cause poor health, such as smoking. Lifestyle choices are implicated in our future health, as highlighted in the Wanless report for instance:

> Chronic diseases are strongly related to lifestyle factors such as smoking, poor diet, physical inactivity and alcohol consumption. Smoking has been identified as the single greatest cause of preventable illness and premature death in the UK (Wanless 2004: 19).

The report explored the idea of a health care system meeting the needs of a population fully engaged with their health, where responsibility for it is shared between patient and medical practitioner (Wanless 2004). Under this scenario, the emphasis was on preventing ill health where possible with individuals being 'fully engaged' with their own health. This next chapter begins to develop this by exploring the behaviours and lifestyle choices of the men in the different generations.

9.1 – THE GOOD, THE BAD & THE DOWNRIGHT BELLIGERENT

The men throughout the generations exhibited varying degrees of engagement and many of them could be termed 'good' health citizens while others did not appear to be actively involved and so could be described as 'bad' health citizens. However, it becomes apparent that such a dichotomy lacks the sophistication when a close look is taken at the health

practices of each participant. Some men followed the public health discourse avidly. They adopted health management strategies that attended to primary and secondary preventative measures both pre-illness and once illness had occurred. These men took on board the health ideologies and were reflexive in their decision-making so might be considered as 'Reflexive Health Citizens'. Yet among those carrying this label, there was a range of practices. Some were successful in many areas but failed in one or two. Their approach to health remained engaged and reflexive in spite of the shortfalls. They could best be described as falling outside some of the Reflexive Health Citizen, as their degree of engagement was 'Incomplete'. There was also an instance when a participant challenged the validity of the dominant scientific explanations for health and ill health. In the current study, Jack took personal responsibility for managing his many health conditions, and where possible, was pro-active in his attempts at preventing further illnesses occurring. He was however, reluctant to share responsibility with health professionals unless necessary. His engagement might not match what the current ideology dictates, but he was nevertheless engaged and reflexive in all aspects of his health. An appropriate label for this outlook might be 'Alternative Reflexive Health Citizen'.

There were then those who were more passive/compliant in their approach to health. They accepted the current health ideology mostly, but seemed more at ease handing control and responsibility for their health over to the health professionals. If given any instructions about how to manage any existing conditions, where possible, they would follow them. Similarly, if advised to take pre-illness preventative steps to maintain good health they would attempt to follow any particular instruction unquestioningly. A more appropriate label for this attitude would be 'Non-reflexive Health Citizens' because of their conformity and lack of engagement to the health ideologies. Finally, there were those who were completely resistant to all health messages and refused to comply with the dominant health ideologies either to manage existing conditions or prevent new illnesses from developing. They often subscribed to the notion of the broken body model where health professionals mended whatever had gone wrong with them physically. The only time they engaged with their health was to take the prescribed medication; and only then when doing so did not hugely affect their lifestyle. They did nothing that could promote a healthy lifestyle and doggedly

refused to take any action that could benefit their health. It seemed that they actively rejected the health ideology giving them the label, 'Resistant Health Citizen'. By using these health positions to label the different approaches to health, each participant is located within the current health discourse. This can be viewed on table 8 below and explored as a continuum in figure 2 below.

Figure 2 - The range of approaches and outlooks to health

Reflexive health citizen   Resistant health citizen

George, Danny, Nick, Charles, Daniel, William, Kenneth, Richard, Ryan, Jack, Justin, Josh, David, James, Jason, Jacob, Chris, Joe, Carl, Martin, Bill, Thomas Joseph, Ronald

Table 8 - The continuum of attitudes and behaviours towards health

	Reflexive Health Citizen			Non-reflexive Health Citizen	Resistant Health Citizen
	Complete	Incomplete	Alternative	Conformist	Antagonistic
Criminal-Generation	George, Charles, William	Kenneth	Jack	Thomas	Ronald
Legal-21-Generation	Danny, Nick	Richard		Carl, Chris, Joe, Martin, Bill	Joseph
Legal-18-Generation	Daniel	Ryan		David, James, Jason	
Legal-16-Generation				Justin, Josh, Jacob	

9.2 – ENGAGING THE HEALTHY CITIZEN – THE GENERATIONAL CONTEXT

As stated, much attention has been directed towards cultivating healthy citizens by encouraging a degree of self-health-care management where individuals actively engage with their own health both pre and post illness (Wanless 2004). Although this typically involves promoting or discouraging a variety of different activities, with so much attention being paid to HIV prevention in the gay context, little if any has been given to other areas of

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health maintenance despite them being at the heart of the government's health ideology. The next section will deal with each one in turn before discussion the implications to gay men's health.

INCIDENCE & EXPERIENCE OF SMOKING

Smoking is one of the most serious lifestyle determinants of future health (Wanless 2004). In the UK alone, it is estimated that tobacco use kills 120,000 people a year. Ash, the anti-smoking campaign group point out that smoking causes five times more deaths than road accidents, alcohol or drug abuse, accidents, murder, suicide and AIDS (ASH 2005). This is estimated to be costing the NHS somewhere in the region of £1.5 billion a year (Hutchinson, Dorsett et al. 2005). Though there is a scarcity of research into smoking prevalence in the gay population, evidence from the US identifies substantially higher than average rates in all age groups of gay men when compared to heterosexual men (Stall, Greenwood et al. 1999; Ryan, Wortley et al. 2001; Bontempo and D`Augelli 2002; Ferri 2004). Stall et al. (1999) highlights that 48% of their gay sample of their 2593 smoked. Ryan et al. searched all available data published in English and found that:

> Estimated smoking rates for lesbians, gays, and bisexuals ranged from 38% to 59% among youth and from 11% to 50% among adults. National smoking rates during comparable periods ranged from 28% to 35% for adolescents and were approximately 28% for adults (Ryan, Wortley et al. 2001: 142).

There is some evidence to suggest that the higher rates of gay smokers is not a US phenomenon as similar patterns are seen internationally (Harding, Bensley et al. 2004). Currently in the UK, reports indicate that around 26% of the male population smoke (Goddard 2006) and that around 28% of men are 'ex-smokers' (ASH 2006). There is currently no UK data that explores tobacco use of gay men.

Exploring tobacco use by generation revealed that smoking rates varied throughout, with some cohorts having no smokers in them (though the numbers in the Legal-16-Generation where particularly low). None smoked in the Criminal-Generation though some had in the past. George, William, Charles and Kenneth had never smoked. Jack gave up in 1980; Thomas gave up in 1965 after a doctor told him to:

John:	[Do] you smoke?
Thomas:	I did when I was younger yes, and I was in bed… the doctor came to see me and he said "you've got bronchitis, do you smoke?" I said "yes". He said "well stop it". I did there and then, just like that.
John:	Good for you, good for you. And did you ever think it was bad for your health…
Thomas:	No I'd never even thought about it no. It's a thing you grow up with. It's at the back of your mind but you forget it, you don't bother about it.

Ronald gave up in 2002.

John:	Do you still smoke?
Ronald:	No I don't now. I gave it up about eighteen months ago.
John:	Well done.
Ronald:	But I've always been able to do that. I mean even when I was younger, you know, I'd sort of smoke forty a day for months and months and months and then I've a cigarette and think, I don't like this and I'd put it out and I won't smoke again for about a year. I gave it up for ten years once. I gave it up when I was thirty because I thought, oh no, you know I want to live a bit longer, see my grandchildren and all that. But then I got to forty and I thought, oh fuck I don't want to live another forty years.

Clearly, Ronald has a discourse of 'quitting' meaning that the health discourse of stopping smoking must be reaching him to some degree. He considers that he can stop and start smoking at will but as noted, he was under a great deal of pressure when living with his family of procreation. Maybe rejecting health advice was a way of rescuing what he considered his failing masculinity as he struggled coming to terms with this sexual orientation? Might he also have been attempting to 'play' the heterosexual and used smoking as a way of assisting his performance. Thomas on the other hand had never really considered the health implications of smoking back in the sixties. But the way Thomas dealt with his health issue was by unquestioningly taking the advice of the doctor, something he still does today. Ronald periodically did the reverse and rebelled against the health message, something he still does today.

Five of the participants in the Legal-21-Generation smoked more than 20 cigarettes a day. Four did not smoke. Carl shifted between the two throughout the course of the research. He was at one point a heavy smoker but then quit. When asked why he stopped smoking, he replied:

Carl: Well that was just something that I felt like I needed to do [stop smoking].

John: Why?

Carl: Well, it's because Mark don't smoke. But it's not because I want to feel more comfortable with him. But when I'm out with him I'm finding m'self that I wasn't smoking as much. So through not smoking as much I thought, well what's the point of bloody smoking at all. You know, and there's the money issue. Yes, saving a lot more money because if I want to be going out a bit more.

Health was not given as a reason why he stopped smoking, but rather because his partner did not smoke and the financial saving. Subsequently however, he has started smoking again and so is one of the five who smoke. Richard was also a heavy smoker, which he acknowledged was harmful to his health. He chose to focus on his diet however, something more under his direct control.

Richard: So the only thing I worry about is that, I do worry about the heart attack thing because of the weight really and because of the smoking.

So while the smokers in the Legal-21-Generation described their health as either 'very good', 'good' or 'good all things considered', only Richard explicitly linked smoking to bad health.

In the Legal-18-Generation, two participants had smoked but quit around the year 2000. The others still smoked to varying degrees. Some stated they smoked around five to 10 a day, while others smoked around 30 cigarettes a day. Ryan describes it as his only bad habit. David also knew the risks involved and had recently noticed he had started smoking a lot more, around 30 a day. He could not explain why:

David: I know the fact that there's a very good chance that I will develop lung cancer or heart disease. I know that it's clogging my arteries. I know that it's doing terrible damage to my lungs. But it's, no matter what the figures were quoted at me, I don't think I could quit smoking. I don't know why.

He also knew that he would probably have to do something about it, albeit his goal lay in the future and did not include quitting. He had tried to stop before, but this was some time ago in his early teens. There is evidence that many gay boys start smoking to help them cope with the stress of being gay in a heterosexist society (see Ryan, et al 2001). David was

bullied at school so these could be related. He started smoking 'pot' (cannabis) one summer when the other boys in his town befriended him. He does not state however, whether he smoked prior to this.

No participants smoked in the Legal-16-Generation. However, smoking was associated with abuse of the body, and viewed negatively.

Jacob: I certainly don't abuse myself, I mean I don't smoke, I don't drink excessively. And that is better than most people.

Smoking was always seen as a 'bad' thing to do in health terms throughout the generations although only David of the Legal-18-Generation provided a discourse of 'how' it affected future health.

When looking at the whole sample eight out of 24 participants currently smoked, five had given up, (three of whom had done so recently), and 11 indicated they had never smoked. When these figures are compared with what is known, the numbers of smokers in the present sample is above those found in the general population, (currently standing at 26%), although no statistical generalisations can be inferred here. However, there are various areas of interest that can be explored. Firstly, is the reason why gay men start smoking related to the stresses of being gay as Ryan et al (2002) state? An equally interesting question however, relates to why some gay men continue to smoke, (or have not 'given up'). Although two of the sample had been ex-smokers for a number of years, (both as a direct result of medical advice), three had chosen to stop smoking in the last few years. The health promotion campaigns have been successful in reaching a diverse population and figures indicate that smoking is beginning to fall. However, the limited statistical evidence and the data from the present study suggests that the wholesale successes are not replicated among gay men. One reason for this might be that the tobacco industry targets gay men, while current health promotions appear to target heterosexual families and individuals. There are also surprisingly few researched interventions targeted specifically at this population. Harding et al. (2004) did target a small sample of gay men in the London area and provided them with a seven-week course aimed at supporting them while they

stopped smoking. Part of the strategy was to provide a non-judgemental space where participants could talk about specific gay issues as well as quitting smoking. Their findings indicated a greater success rate than seen in the general population of smokers. These findings might have several policy implications. Firstly, as indicated in this study, many gay men do not talk about gay issues with heterosexual people. Having this option linked to positive health related behaviours may be beneficial in prompting the type of support network building strategies that many gay men may lack in both the heterosexual and gay context. It seems that tailoring the intervention at the group might allow the health messages to be framed in such a way that they are relevant to gay men, rather than assuming that generic health messages will capture all men. It could be that forming the group facilitated the construction of the reflexive communities able to offer authentic support on this issue. If so, it could have policy implications for a host of other health related issues, which Harding et al suggest are not currently being targeted in the gay context.

ALCOHOL CONSUMPTION

There are many reasons why drinking is an important area to explore within the gay context. At a community level, Sabo reports how 'some studies of gay communities have found higher rates of substance use' which includes 'heavy drinking' (Sabo 2005: 337). Manchester is often portrayed as a 24-hour city, with much of this emphasis placed on the Gay Village, bars and clubs. Alcohol consumption is one of the lifestyle factors associated with chronic illness (Wanless 2004). Currently, the average amount of alcohol in the male populations stands at just short of 16 units a week with around 24 percent of men drinking more than the weekly recommended limit of 21 units (Goddard 2006). However, the picture is complex. The media have focused much attention on binge drinking, reporting the increase in women (Hill 2003 - The Observer). Chronic drinkers however, are reportedly men over 30 years old (Prime-Minister's-Strategy-Unit 2004). Goddard (2006) reports that although men over 65 drink less than their younger counterparts, they drink more frequently. Those under 24 are also said to drink less than men aged between 25 and 64 years (Goddard 2006). It seems that the use of alcohol is very much part of the 'traditional' masculine script with men

suffering from more alcohol related conditions than do women (Courtenay 2003; Mansfield, Addis et al. 2005). Gay men are reported to consume more alcohol than do straight men (**Amadio** 2006) though he is keen to stress the lack of consistency from such statistical evidence. In the current study, there were a variety of drinking patterns throughout the generations, though little evidence of binge or chronic drinking. The government's suggested limit of 24 units of alcohol did not seem to be exceeded by many of the participants.

In the Criminal-Generation, no participant drank alcohol to any great degree. Other than William, who might drink around 10 units of alcohol a week, the others drank so little that it was often not a weekly occurrence. William was aware that he could put himself into situations where he drank more than he would prefer. He therefore took the decision to cut back on the alcohol and drink water in its place.

> William: I was about six units a week and I thought I'm not really being honest. It isn't six, it might be twelve, but it's probably about nine I suppose. I might go a week and never have any at all. But then you might go out to dinner or whatever and, you know, so. And I've actually sort of said, you know, made a decision. I'm a member of Rotary. I'm their token gay member. And …….it's a drinking club but, you know, people will go out and we go and buy a glass of wine. Because we have meal when we have our meetings and I just have water now. Because I realised that I sort of said, right I will only have a drink on say Saturday and Sunday or Friday, Saturday and Sunday. Then you can sort of keep it down to about six or eight or nine. But if you start saying oh I'll have a glass on Monday, then you go to somebody for dinner on Tuesday so you have a couple of glasses.

While all of the participants went to venues in the Gay Village, drinking was not always part of their social activities or reason for going.

The participants in the Legal-21-Generation also drank surprisingly little with only Carl drinking over 30 units of alcohol a week. Carl had a long-standing drink problem and this seems to reflect his unhappiness when not living a gay lifestyle. He believes that drinking drowned out the feelings on many occasions. However, this was not always a successful strategy as it also made him think more of men and when Fran, his partner, went to bed, he would go onto Internet pornographic web sites. It also caused problems in that when drunk,

he sometimes got angry and violent towards Fran. However, the recent changes to his life have seen him vastly reduced his alcohol consumption:

John: Do you think you've cut down on your drinking?

Carl: Yeah, when I'm not home, but not when I go out with Mark, he's worse than me.

John: Well when in the house, what do you drink now?

Carl: Well, it might be just a couple of lagers now or a glass of wine.

John: What did you used to drink?

Carl: I could drink 3 bottles of cider before. It was like I'd drink one bottle and then I'd go and get another, and then another. But I've stopped that about a year ago. I drink one bottle now, which is about six pints and I say that that is enough. And now I don't feel like I need to drink, to numb my brain sort of thing and keep these thoughts away. But actually, it does not work that way sometimes because when Fran had gone to bed, I found myself getting a bit horny at night when I was drunk. And then I went on the Internet chatting people up.

Drinking was not just the social activity it was for the others in the Legal-21-Generation, as he drank around six pints of cider nightly. If he went out for the evening, he would consume more. The other participants seemed to treat drinking as something to do in moderation and only when out. As the number of times they went out to bars and clubs had fallen, the subsidiary effect was they did not drink much.

The Legal-18-Generation consumed more alcohol than did any other group. In many respects, it seems that drinking went hand in hand with their identity. Many gave accounts of being on the gay scene and consuming considerable amounts of alcohol. But this was often in the past. They felt that they had grown out of it as they had settled down. For instance, Ryan pointed out that:

Ryan: I used to drink like a fish when I was younger and I've grown out of that completely. Can't stand alcohol now.

Others were not interested in drinking as a social activity so only drank occasionally and never at home. This was sometimes supplemented by the occasional 'binge' session where the units of alcohol consumed in one evening were around the recommended weekly intake (David).

Drinking was not something participants in the Legal-16-Generation did to any great extent. Jacob drank around eight units of alcohol a week, pointing out that he did not abuse his body and so linking the two. He use alcohol in some gay social settings (gay group) or when he went out with his work colleagues. Even though Josh had started to go to student bars and clubs on a monthly basis, it had not made an impact on the amount of alcohol he drank, reportedly around three units a week. The only time that drinking was highlighted was when he pointed out he did not like the taste of beer but did like Bacardi. Justin did not drink at all.

Alcohol consumption is one of the more recent health and lifestyle choices to hit the headlines. The concerns over binge drinking currently target women because they are potentially at more risk of damaging their liver because of their typical body size. Yet research indicates that men are still the bigger group to suffer from the consequences of excessive drinking (Courtenay 2003; Prime-Minister's-Strategy-Unit 2004; Mansfield, Addis et al. 2005; Goddard 2006). Clearly, gay men will not escape this. Yet when exploring the data on drinking in the current research it is clear that not all gay men are 'binge drinkers'. Indeed, only one person drank over the recommended weekly limit, and that was primarily when he was in a heterosexual relationship. He is now beginning to reduce the amount of alcohol he consumes to a more 'sensible' level. Some in the Legal-18-Generation had been heavy drinkers in the past, which can be explored to see if it can be related to sexual orientation. There are several possible explanations. The first one might simply point to them doing what many young men do while experimenting and constructing a masculine identity. However, one substantial difference would be their outsider status that could point to other reasons for their past excesses. The gay scene and community, while associated with alcohol, might have offered the only safe space where it was possible to meet other gay men. As David pointed out, he started going to a gay bar at 14 years old because he knew there would be others like him there. Consequently, the idea of outsider status, a gay/sexual environment and alcohol consumption are readily associated. An interesting point of comparison for future studies will be to follow young gay men and see if this still holds true now that the climate has eased, making it easier to be gay in many

sections of society. This was the case for the younger generation who did not see the need of the Gay Village and socialised in more mixed environments. The Legal-16-Generation did not consume alcohol to any great degree.

Another reason why alcohol consumption did not predominate in many in this research might be due to the upsurge in 'disembodied participation'. Meeting other gay men no longer needs face-to-face interactions in bars and clubs as there are many gay cyber groups found on the Internet. The Internet has the potential of offering a safer environment to contact other gay men. In the recent past, gay bars and clubs would have been this setting. This might have future implications for the next generations of gay men who may benefit from the disassociation between their identity and alcohol consumption. It might also have ramifications for how health promoters targets the many different sections of the gay community. There has been a rapid growth in coming out and equally rapid change in the social settings for gay men as the previous chapters on social networking and community shows, many gay men are marginal to the 'gay scene/community' but may be avid users of the Internet.

DIET & HEALTHY EATING

With obesity at record levels in the UK, having a well balanced diet is another of the state sanctioned ideologies that the government is pursuing. The Wanless report stresses the level of the current crisis, highlighting the fact that over half of the population in England are either overweight or obese (Wanless 2004). Much of the focus on the White Paper seems to be upon the 'five-a-day' campaign that highlights the benefits of eating at least five portions of fruit and vegetables on a daily basis[14].

For most participants in the Criminal-Generation, having a good diet was viewed as a way of maintaining their health and was something they had control over. All but Ronald declared that they had a good diet and viewed it as something that ought to be controlled in some way. This generally meant eating only fresh food consisting of meat, vegetables and fruit.

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[14] For example, see http://www.5aday.nhs.uk/

There was heavy emphasis on trying to eliminate saturated fat from the diet. There was also emphasis on reduced portion sizes as the way to control weight gain.

Dietary supplements were also viewed as a way of maintaining health. Thomas and George both had a veritable cocktail of supplements consisting of vitamin C, Vitamin E, Cod Liver Oil, Garlic Pearls (or garlic in the diet) and '55 plus' which was described as being especially for older people. Kenneth was very active in his diet by having the recommended five portions of fruit and vegetables daily. Having a sweet tooth was seen as a problem for some, (or if they did not have a sweet tooth, a blessing). George attributes his ability to control his weight to him not having a sweet tooth whereas Kenneth states the reverse.

William talked about not becoming too absorbed in such matters, comparing what he does with what his brother does:

> William: He's fifteen years older than me. But even now he's extremely, I mean extremely health conscious. I mean, I go to the supermarket and just, if I lift something off the shelves it's because I want it. And I don't go peering at it and saying, how many calories and what's the additives and all that sort of thing. He really is sort of very, very careful.

Having a sense of balance is often said to be important when referring to diet. It seems that William was saying two different things here. The first is that his brother has lost the sense of balance and has gone to an extreme, in 'peering' at the labels to see the contents and calories. He also links his brother's action as 'being careful' and so views his actions in some way positively.

There are various accounts of good and bad diets given by the Legal-21-Generation. To some such as Danny and Richard, their diet was one of the more important ways of controlling their health. Only Martin described his diet as 'bad'. He was also visibly overweight as was Bill who could be described as clinically obese. A bad diet was often described as consisting of too much fat and carbohydrates; or an over reliance on take-away food. A good diet was said to consist of balanced and unprocessed foods. These attitudes did not however, always

turn into proactive behaviours. Several considered vegetarian food to be more healthy. Saturated fats were considered unhealthy and avoided whenever possible.

> Danny: I am a vegetarian and eat lots of fruit and veg. I avoid high fat, high sugar foods. I eat plenty of fibre. I did my PhD in nutrition!

Often, what was not said seemed to have significance. Only Danny and Martin talked about the five a day strategy. Not all participants had the necessary skills or understanding about cooking. For instance, the field notes reveal that some people did not know either how to cook vegetables or microwave a jacket potato. Since Carl had come out, he felt his diet had improved, by, for instance, an increase in eating vegetarian food. This was because his partner was vegetarian. He had always taken responsibility for cooking for his family of procreation and was now able to widen his repertoire when cooking.

All the participants in the Legal-18-Generation considered themselves to have good diets. None could be described as overweight or obese. One participant, Daniel, was a vegetarian. He defined a good diet as one having 'low fat and balance' with a bad diet consisting of 'high fat'. There was a definite discourse stating that a good diet was a important for one's health. Several gave accounts of the importance of drinking plenty of water and not much alcohol, for instance, Ryan:

> Ryan: I try and eat as healthily as possible. I mean I like my junk food, don't get me wrong, but I also like eating, I eat lots of vegetables. I'm always eating, I have a salad every day. I eat lots of fruit. I drink lots of water erm, I try not to have too much tea. I don't drink coffee. I don't drink alcohol. My only bad habit is smoking. Erm, so I am a generally healthy person. Erm my blood, you know my sugar level and everything's all normal. Blood's just fine. Everything's cool.

Not everyone in the Legal-18-Generation clearly understood what constituted a good diet and again, knowledge did not manifest itself into behaviour. For example, Jason talked about his 'good' diet that consisting primarily of take-away food and 'pub grub'. Other than a banana, Jason does not meet his required daily intake of fruit and vegetables:

> Jason: I have a banana, bottle of water, erm a flapjack or something oaty in the morning. Because I try and eat in the morning cos it's got to have time to go

down. Then I drink a lot of water during the day as well. Erm, for lunch I'll either go to the butchers and have a big meat sandwich or I'll go over the road and have egg and chips, cos I love eggs. Or a full cooked breakfast. And then in the evening because I'm single and now in gainful employment I tend to eat out quite a lot so, I'd probably go to Churchills... Or Taurus. I always eat on the run, you know, before [a group activity] cos I'm passing through so I'll have like a proper meal in the evening. I don't like cooking for myself... I couldn't be arsed.

So while the many had information about good diet, it was not always translated into what is currently being considered a good diet. Some lacked the he necessary skills; others the motivation; and several did not have a good understanding of what constituted a good diet.

In the Legal-16-Generation, both Justin and Josh considered they had a good diet. For Justin, this meant eating plenty of fresh fruit and vegetables and having well-cooked meat. Josh controlled his diet by avoiding fast food and ensuring he ate plenty of fruit and vegetables. Jacob on the other hand considered his diet 'bad'. This he based on the amount he ate rather than what he ate. He was concerned that he had started to put a little weight on.

Jacob: ...at the moment I'm putting weight on because I'm not doing more than I eat. If I was to take care of myself properly I would be eating less or being more active to keep the weight off.

His interpretation of having a good diet equates to the energy in and energy out scenario.

When exploring diet throughout the generations, two important themes emerged; the need to avoid saturated fats and the need to have a balanced diet. But not all participants had sufficient understanding of diet. The youngest group did focus on fruit and vegetables, but still living at home, they had their mothers to cook for them. None of the other participants had such luxuries, and had to cook for themselves or eat out. The five a day health promotion campaign was not widely known and not all participants had the necessary competencies in cooking. It also seems that the five a day campaign is directed towards the family, where mother/wife was expected to have such competencies. In heterosexual terms, men's inability to cook might not be a problem as women shoulder much of the responsibility

for such things in the family context. In the absence of such a relational structure, and with little skill of their own to fall back on, many struggled to eat a healthy diet.

It might seem crass to compare HIV and safer-sex practices to having good diet but it is such ideas that illustrate the subtle differences between 'gay men's health' and 'men's health'. Firstly, many had a good understanding of the safer-sex message even though there had been times when they had not always practised safer-sex. They did now, so in that respect, the campaign can claim success. In terms of diet and five a day, the same is not true. The health messages are framed in a heterosexist discourse targeting heterosexual women and those charged with caring in the family context. For instance, the Department of Health's website for their five a day campaign has two headings: the 'Family' and 'Teens'.

Current health promotion is framed within a heterosexual and nuclear family context so needs replacing with a more comprehensive strategy that targets those typically excluded by such institutions. It does not recognise that, as a rule, gay men have different family structures. They may need telling 'how-to-do' as well as 'what-to-do', not just from a health literacy point of view, but also from a practical point of view. Framing the health messages in a traditional family context, as many of the government's health campaigns seem to do, may miss many people who do not identify with the imagery and ideology being presented. This has very clear policy implications in that all heterosexist public health policies should and ought to be challenged.

STAYING ACTIVE & PHYSICAL EXERCISE – A DISCOURSE OF THE GYM

The UK trails behind countries such as Australia and Finland in the percentage of the population who do regular physical activities (Wanless 2004). The benefits of doing some sort of physical activities are highlighted throughout the Wanless report and the White Paper, so are high on the government's list of healthy lifestyle options likely to promote better health. Doing some sort of moderate regular physical activities is linked with decreased risk of coronary heart disease, stroke, diabetes, hypertension and obesity (Wanless 2004). This could be as simple as walking for 30 minutes three times a week. In

the sample, the majority of participants did not do any form of physical activity. Many had previously been members of gyms, but had not kept up their attendance.

When asked if participants in the Criminal-Generation did any form of physical exercise, three indicated that they did. Charles was a member of several sports and fitness clubs and did regular exercise as part of a social activity. Charles and William talked about using a gym three times a week. Others had also been members of the gym but had ceased going in recent times. Most accounts of the gym indicated that it was boring. William used it primarily to do specific exercise related to a spinal injury he had in his early adulthood. It was out of necessity he went rather than enjoyment or to maintain a good level of fitness:

> William: Well I go to the gym to do these exercises but, frankly I find them a bit boring really. I mean I don't think I'm going to get hooked on sort of the body beautiful. I don't think anyone has the body beautiful at my age but I try to go at least twice a week. Sometimes I manage three, but on the other hand, like for example last week because people were staying I just sort of thought well I can't really go and I can't sort of. But I do my little bit you know so. I wouldn't have said I was fanatical but I try to do my best.

Ronald's attitude was that the gym and physical exercise was something he had done but had rejected because it became boring:

> Ronald: I used to do [go to the gym], I've done all that. I used to do that when I was about fifty, when I first retired and I hadn't got anything else to do. I was vegetarian, didn't smoke, didn't drink. I used to cycle, swim, go to the gym three times a week. But one day I just thought, fuck this is boring. And so I started smoking again.

Other than in the gym, Charles was able to combine his physical activities with his social activities. The walking group was about meeting new people and 'chatting'. The swimming club was about meeting up with friends and socialising before, during and after. The gym was a means to an end: his attendance related to keeping fit enough to continue with his other activities.

Jack could do no form of physical exercise as his state of health often left him unable to leave the house. He had an electric scooter to help him get out on the days he could. The other participants in this cohort suggested they did not do any physical exercise.

However, the data suggests that they did walk regularly. George gave an account of walking three to four miles on a regular basis. Thomas lived around 1.5 miles away from the nearest bus stop or train station and regularly caught the bus or train. One reason why Kenneth moved back to the northwest was to do more exercise and walking, albeit he has not fully realised his plans yet and joined any walking groups. William was the only participant to associate walking with regular physical exercise. He had had to give up his car due to his failing eyesight, something he viewed positively as it encouraged walking and as such helped maintain a good level of fitness. The others mentioned above did not recognise their activities as doing some form of regular physical activities. It may have been the wording on the questionnaire that was responsible as it asked 'Do you go to a gym or do any form of physical exercise?' and so introduces the idea of the gym.

In the Legal-21-Generation, there were three participants, Chris, Nick and Danny, who actively engaged in physical activities. This translated into all three going to a gym regularly (but independently as there seemed little social element to going to the gym). Swimming and playing squash were also frequent sporting activities. Some implied that taking regular exercise related to appearance. Nick used a keep fit regime to help combat his growing waist line; Danny so that he 'looked good'. Often, many participants in this generation linked physical fitness and attending a gym though this discourse was not matched by the necessary understanding of the commitment needed. The majority of participants in the Legal-21-Generation did no form of regular physical exercise. Unlike the Criminal-Generation, there was little evidence of much physical exercise in their daily routines.

Many men in the Legal-18-Generation saw the gym as a route to achieving a good level of physical fitness. Whether the gym was associated with health or else aesthetics is questionable. Only one participant successfully and regularly attended a gym. Like those in

the Legal-21-Generation, the others gave accounts of trying to attend a gym, but not keeping it up.

John: So go on what else do you do in terms of health. Do you think about health in any other ways?

Jason: I like to keep fit but I do a lot of walking in the job and a lot of carrying and lifting in the job as well. I did join a gym in Banentines but standing there and doing all that it's just not me. Something like that I mean.

So while Jason professed to 'liking' to keep fit, this did not extend beyond the physical activities he did in his job, which involved a degree of lifting and walking. Similarly, James gave an account of no longer using the gym:

John: And do you do any kind of exercise or are you a member of a gym or…

James: No, well I haven't been to the gym in ages.

John: Did you used to go did you?

James: I did used to but I get fed up usually.

There was also talk about the need to strike a balance between keeping fit/going to the gym and not allowing it to become an obsession. Ryan indicated that he was a member of a gym. He did not use it often, and when he did, it might not be to work out. Yet he considered his health was as good as his partner who went to the gym five nights a week.

The way the Legal-18-Generation experienced this aspect of the health ideology was through the socially constructed stereotype of the idealised body shape often associated with the gay identity (Yelland and Tiggemann, 2003) which only translated into going to the gym (though going to the gym was more often framed as a health discourse rather than one of vanity or 'looking good'). When the reality and commitment needed to acquire this body shape did not materialise, disillusionment soon set in and rather than admit defeat, they used the narrative of it being a boring activity. If boredom was the only reason for not going to the gym, it would follow that they might opt for a different physical activity but they did not, implying that the Government ideology was not translated into meaningful action.

In the Legal-16-Generation, Jacob had started to used the gym but stopped. He did not provide a discourse of 'boring', but rather, indicated it was related to a problem with his shoulder that prevented him doing weight training. He had considered alternatives but lacked the time to do them:

John: Right. How many times did you go to the gym, a week?
Jacob: A week? Well I was very bad at going to the gym. So I'd say erm, all I averaged I'd say twice a week.
John: Right yes.
Jacob: Not as much as I should.
John: Right, yes. What, you feel you should go more do you?
Jacob: I should have gone more, yes.
John: Why?
Jacob: Well because I'd made a commitment to keeping my body healthy. That's about the only time that I was committed to keeping my body healthy, really.
John: Have you considered doing other things as well as…
Jacob: Well I never really have the time to go out on the bike rides anymore cos I was busy looking for a job.

The way Jacob interpreted the health messages was to focus on physical exercise through the gym and so took a masculinist approach. He initially joined because his parents had, though he usually attended on his own. The difficulty for Jacob was that he appeared to have fallen at the first hurdle when he injured his shoulder. He actually commented that he has been having problems with his shoulder for some time but that it did not actually stop him from going to the gym. The alternative form of physical exercise he considered was bike riding but he rejected that through lack of time.

In all the generations, the health ideologies connected to regular physical activities seemed to be associated with the gym to the exclusion of many other equally effective means of staying fit, such as walking or cycling. There might be other reasons for associating exercise with the gym than the questions in the initial survey. It might relate to the gay stereotype which is itself was associated with the gym and so provides a ready made system of understanding. The desire for a slim and muscular body shape might position the gym as the approved route to health and fitness and in the process, crowd out other possibilities. Finally, masculinist discourse might prohibit any engagement with health and vanity other than activities such as 'weight training' and attempts to increase body mass even though

there were only few accounts that liked physical appearance to going to the gym. It nevertheless offered the means to subscribe to a health as vanity discourse without detracting from their sense of masculinity as seems to be the case for all men regardless of sexual orientation. The policy implications point to the need to promote other healthy physical activities that would appeal to men.

The Ambivalence to Recreational Drug Use

Drugs are reported as yet another way that men are likely to take more health related risks (Petersen and Lupton, 1997; Courtenay, 2000; Lorber and Moore 2002). Just as drinking alcohol seems inextricably linked with the gay identity, there is also reported to be a general ambivalence to recreational drug taking (Connell, 2000; Dowsett, 2001). There was evidence of some sort of drug taking in all generations – yet it was far from extensive in all but two cases. Some participants stated that they did not take drugs at all. However, they did not include 'poppers' (Amyl nitrate) in the category of drug taking. In some cases, drug taking meant smoking 'pot' (cannabis). Again, this was often not seen as taking recreational drugs or as smoking as tobacco was not the prime motive for its use.

Only one person in the Criminal-Generation gave an account of any drug taking. William had had three experiences of drugs. The first was of 'poppers'. He recounts how in his day, poppers were 'very big' (though he did not actually take them, partly because one of his sexual preferences was to 'fist' which he considered, required a level head). He also gave accounts of taking 'hash' (cannabis) but no more than five times in his life; and LSD which he did not take by choice but feels his drink was spiked with it. All the other participants in this cohort indicated that they had never taken recreational drugs.

Other than Joseph, most in the Legal-21-Generation gave accounts that suggested they did not consider themselves to take recreational drugs. Joseph was a heavy user of drugs typically related to sex. He described his use of drugs as a near hobby/interest that brought him closer to others he had met off the Internet:

John: Can I ask what these shared interests are or is that private?

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Joseph: No, if you take things like taking drugs, using toys, doing different types of sex. Experimentation, getting into something that you thought you wouldn't go into and liking it.

On his Gaydar profile, he openly advertises for sexual partners who share his interest.

Chem friendly guys very welcum for long horny sessions : expect to share cost of chems (Joseph's gayday profile)

'Chems' refers to drugs such as Cocaine, Ketomin or Ecstasy, for instance. Though others indicated that they did not take recreational drugs on the survey, Carl and Richard indicated how they sometimes smoked cannabis; and Nick and Danny sometimes 'sniffed poppers'. These did not seem to register as 'recreational drug use'.

When exploring the accounts of the Legal-18-Generation, they reveal stark differences to the other generations. Many in the Legal-18-Generation currently took drugs; whereas others had in the past but had decided to stop or reduce the amounts. David's introduction to recreational drugs came quite well into his gay career and explicitly related to sexual activity (although he did smoke cannabis while at school). The type of drugs that were being taken ranged from soft drugs such as cannabis to cocaine, ecstasy, speed and Ketomin.

When participants discussed taking drugs in the past, the drugs seemed to have a social element to them, linking them to the gay scene, drinking, sex and dancing. As the participants got older, and their lifestyle changed, so did their drug taking habits. When Ryan was asked what reasons had influenced his decision to stop taking drugs, he responded:

Ryan: Growth and personal development and understanding who I am and what I need and what I want. Because I mean when I was taking all the E's and stuff, I was just in a place where I just wanted to go berserk and then when I stopped doing it I just realised erm, well I just got comfortable with myself, you know what I mean. And now I'm dealing with myself and whatever issues I might have in life now I'm dealing with them without the use of drugs and clubbing and, you know what I mean.

Ryan ceased all drug taking whereas Jason reduced the amounts he took. Again, Jason's account was enmeshed in a settling down narrative, whereas risk to health did not seem to

be the prime motive for either Ryan quitting or Jason reducing the intake, David did explore the possibility that drugs were a risk to health:

David: People die from drinking. There must be over 2,000 pills dropped at Legend on a Saturday night. I've never heard of any deaths from them in the amount of years it's been open or changed before it. Yet I know there's been a couple of deaths from drinking in there… I mean it's, it's all about risk. You've got to determine what risk you are taking… It's a considered risk.

He felt it was a risk worth taking as they provided him with confidence and sexual prowess. He appears to dip into two separate narratives when comparing the short-term consequences and dangers of drug taking to the long-term consequences of alcohol abuse. David was insistent that, unlike smoking when at school, it was not peer pressure that led him to experiment with drugs. Indeed, one of his friends had offered them to him on several other occasions but he had declined. The reason he decided to try them related to him being tired after finishing work and wanting to enjoy the New Year's Eve festivities. Once he had tried them, he found it an enjoyable experience. One of the main things he found attractive about them was the confidence they gave him:

David: Yes, in the way that they make me a hell of a lot more confident. Exceptionally more confident. They will allow me to do stuff that… They will allow be to do stuff that turns me on. But I would never do it if I wasn't on the drugs kind of, you know what I mean.

His lack of confidence stems from being bullied as a teenager. He also offers an account of not being pressured into taking drugs. However, it could be argued that as his friend had offered them regularly, this could have exerted some pressure.

In the Legal-16-Generation, drugs were not discussed in any great detail. It was stated by Justin and Jacob that neither of them had experimented with recreational drugs. Josh had tried 'hash' at his friend's house but only very infrequently. He did not indicate how he ingested this opening the possibility that he may have smoked, though not tobacco.

The predilection for drug taking in this sample of gay men did not seem evident in generations other than the Legal-18-Generation. For them, drug taking was undoubtedly a

normal state of affairs. For the rest however, drug taking was not the norm and was seldom practised. Yet there was some ambiguity as to what constituted 'drugs'. Cannabis and poppers[15] were not viewed in the same light as some of the harder drugs, such as Ecstasy and Ketomin. To take drugs such as cannabis or poppers was therefore not perceived as drug taking: it had been normalised.

9.3 WITH SUCH A MESSY PICTURE – WHAT CAN BE CONCLUDED?

Exploring the lifestyle options reveals quite a confusing picture of the health practices of the men in the current research. The first thing the results show is that there are a range of behaviours within the 'engaged' model and many that fall outside of it. There are several threads that can be pulled together now to explore the extent to which gay men interpreted and used the dominant health messages. The first thing of note is the inconsistent success of health promotion across the generations which may be indicative of health promotions generally rather than it be solely related to the gay experience. It might be unrealistic to assume that everyone will begin to take on board what is expected of them. It would be equally unrealistic to assume that everyone could have the same experience of health when the intersect between gender, sexual orientation, generation and gay career are all likely to affect men's attitudes, behaviours and beliefs around health matters.

For instance, exploring alcohol consumption reveals the extent to which all roles, statuses and socio-cultural positions influence health behaviour and attitudes. Exploring alcohol in terms of gender and masculinity reveals that men tend to take more risks than women. Yet in the current sample, there was only two participants who could be considered to be 'binge' or 'heavy' drinkers. For those in the Legal-18-Generation, drinking and drugs had been a large part of their gay culture at the start of their gay career. The relevance of this might be related to their generation, in that they are likely to have been the first to experience the gay identity and community in a much safer climate, that discriminated against them

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[15] Amyl nitrate is sniffed and produces a 'rush' to the head. Often used while dancing or having sex. Currently there is an ambiguity to their legality and are being sold as room odorises.

much less than had been the experience for the previous two generations. The gay community had moved above ground and was more visible and consumerist. The pink pound had become worth targeting. The Legal-18-Generation had embarked upon their gay career much earlier than the Legal-21-Generation and was at liberty to use such facilities, which they did, some from quite a young age.

As they got older, they turned away from such behaviours. However, it was not the health discourse that had encouraged them to reduce their alcohol and drug intake, but rather, their desire to 'settle down'. As can be seen, it was an interaction between their generation, their sexual orientation, gay career and their masculinity that led them to such behaviours and not simply their construction of masculinity.

Smoking and drinking were quite a paradox with this sample. Having started smoking many would continue the habit in spite of knowing the risks involved. What might be worthy of further investigation stems from the prevalence of smoking in the current sample which did not match the higher end statistical evidence that reached 50% and above in some instances . Similarly, drinking patterns did not seem to match what is currently known and reported. One reason for these inconsistencies might relate to the sampling procedures. The present research avoided recruiting participants based on their health behaviours. Moreover, recruitment strategies were not limited to meeting people in the Gay Village. This was an exploratory project so attention focused on the different types and social positions of gay men such as generation, gay career and relational structure, (but not their actual health behaviours such as smoking). These reasons could account for why I did not get a strong presence of smokers or drinkers in the sample. And because the data from this sample cannot be generalised, future research could try to establish if there are any significant higher smoking and drinking prevalence in the gay population compared to a heterosexual sample.

Exploring the discourse on keeping healthy reveals how there are implicit assumptions within the men's health discourse that could position gay men at a disadvantage. The HIV discourse of the last chapter demonstrates that gay men have a good grasp of one of their

health risks even if it is not routinely followed. The current health ideology is after all about choice. When investigating other health promoting strategies, the picture of understanding was less uniform. It did not seem that the health messages were reaching many of the men in this sample. For instance, the physical exercise health message was too often translated into going to the gym and then failure. The virtues of walking are promoted within this discourse, but the participants in this sample seldom offered this account. Similarly, the five-a-day fruit and vegetables campaign was not easily translated, especially in the younger generations who gave accounts of reducing saturated fats, (through dieting), but lacked the experience and expertise to even begin to know how to implement it. So while the various accounts of lifestyle choices seem somewhat confused, there are some broad conclusions that can be made.

The first relates to the health promotion messages. There are two important parts to health promotion: firstly the sending of the health message and then whether or not it is received. Many men's health messages may not be being received by the gay population. But is it fair to say that gay men are less receptive than heterosexual men are to the general men's health promotion? Of course the current research does not have the data to compare the two populations but in many instances attitudes did not seem to differ substantially from what is known about the general population in relation to their engagement with health maintenance. Yet even if gay men are equally unreceptive to men's health messages as heterosexual men, the processes that lead to that result are likely to differ substantially between gay and straight men. It might be the way in which the message is framed that lacks resonance for a gay man, or it may relate to the risks involved being perceived as much less than that posed by HIV. Clearly, more research with a larger sample is needed to compare the patterns of behaviour and receptiveness of the different populations.

There is then the issue of diversity of experience within the gay population. Recognising that there can be no unified concept of 'men's health' also infers there can be no unified way by which men's health promotion strategies can target 'all' men. Wanless (2004) pointed out the complexity of health, which necessitates the tailoring the health messages towards specific populations. This is more than a gay/straight dichotomy that recognises the

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plurality of masculinities, but such acknowledgement is a good starting point. If gay men are going to receive specific health promotions then they will need to know that they are the target audience. Moreover, health promoters also need to ensure that their target population has the necessary understanding, competencies and level of embeddedness required to be a fully engaged active health citizen. Their strength lies in their ability to be reflexive and to construct reflexive communities, as highlighted by the Harding et al (2004) study and the HIV experience. The barriers to such engagement might be similar to those faced by all men.

Chapter 10

Structuring Health – Sexual Orientation & Masculine Construction

In the last chapter much attention focused on maintaining health prior to becoming ill. The next chapter broadens the scope to include areas of health management both pre and post illness. There will be subtle differences in the way that health is managed, which in part will depend upon whether or not the individual is healthy and attempting to maintain his good health, (through some of the practices described in the last chapter), or if the individual already has an illness or condition and is seeking to manage it. A substantial element of the 'men's health discourse' attends to issues of 'keeping healthy' through primary preventative measures. It is questionable whether or not gay men are included in such discourse. Evidence from the last chapters revealed that gay men have a good understanding of HIV issues, (and so received those particular health messages), but the findings were inconclusive in other areas. It is beyond the remit of this current research to compare the gay and straight experience as only gay men took part in this project. What this project can do is report on the attitudes, beliefs and behaviours of those who took part in the study to see what is understood about the more general men's health picture. At this point, it might be worth recapping some of the complex processes that might shape how gay men experience health:

1. Gay men have the same health needs as all men despite some being at a greater risk of contracting HIV.
2. Being part of a marginal group may make the experience of health different for gay men.
3. The HIV discourse may overshadow other equally important areas of gay men's health.
4. The experience of health will not be uniform throughout the gay population.

5. Being socialised by heterosexuals as heterosexuals may endow gay men with similar masculinist attitudes, beliefs and behaviours towards health as heterosexual men.

6. Being subordinate from the hegemony of heterosexuality may free gay men from the masculinist approaches that confine heterosexual men in terms of health

The intention of this chapter is to explore these complex and at times contradictory issues.

HEALTH AS A RELATIONAL TOOL – 'IT'S GOOD TO TALK'

Despite the men in the Criminal-Generation being in various states of health, their perception of their individual health ranged from 'very good' to 'good all things considered'. None considered themselves to be in 'poor health'. This group had by far the greatest number of different health conditions with varying degrees of severity so often experienced health 'with' an illness. The various states of illness reported by the Criminal-Generation are listed below:

- Diabetes (George, Ronald)

- Erectile dysfunction (George, Ronald)

- High blood pressure (hypertension) (George, Thomas, Ronald)

- High cholesterol (Ronald)

- Osteo-arthritis (George)

- Chronic Obstructive Pulmonary Disease (C.O.P.D) (Jack)

- Chest infection (Jack)

- Cancerous growth on penis (Thomas)

- Depression (Ronald)

- Failing eyes (Thomas, William)

- Possible stomach cancer (Thomas)

The first thing of note in the Criminal-Generation was the diversity of approaches to health. Their level of engagement ranged from the most engaged health citizen (George) to the

least engaged (Ronald). Overall, there was a great deal of proactivity in health matters. The second thing of note was how their experience of health differed from that reported in the general men's health literature which suggests that men treat their health issues as a private affair. Quite often, health was something that they shared with others. Although their notion of masculinity still influenced their approach to health, it did not have a limiting effect. Many did not see the need to conceal their health concerns and in many instances, the shared experience of advancing years and ill health served to open up communications. They also used aspects of their health to negotiate their role and position within their social networks. They therefore used health and illness as relational tools.

Their age was a key determinant here for several reasons. Firstly, the construction of 'old age' is typically linked with deteriorating health (McMurdo 2000). Similarly, the construction of old age is reported to be essentially feminised (Fleming 1998). Exploring both ideas together suggests that men's sense of masculine prowess was diminishing along with their need to project an image of strength and resilience. It was in their youth when they focused on physical fitness, and as Blaxter (1990) identified, the focus when older relates to an ability to function in day-to-day activities. The risk to their masculine identity of sharing health matters was either no longer present or viewed as a risk worth taking, safe in the knowledge that the other person was of a similar age, and was likely to have had a similar experience.

For instance, Jack took an alternative approach to health matters (see table 8 in the last chapter) and had completed several college courses on various forms of alternative medicine such as Reiki, which he described as unseen energy flows that exist in all living things and connected to the quality of life and health balance. He also learned how to perform massage and work with crystals in a healing way. These activities were not for his sole use but something he was able to bring to his social networks. Health was therefore something that underpinned many of his friendships. George also put his experience of health to good use in constructing and maintaining his social networks. His view was that people at his age went through all sorts of different health issues, which made talking about them inevitable. In his view, similarity of age engendered similarity of health experiences, knowledge and

understanding. States of health could therefore provide a sense of commonality that facilitated good communications:

George: Well, er, this is one of the areas I think, one of the reasons why I'm drawn more to my own age group than younger age groups because when you meet a man of sixty upwards, you've got a lot in common to start with and health is one of them. You know, when I talk about, 'I can't get it up', he won't break into a sniggle, like you have. He'll immediately have a rapport, he'll know about things like diabetes and high blood pressure and bad feet and, you know, so you start from a nice easy basis.

There were examples where the current masculine script did help shape the experience of health. One was too trivialise and minimise some health concerns. Another was to conceal health problems such as hiding a limp even from the researcher as Thomas had done. This did not necessarily relate to notions of privacy but rather, to not wishing to worry others in the social network. It was still important to project an image of normal functioning despite their advancing years.

NORMAL FUNCTIONING – A SUBJECTIVE ISSUE

A great deal of importance was given to the ability to function normally in many accounts provided by the Criminal-Generation. There was an awareness that day-to-day activities were getting harder, put down to their deteriorating health and advancing years. They all found some means of combating their changing health status in a bid to maintain some semblance of what they considered as normal functioning. Jack was at times completely housebound and while he could rely on some of his networks to call round, he missed going to the Gay Village and to cruising grounds (places where some gay men go to meet other gay men for sex). He combated his lack of mobility by acquiring an electric scooter. With it, he could get out on his good days. William found that his failing eyesight left him unable to drive. Rather than seeing this as a disadvantage however, he viewed it positively as he could no longer rely on his car so was forced to walk more. A consequence of the increased exercise was improved health and fitness.

Normal functioning is a subjective issue, and to George it related to his ability to travel the world and meet the people he got to know over the Internet. To do this required physical fitness and his need to keep mobile despite having osteo-arthritis which limited his ability to walk distances:

George: The ankles gradually fall in over the years, until they touch the ground. That is in stages. They move down. You go through six months of really quite difficult pain. For walking I use a stick. Erm, that settles. You're OK then for another year or so and then it will go another step down. So in between steps I'm OK and I can walk with comfort slowly, you know, I can't race any more. I can do three or four miles quite happily, but I can push, err and I can push probably to eight or ten miles a day.

At times, the importance was to present the appearance of normal functioning such as Thomas did when he concealing his persistent limp to me until a time when he had got to know me better. This might be significant in a masculinist sense as normal functioning might related to the performance rather than the reality of day-to-day activities. Consequently, it seemed that the projection of normal functioning was important, context specific, and dependant on the audience.

ERECTILE DYSFUNCTION

Normal functioning also applied to sexual issues. Two participants talked about having erectile dysfunction (George and Ronald). George described it as his most serious health condition. He had gone to great lengths to try to rectify the problem. Firstly, he tried Viagra but considered the results inconsistent. He therefore tried two other treatments: one is an injection in the base of the penis, the other he called 'muse'. Both of these were unsatisfactory which means he has had to continue with Viagra. Ronald was much less forthcoming in terms of erectile dysfunction and only discussed it upon being directly asked about it:

John: Just getting back to your health for a minute... Your diabetes, does it cause you any problems, sometimes, it can cause like erectile dysfunction?
Ronald: Erectile dysfunction yes, ha. I discussed that one with my doctor when it first happened and he referred me to an erectile dysfunction clinic. And he, aha, looked absolutely stunned this poor young GP. I said I'm quite happy to assume

a passive role, I said, but I don't always want to. 'Oh, I see' scribble scribble scribble. But all these things that they show you to use, you know, like the vacuum pump, oh please, and a hypodermic. I mean how do you work that into foreplay.

Both George and Ronald went to lengthy and sometimes painful procedures in attempting to sort out this particular medical condition. Clearly, the ability to function was an important consideration that influenced how they experienced their health and ill health. Sex was still an important part of their lives and in some respect was itself a relational tool. The inability to function in this matter would have had a huge impact on their social lives revealing the high importance of resolving the issue.

George was also worried about his enlarged prostate. Again, it was something he felt all men in his age group would experience. The main concern was that his enlarged prostate would result in his not being able to urinate properly which would then result in him being catheritised. He was also deeply concerned that having the prostate removed would spell the end to his ability to sustain an erection, have a fulfilling sex life and 'pee'. Blaxter (1990) comments how the notion of health changes throughout the lifespan and means different things to the different generations, George's concerns relate to functionality and the ability to do things. 'Peeing' and 'getting an erection' (bodily processes) related to his ability to function in day-to-day social activities just as getting out on his scooter was for Jack. Practical functionality was about the ability to connect and be social, often with other gay men. So while the ability to function is important, it is the 'physical' means to a 'social' end that is the motivation.

WHAT'S UP DOC? GOOD RELATIONSHIPS WITH THE MEDICAL PROFESSION

All in the Criminal-Generation were registered with a GP and there was often a high degree of confidence in their abilities. They had all attended the GP's surgery in the last six months, some for a general check up; most had been for some specific reason. George almost seems to have a regular appointment with his GP. He had a good relationship with her and felt he could discuss any health concern. His overarching worry was to try to maintain some semblance of normal functioning with her help and support. Thomas had a similar

relationship with his GP. His approach was much more passive in that he handed over total control and responsibility to the health professionals. He had great faith in their abilities:

Thomas: Well, don't ever, anybody fear cancer. Because to catch it straight away it can be cured.
John: Right, so you do not fear…
Thomas: I've no fear of it no. Fearghus [his partner] died of it, but he was terrified of it.

He followed their advice to the letter, for instance, when the doctor told him to stop smoking. It might be that many of the men in his cohort are reliant on the medical profession to help them maintain a reasonable level of health. The one exception was Ronald who was the 'deviant' case.

10. 1 – Ronald – A Case Study of Non-compliance – The Resistant Health Citizen

In the current climate of health and responsibility, Ronald clearly sits at the far end of the health engaged continuum (see figure 2 in the last chapter). In many respects, his attitudes to health are best described as antagonistic to any health message or advice given him. His only input was to get the medical profession to patch up anything that might go wrong. At the same time, he was unwilling to countenance any action that might be of a benefit to his health in the long term. His approach to health was very 'down stream' to a greater degree than any other in this cohort. His attitudes, beliefs and behaviours seem indicative of the 'type' found in older working class heterosexual men.

Ronald's current state of health was fast deteriorating. He had a plethora of health conditions (listed 297 above) which are being monitored by his GP and other health professionals. His only contribution to maintaining 'good' health was to take the prescribed medication as long as it did not interfere with his day-to-day activities. He seemed the antithesis to Thomas whose confidence in the medical profession translated into his unchallenging acceptance of all advice. Unlike Thomas, Ronald was not passive in his

commitment to his health but rather actively rejected any health advice offered him. Davison, et al. (1992) talked about one resistant strategy whereby the 'opinion' of the health profession was rejected. However, Ronald did not necessarily disagree with the conclusions of the medical professional but rather, was not prepared to make the necessary behaviour changes in spite of the evidence that his health was deteriorating. Consequently, he adopted several anti-health discourses so he could authentically discard the message.

CONSUMING ISSUES – IT'S NO FUCKING CAREER

The first discourse Ronald used to reject the current health message was to compare himself to others who he considered allowed their poor health issues to consume their lives. George would be a good example here. For Ronald, the experience of ill health was just an inconsequential aspect to his life. He believed others allowed their health to become their main reason to exist:

> Ronald: It's almost as though they make that problem their, the sole reason for their existence if you like. They live on it. They feed on it. And I don't really sort of understand that because it's not me. I mean the first time I came out of hospital in 1989 somebody suggested to me that I joined Depressives Anonymous. And I said 'what the hell would I want to do that for' you know. What do I want to go somewhere every week and talk about being depressed for. That would just make me even more depressed!

Unlike participants such as Charles, George and William, Ronald would not engage in his health at any level. His visit to the doctors was not to seek advice or share concerns, but rather, 'be treated'. He therefore relied on the medication to manage all of his health conditions:

> Ronald: They give you medication for everything.
> John: And you take it?
> Ronald: Yes. I've got medication for high cholesterol as well. Well you can shove all the medication down as you like, you'll still eat sausages. You'll still eat bacon sandwiches because I like them.

As stated, older men focus on their ability to function normally as a measure of their health (Blaxter 1990). Ronald considered his health 'good all things considered and was

'functioning', although greatly assisted by medication. Any medical advice was rejected if it was perceived to interfere with his current lifestyle:

> Ronald: I don't follow all the dietary restrictions and stuff. I told my GP when he told me I was diabetic and you know, how I would have to modify my life. I just said, it is a medical condition as far as I'm concerned, it's no fucking career. And I can't, I won't restrict myself in any way.

George was also in the early stages of diabetes though he negotiated this role very differently. Being a complete reflexive health citizen translated into sharing responsibility with his GP. Whereas Ronald considered his progression towards insulin injections as inevitable, George took the necessary precautions to stave off such medical interventions for as long as possible. In one respect, George saw himself as 'lucky' in that he did not have a sweet tooth so could do without many of the foods he considered unhelpful in his fight against diabetes. Whereas having a healthy diet had been a long-term goal and way of life for George, Ronald has been recommended to follow a strict diet but 'preferred' not to:

> Ronald: I was supposed to follow a particular diet, which I don't. I mean I like chocolate and like puddings and I eat chocolate and I eat puddings. But, so far I get away with it.

GETTING AWAY WITH IT & OTHER DISCOURSES OF CHANCE

The second discourse Ronald dips into is that of 'getting away with it'. He was the only person in this cohort to use such a discourse. Ironically, Ronald was once quite engaged with his health and described himself as a fitness fanatic, going to the gym, eating healthily, quitting smoking and stopping drinking. He therefore clearly understood the health contract and at one stage actively subscribed to it. However, after a time he tired of the regime and stopped doing all the health enhancing behaviours. He also started drinking and smoking again. The balance had completely shifted in the opposite direction. Now in the face of waning health, Ronald considers that despite his actions, he is "getting away with it". Presumably, this is measured by his ability to function and his refusal to take ownership or embody his health problems. He seems to be able to detach his health from his actions. As he points out, his blood sugar levels are increasing month after month, yet he still refuses

to follow the recommended diet. The diabetes was also causing erectile dysfunction. He is quite clearly not 'getting away with it'.

INEVITABILITY OR FATALISM: 'IT'S ALL IN THE GENES'

Driving Ronald's discourse was an air of inevitability or even fatalism about his health.

> Ronald: Chances are I will be [on insulin] one day because my eldest brother is diabetic. And he went onto insulin when he was about sixty-two, sixty-three. And it probably will progress to that stage.

Ronald has now dipped into a third discourse of fatalism which appears to assist him in not using information to take the lifestyle changes that could prevent the impending diabetes. Doing anything about it would be a fruitless exercise because of his genetic makeup. William and Kenneth also talked about a familial connection to health problems, both connected to their fathers. William's father died of a stroke in his 60s. Kenneth's father had a heart bypass 24 years ago. Unlike Ronald, they use the information in a positive way that tries to reduce the chances of the same health problems occurring with them. For instance, maintaining a 'good' diet, controlling alcohol intake, and going for regular checkups.

It therefore seems that the three discourses Ronald uses excuse him from the actions needed to become the complete, or near complete 'reflexive health citizen' the government would like him to be. There are three important issues to explore all related to the length of his gay career which is the one characteristic that distinguishes Ronald from the other participants in this cohort. Ronald had had quite a difficult life prior to coming out whereas the others had been embedded within a gay setting for most of their adult life. Could this in some way impact on his approach to health? Could it be that Ronald has lived what appears to be a heterosexual life so subscribed to the hegemonic notion of health and masculinity? An alternative explanation could point to Ronald's possible need to reclaim his sense of masculinity that has been lost by adopting the gay identity. One way he was doing this was by taking a typically masculine approach to health. Curtis (2002) highlights how it is the things not said in interviews that are revealing. Ronald did not reveal his difficulty in maintaining an erection until probed. To volunteer this information might have transgressed

his understanding of the 'traditional' masculine script inferring sexual prowess. He did however reveal instances where he took more risks or neglected his health. In the current sample, he is a deviant case yet in terms of men's health, he is probably closest to the 'typical' male. Is this relevant when considering that Ronald lived as a heterosexual for the largest part of his life and so was embedded within a heterosexual group?

There is then the issue of his experience of health relating to the amount of stress and social isolation experienced when living in his family' of procreation. Does this play a part in his present approach to health? For most of his life, he did not have access to meaningful social support networks consisting of neither the 'wise' or the 'own'. Placing the emphasis on 'meaningful' such networks might have prevented his over-riding sense of isolation.

A final explanation relates to House's (2001) conception that even a bad social network is better than none in that it can provide a controlling influence. The irony might be that being embedded within his family of procreation offered him a level of support while at the same time leaving him feeling socially isolated. Now removed from that network he no longer feels social isolation but does not have the controlling influence of being embedded in a social network. There are many ways that Ronald's past and present health can be interpreted. There are issues around the heterosexual habitus and how that influenced his approach to health. There is also the idea of a gay habitus which might highlight different dispositions than in the heterosexual context. What is most important to highlight is the complexity of his experience and how this is not covered by the way public health and health promotion currently frame his health within the gay context. The importance of using Ronald as a case study here is to show up the deficiencies of the public health approach to gay men's health that seem to focus unduly on HIV and AIDS. It is easy to forget in the current climate of individual responsibility, that the experience of health is not just a subjective psychological artefact of past behaviours but is also an ongoing relationship between the individual and society. This relationship is largely shaped by sexual orientation for both gay as well as straight men.

None in the Legal-21-Generation described their health as bad or very bad. Three participants described having longstanding illnesses. Several provided accounts of mental health in the past or presently. This is particularly significant as gay men are more likely to seek professional support for mental health issues than their heterosexual counterparts, regardless of their current state of health (King, McKeown et al. 2003). Not all participants in the Legal-21-Generation had an illness. Some therefore experienced health 'pre-illness' unlike the Criminal-Generation. The various states and experiences of illness are reported below:

- Depression (Martin, Joseph)

- Asthma (Chris)

- HIV (Joseph)

- Piles (Joseph)

- Chlamydia (Joseph)

- Chest pains (Nick, Richard)

- Stress (Nick)

A MASCULINIST HEALTH DISCOURSE

As with the Criminal-Generation, there was a range of health citizens in the Legal-21-Generation. However, there were many more who took a non-reflexive, or conformist approach to their health (see table 8). None in this group appeared to follow alternative routes to their health or challenged the science underpinning the medical discourse. Only Joseph was antagonistic to the dominant health ideology calling into question the morals that underpinned the science. The experience of health was embedded within a masculinist script promoting notions of strength and resilience and minimising any signs of weakness. Health often related to fitness rather than the ability to function, so continues to bear out Blaxter's contention. Privacy was also highly prized. In the current context, the privacy

discourse has two different positions: private but socially isolated or private while socially connected.

Privacy Discourses

Talking about health issues or turning to others for support was cloaked within a masculinist discourse of privacy. In the current context, privacy related to concerns about revealing their sexual orientation as much as it to concerns over being thought weak. Privacy in a heterosexual context would perhaps only relate to the latter. In the gay context, privacy and secrecy meshed for those still not out as gay. Being unable to talk or seek support on issues of sexual orientation caused a great deal of loneliness, social isolation, and in some, mental illness. This pattern was evident in Joe, Carl, and Nick who at some point were unable to talk about their health concerns because they related to their sexual orientation. To do so would reveal too much information. Consequently, it was not always a case of there not being the necessary support structures but rather, because of the inability to put them to any use. As previously discussed, though Martin was suffering with depression, he was unable to turn to his bonding support structures for support for fear of revealing too much information or straying into areas of talk that were too uncomfortable. Of course, for others, it was simply that health was a private matter:

> Joe: [Health] It's usually a private thing to me because how I can handle things.
> John: Right.
> Joe: Don't think I've talked to you about this have I?

Bill, his partner, confirmed that they had not discussed any health issues. Yet living with one another made it difficult to conceal some health issues. Any attempt to transgress this rule was met with hostility:

> Joe: I'm the sickly one. Now I'm the one being mythered "do you think you should see a doctor"
> John: From Bill?
> Joe: Yeah.

While Joe was able to describe himself as 'a sickly one' he was unable to have his authority over his own health challenged. This case was made more interesting when explored

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alongside the Joe's handing over total control of all money matters to Bill. In this instance, having financial control and autonomy was given less importance than health matters. This was also seen in Chris's account, despite his partner having a medical background:

Chris: 'Have you taken your antibiotics'?; 'Have you done this, have you taken your inhalers, why haven't you taken your inhalers?' And I get questioned and I think, bollocks to it, you know at the end of the day it's my life... No, no that's my business and it's my health.

This level of privacy extended to the looser social ties in all areas other than HIV/AIDS. In this instance, health would be kept private from all networks, be they gay or straight but significantly, some discussion was allowed on issues around HIV and AIDS. This might be important as it shows that gay men take a masculinist approach to health in all areas other than HIV and AIDS.

When networks were made up of gay and straight friends, gay issues could be talked about with gay people but not necessarily health issues. When health issues were talked about with straight people, gay health issues were not included because of the stigma and concerns over being judged. Straight people were included in other intimacies which could include health. Consequently, self-censorship was less pronounced and talk might be based on level of expertise and assumed understanding. Goffman's notion of the 'own' and the 'wise' seems appropriate (Goffman 1963). The wise in this instance, often meant 'a female' or a relationship void of sexual activities. The own was other gay men.

The masculinist health discourse assumes most men to have social support structures at hand from which they conceal their health worries. However, the accounts from Martin, Joe, Carl and Nick demonstrated that their inability to talk about their pending health issues related to them being 'closeted' and not necessarily to their desire for privacy. The social context not only frames what behaviour will be classed as a gender transgression but it also how a masculine sick role is constructed and negotiated. At the best of times, the masculinist script prevents men from being 'sick' as that would be tantamount to showing signs of weakness. Yet to simply focus on their gender construction would overlook other important issues that could facilitate such a position. These could be men's "natural"

ineptitude at building socially supportive networks when compared to women. Or it could be the marginalised social position that causes many gay men to conceal aspects of their lifestyle through the fear of being discriminated against. Of course, it could be that they are party to the same social influences as their heterosexual counterparts, meaning that hegemonic ideals transcend sexual orientation. The latter could be the worst case scenario as gay men might then experience the negative consequences associated with hegemonic masculine ideals as well as being marginal within it. It seems the social context interacts with aspects of the masculine construction preventing talk on health issues for many in the Legal-21-Generation, regardless of whether they are their embedded in any network. What is clear is that the intersection between sexual orientation and masculinity structures the experience of health.

MALINGERERS, TIMEWASTERS & THE ABSENT PATIENT SYNDROME

The masculine construct seems to inhibit men from seeking medical advice. Comparing men's attitudes and behaviours to those of women, research shows that even when incidents seem life threatening:

- Men visit a medical professional less than women;

- Postpone seeking medical assistance;

- Are often unable to interpret the symptoms; and

- Often need to seek the approval from their female kin before consulting with anyone in the medical profession (Courtenay 2000; White and Johnson 2000; Lorber and Moore 2002; Mansfield, Addis et al. 2005).

In the current context, there were points of similarity but also areas that differed substantially, notably, in the gay men's networks. Richard was an interesting case in question as he recently thought he was having a heart attack. He felt unable to go and seek assistance because he did not want to be thought of as a malingerer:

Richard: I was thinking, 'oh my God I'm having a heart attack' and it lasted perhaps about two hours. And it wasn't a pain, it was a funny feeling and I could actually, I tried to explain it and the doctor didn't understand what I meant. I

could feel my heart, if that makes any sense. Because normally like now, I can't feel my heart and I presume you can't feel yours. I'm not aware of it in my body. And this particular day, all that day I was aware of it. It was like it was somehow heavier, and it was like almost like I had my hand around it, like I was holding it and there was, I felt like there was a grip on it, if that makes any sense. So I went to the doctor [the next day] and he said er, he kind of laughed at me. He said, 'oh there's going to be nothing wrong with you', he said, 'you're only thirty four'. And then he said, 'do you smoke?' and I said, 'yes'. He said, 'how many' and I said 'I smoke twenty a day'. And then he immediately said, 'oh I'm sending you for an ECG'. So because I smoked he thought I was a high risk. So I had to have this ECG thing, it lasted about five minutes and it was fine, there was nothing wrong with me so, I think it was just a bit of a panic attack. It was a stress thing.

There are several points of interest in Richard's narrative. The first is his lack of understanding about his body and how it should or should not feel. He acknowledges that he was not aware of his body. It seems that men do not pay attention to their body until it starts to fail them. But this lack of attention might not have the same consequences when there are others in the networks that can help with this process or at the very least, sanction support seeking. In the absence of such endorsement, Richard was left unsure of what action he should take. He did consider calling an ambulance or driving to casualty. He did neither. He thought it would be dangerous to drive to casualty while having a heart attack. He did not call an ambulance, as he did not want to be thought of as someone who would waste their time with something as trivial as a potential heart attack.

He therefore waited until the next day to see his doctor as he already had an appointment arranged to monitor any potential side effects to the antihistamines he had been taking. This brings out another interesting point relating to the potential side effects of drugs: he did not have the necessary understanding to link the two (that antihistamines might cause the unfamiliar feelings). He was currently a post-graduate so, it can be assumed, had a reasonable level of literacy. However, this did not appear to translate into a health literacy where he could understand possible side effects of drugs. Instead, he attributed this experience to the 'strange' diet he had been undergoing. Upon seeing the doctor the next day, the pains had gone yet he still felt it necessary to inform his GP. He also found it difficult to get the GP to understand or take him seriously (he laughed and indicated that

Richard was too young for a heart attack). Only when he discovered that Richard was a smoker did the doctor begin to take Richard's concerns serious enough to send him for further tests. The tests indicated that he had not suffered a heart attack. Upon discovering this however, Richard immediately translated his experience into there being 'nothing' wrong with him:

Richard: It was a bit of a panic attack. It was a stress thing.

The way he experienced his potential heart attack was to worry but do nothing immediately. He seems to dip into two competing and contradictory discourses. Part of the worry was that he would be seen as a timewaster, which translated into inaction. Yet he also talked about thinking it too dangerous to drive suggesting that he did think it was serious. Had he not had an appointment the next day, it is still questionable whether he would have sought medical advice, partly because he was waiting to see if it happened again. Had it been a heart attack, vital time was lost while trying to strike a balance between concerns over the ambulance crew's perception and his safety concerns.

There seemed to be three related factors that prevented Richard seeking help/support from either the traditional support structures such as his GP, or his informal network. Relating to his network, there were two potential barriers; focus on his health was not part of the structure that sustained it; secondly, and leading on from that, he had no one who could sanction his concerns and suggest seeking medical assistance. This was similar to Martin's situation in that, while he seemed to have supportive networks surrounding him, in some areas of importance, the networks could not be mobilised to seek help with this health.

There seems to be a mismatch in the way that men use the medical profession. There is the 'wait and see' approach, such as Richard's; and there are the approaches of those who never go to see a GP. Evidence suggests that men experience more life threatening conditions than do women of similar age but are less likely to have seen their doctor within the last two years (Courtenay 2003; Mansfield, Addis et al. 2005). The General Household Survey indicates that women use the health services more often than do men (Fido, Gibbins et al. 2005). In the present research, the GP was rarely viewed as a resource that could help

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prevent ill-health, but rather, was there to mend the broken body. If the body had not been broken and was functioning normally, there was no need to visit the doctor. It had been so long since Carl had been to see the doctor that he could not remember when it was. This is despite Carl's excessive drinking, smoking and mental anguish at being in a heterosexual relationship with Fran. Bill had not seen a doctor for over 14 years, considering it unnecessary as he had not been ill. He did not think he was currently registered with a doctor. Bill saw health in terms of illness; as he did not feel ill, he would not see a doctor. He, like Carl could give the veneer of healthiness but he too is clinically obese, physically inactive and at one point describes being very unhappy living with his mother (the cause of great distress). Both participants' lifestyle choices are by no means healthy and are currently viewed in the public health discourse as 'risk behaviours'. In terms of accessing health professionals, being registered would also seem to be a necessary perquisite.

For some, the only time they would go to see their GP was when it was absolutely necessary and as a last resort. The motivation for seeking help related to the need to get back to normal functioning. In Joe's case, he had conjunctivitis and was unable to work as he was unable to see the road (he was a driver/delivery man):

Joe: I've said "no I can cope". I don't do doctors very often. I have to be really dying before I go… the last time I went to the doctors it was conjunctivitis.

VANITY, FITNESS & THE MASCULINE SCRIPT

The construction and performance of masculinity seldom includes aspects of vanity and narcissism which are either disguised or ignored in what Walker (1994) termed the on-going social creation of gender. Issues of appearance, dress and demeanour are not something that fit well within the masculinity performance which is meant to be careless and carefree about such issues. Maybe such performances are cloaked within a discourse of strength and of going to the gym. Yelland and Tiggemann (2003) suggested that gay men desire both muscular and slim physique with the gym being the obvious location to achieve such goals. Perhaps Yelland and Tiggemann are suggesting that the gay construction of masculinity is more open about such gestures. Yet only two accounts of those in the current sample who

went to the gym related it to 'looking good' For example, Danny's healthy outlook arose from when he was younger and wanted to 'look good' as much as it was from the desire to maintain good health:

Danny:	There's something in my mind which makes me want to be slim and fit I suppose. Maybe that's again pressure to conform, or look attractive or whatever?

For Danny, health and fitness were things that were controllable explicitly via diet and exercise and implicitly, by not smoking or drinking to excess. Richard's narrative masked a similar discourse where he conflates the potential of heart disease with the need to control his weight, albeit in what he considered was an unconventional manner:

Richard:	I do worry about the heart attack thing because of the weight really and because of the smoking. So that's the only thing that I think I, I think that's my weakness if you like, physically, would be eventually would be my heart. Even though this test came back and said that it's not I kind of worry about that. Like some people worry they'll get cancer. I don't, I never worry about getting lung cancer which is a bit ironic, but I do worry that I'll have a heart attack at some point. So I think that's why I do the food thing and the cholesterol thing regularly. But I mean I should exercise really and give up the fags but it's…

He termed his diet as 'strange'. Its basis was not eating meat or carbohydrates on the same day. He felt it had both potential and pitfalls. The benefits were weight control and preventing him from becoming too heavy. The drawbacks were that it could lead to higher cholesterol levels, something he was aware could lead to higher incidence of heart disease. He therefore focused all attention on his diet at the expense of all other possibilities. For instance, when asked if he looked after his health, he replied:

Richard:	Well I do, and I don't because I don't exercise at all. I smoke, so I know that I'm killing myself when I smoke. But in terms of what I eat, I'm quite careful because I've always had a weight problem and, I know I have to be very careful with what I eat, very, very careful.
John:	Because you've got a weight problem?
Richard:	Because I've got a weight problem, and I think that erm, if I ate what I wanted to eat, I would end up having a heart attack, you know, I'd end up fifty stone and be ready to cork it at any minute.

Part of the public health message about looking after your heart is getting through to Richard but only in terms of taking control of his diet. The ancillary bonus was being slimmer, something prized in the gay population according to Yelland and Tiggemann (2003). Indeed, he acknowledges that he does not have the 'perfect body' and so points to society's subtle pressures to be slimmer rather than the current health ideologies being the motive to action. Importantly, he still smoked and did no form of physical exercise both of which are important aspects of the healthy heart message. The way Richard interprets the health heart message might be significant to the gay population as it raises several questions.

- Why are only parts of the healthy heart messages being acted upon?

- Are parts of it getting through and other parts falling by the wayside?

- Does this relate to the HIV discourse dominating and resonating with gay men whereas the healthy heart messages do not?

- Are gay men increasingly reflexive in their interpretations of health messages?

The comparisons are there to be explored. Both dictate a major change in behaviour: condom use for HIV and smoking, diet and exercise for heart disease. Maybe the nature of the disease provides answers for the difference attitudes and behaviours. HIV is an infectious condition whereas heart disease is degenerative. It might also relate to the way the conditions are framed and perceived: HIV is framed as a disease of gay men; heart disease relates to men. The end result is that gay men in this age cohort take a more active role in HIV prevention 'pre-illness' than they do in preventing future heart disease. In both cases, it seems that they are reflexive in the use of the information though this is not always positive for good health.

ROLE REVERSAL – SANCTIONING SIGNIFICANT OTHERS

Breaking away from the masculine script was possible, but only in terms of focusing on someone else's health. For instance, Chris's partner did not focus on his own health but instead chose to attend to Chris's health. Similarly, Bill ignored much of his health risk but tried to influence Joe to go to the doctor's. Richard took on the carer role when his female friend had a health scare. He looked up the necessary information, took her to hospital

appointments and, called the doctor out if needed. As discussed, in heterosexual relationships the female typically takes charge of the family's health. In the absence of a female to play the carer role, Bill and Chris's partner adopted (unsuccessfully) that role. What this also demonstrates however, is that those who at first appear to distance themselves from their own health, can address health matters if only for those for whom they care.

SEX & NORMAL FUNCTIONING

It seems that Joseph's experience of health was often related to sex. Normal functioning also relates to the ability to have sex. For instance, after a bout of illness which put him 'out of action' for several weeks, Joseph talks about 'getting back to normal'

Joseph: I had a bit of a scan on Monday, the ultra scan, which was clear, my liver's normal. They've been concerned cos I'd been getting a few results which showed increased levels.

John: Of?

Joseph: Above the normal activity with the liver so they thought there might be something going on. But erm as it turns out, nothing's going on. That was absolutely fine so that was good news. Everything seems to have settled down so I can start getting back to normal now.

John: What's normal?

Joseph: Oh, just doing the things I like doing. I mean, I haven't been up to much sexually so I can get back and start to...

Looking at the three distinctions of health that Blaxter talks about, Joseph's case demonstrates that they are apparent in the gay context also. Firstly, he has the HIV virus that makes him unhealthy in terms of disease. Joseph does not experience illness as a direct result of his HIV status however, but rather through the side effects of medication that treats the virus. As Boyd (2000) points out, freedom from illness does not mean freedom from disease.

In terms of sickness, he appears to have become the passive or silent partner by giving up control to the medical professionals. He talks about how 'they' (being the medical professionals) were concerned about his liver. He did not suggest that he was in anyway concerned; it simply was not his responsibility. He was responsible for taking the medication

and that was where his input ceased. Of course, it might be that the low social status of HIV has meant that Joseph has opted to distance himself from his sickness. He might want to distance himself from HIV because of the discrimination he has experienced. It might relate to the low status that HIV has in society as opposed to, say, cancer, which is much less associated with a culture of blame. He nevertheless subscribes to the medical model of fixing things that get broke rather than taking any measures to prevent illness or promote freedom from disease. He objectifies his health, and his main concern is his sexual health and this is where the value of his account lies. Like Ronald from the Criminal-Generation, he provides a deviant case. He portrays the conventional but incorrect public health view that dictates that the gay experience of health is inextricably linked to sexual orientation and sexual practices. Ronald exemplifies the opposite in a sense that his immersion in heterosexual masculine codes are acting as a barrier to his considering healthy options even when faced with failing health.

Thus, exploring the accounts of all the participants shows that gay men have a vast array of health experiences. At the resistant end of the health citizen continuum, is Ronald (from the Criminal-Generation) and Joseph (from the Legal-21-Generation). They have something in common, as they both have a downstream view of their health; fixing what is broke, no prevention. Ronald has a masculinist approach to ignoring health whereas Joseph is embedded within the sexual health discourse associated with gay men. In between this however, lie many different types. Bill is a passive conformist who is not currently registered with a GP. He is not antagonistic to health discourses in the same way as Joseph is, but as he currently does not exhibit any signs of illness, he sees little point in visiting any health professionals. Perhaps the challenge for public health and health promotion practitioners to stop seeing the assumed risk but rather, begin to construct a deeper understanding of the health issues that gay men face as men as well as gay men.

HEALTH & THE LEGAL-18-GENERATION – SILENCE OF THE LAMBS

Echoing the experiences of the Legal-21-Generation, the men in the Legal-18-Generation encountered health both 'pre' and 'with' illness. All participants in this cohort described

their health to be either 'good' or 'very good'. Despite the oldest participants in this cohort being 30 years old, they had all experienced some sort of illness with varying degrees of severity and incapacity. These were:

- Depression (Jason, Daniel)

- Lyme disease (David)

- A compulsive obsessive disorder (Ryan)

- Eating disorder (Jason)

- STI (David)

As shown on table 8, most participants in the Legal-18-Generation did not fully subscribe to the state sanctioned ideology of the health citizen and full engagement. Unlike the older two generations, no participants in the Legal-18-Generation were completely resistant or challenging to health promotion or health messages. The experience of health was difficult to explore in this generation, as the amount of health talk was limited. The accounts provided were influenced and embedded within the current masculine script promoting notions of autonomy, self-reliance and privacy. Many signs of public weakness were forbidden unless in a negotiated context with someone deemed in the 'wise' category. This made health talk relationally specific and thus pointed to a degree of reflexivity even within the experience of health.

No Signs of a Weakening

In some respects, the accounts offered echoed the findings of Blaxter, who indicated that younger men's experience of health related to fitness. In this context, all participants did give accounts of going to the gym as a means of staying healthy and so understood their health through the notion of fitness. However, only one participant regularly trained at a gym. The rest had tried but had stopped because they found it boring. Even so, the accounts they offered were distinctly masculinist.

The masculine construction often seemed to act as a barrier to health in many competing yet linked ways. Notions of self-reliance were fused with privacy and resilience. The

underlying theme was that health was a private matter though this seemed less pronounced if compared to the Legal-21-Generation. One participant stressed his good all round state of health, and absence of any long-standing illnesses. He was at the reflexive end of the health citizen continuum. He demonstrated he had a good understanding of the current men's health discourse. As the fieldwork progressed, it became clear that this was not the case as he was suffering with a compulsive obsessive disorder which caused bouts of extreme illness. Yet he could not talk about these issues, as it would have revealed too much information about himself and his health. He therefore chose to keep this aspect of his health 'private' and only between himself and his closest confidants, in this instance, Natasha, his closest friend. In other instances, health talk even within the closest of network was considered inappropriate. For example, Daniel and Jason had both experienced depression. Here self-reliance and privacy acted as the obstacles preventing them from seeking support from either formal or informal structures. What was revered was their ability to sort out the problem on their own with no outside intervention.

Jason: The thing with depression is, you're depressed and you think it's really sad. But really you can think yourself out of it. And that's what I learned to do.

Daniel: Well, I think you get direct emotional support from the camaraderie and friendship and yo' know, socialising and stuff. I think in anyone anywhere, you don't start saying, yo' know "I think I'm in a depressive episode" do you?

The self-reliance meant that even when experiencing depression, their formal (medical profession) and informal support structures were not used in a supportive matter. Part of the problem lay in their inability to interpret the severity of what they were experiencing. For instance, Daniel did not know if his depression was serious enough to go to the GP or ask for support from the voluntary sector. He therefore ignored it and 'struggled on'. Similarly, David gave an account of when he got what he thinks was the 'flu virus'. He was in bed for several days but did not seek any support from family, friends or health professionals. Again, he was not sure it was serious enough. The masculine construction prevented him showing any signs of weakness and did not promote the men in his group to seek assistance from any quarters. The discourse was to 'struggle on regardless'.

Again, an important difference between men in this sample and heterosexual men relates to the social structure. Gay men may not have a female to take on the role of a carer or interested party who could either validate or advise the men on their experiences. This does not simply relate to a physical absence but also, an emotional/symbolic void as even when gay men are part of a family of origin/procreation, these structures are not viewed as a positive resource and so are often not used. What we begin to see with the Legal-18-Generation is the construction of a family of choice that includes women and talk on health matters.

The Relationship with the Medical Profession – 'what's up doc the sequel'

Echoing some in the Legal-21-Generation, there were two participants who were not registered with a doctor. James had lived in Manchester a number of years but had not found the need to go so was not registered. Jason had moved extensively and had only recently moved to Manchester so may not have had the opportunity. Daniel and Ryan both recently went for a check up to their GP, not because they were ill but rather, as part of their health regime. Yet in terms of the visiting health professionals, the Legal-18-Generation had the most contact with the GUM sexual health clinics, with many visiting one in the last six months. Sometimes it was out of necessity but at other times it was for a check-up. Often, the GUM clinic was positioned within their trusted networks. This might be because the gay identity is constructed around sexuality and as such, makes gay men less self conscious about using such facilities. The ease with which many gay men used the GUM clinics may also be related to the way their health has been constructed around sex and sexuality. What might be an interesting pursuit for future research is to explore and compare attitudes to the GP and GUM clinics.

For respondents, issues of a sexual nature were easier to discuss and address than were general health issues. So while not everyone could have a full and frank discussion about HIV, they did find it somewhat easier to share such issues both in the research context and with their close networks. In other health matters however, they were less than forthcoming, leaving much not discussed in any of their social networks. Consequently, although their approach to health did not seem as profoundly masculinist as that of the

Legal-21-Generation, the actual experience still structured their attitudes and behaviours in a very similar fashion. The reason for this was, again that, while masculinity structured their health attitudes and behaviour, their sexual orientation structured their sense of masculinity. It meant that sexual health matters were given some salience but many other health issues were not. This might have some significant implications for policy and health promotion as it might provide insight into the gay masculine construct and point to the need to open up men's health discourse to include the various experiences of gay men.

THE LEGAL-16-GENERATION – SORTING IT 'OUT!'

All the participants in the Legal-16-Generation described their health as either 'good', or 'very good' when answering the survey questionnaire despite them all suffering from some sort of mental health issues in the recent past. Despite their young age, all experienced health 'with' illness, echoing that of the Criminal-Generation. Josh had complained about having a bad chest at one point of the fieldwork but at interview, he did not mention it until asked. He then trivialised it. Jacob had been suffering with a troublesome shoulder for several years and had recently decided to seek medical advice. Below is a list of discussed health conditions:

- Depression (Jacob, Josh, Justin)

- Shoulder problems (Jacob)

- Bad chest (Josh)

On the reflexive health citizen continuum (table 8) all participants in this cohort were quite compliant about their health care and either left much of the responsibility to others or ignored it completely. To some degree, the 'traditional' masculine script continued to influence how the Legal-16-Generation experienced their health but what made this cohort stand out from the older generations were their support structures. All three participants were still embedded within their family of origin. It might be that masculinity still structured their health experience but their sexual orientation played less of a role when structuring their sense of masculinity. This may change as they get older, have lengthier gay careers and leave their families of origin.

The experience of health was not deeply embedded within the Legal 16 Generation. Health was often dismissed as something that was out of their control but needing controlling. Their limited amount of experience meant health and ill health were not major issues. They did not consider themselves to have experienced it in its negative form to any great degree and what they had experienced had been trivialised. They all mentioned 'colds and flu' with the caveat of 'no major illnesses':

> Jacob: Err well I've never really been in hospital except to visit people. I've never had major illnesses. I've have colds, flu, a couple of infections, nothing absolutely major. And I don't take care of myself but I've certainly not abused myself either.

Health and illness needed to be deemed 'serious' to be given significance, indicating that their understanding of health was through their 'freedom from *significant* illnesses'. Unlike the older generations, they did not provide a privacy discourse on health matters, because they gave health so little significance that it could not register even as a nuisance. Projecting an image of strength and self-reliance was important to all generations through less pronounced in this cohort of men.

FUNCTIONALITY NOT FITNESS?

The way they experienced their health was through their ability to function, and not fitness as has been reported in this age group and (Blaxter 1990; Richardson and Rabiee 2001) and indicative of many in the Legal-21-Generation and Legal-18-Generation. When asked what health meant to Jacob, he responded how it related to his ability to function both at work and socially and that being unhealthy prevented activity in both of these spheres:

> Jacob: Being healthy means to me being able to do things basically. I mean if you've got a cold or the flu then you're not going to be, in my job I wouldn't be able to do my job. I'd be sneezing and coughing all the time. I'm always on the phone all day. So I wouldn't be able to do my job. That would be unhealthy. If I was to drink a lot I would get hung over and that would stop me from being able to do things. That's unhealthy. Health is the ability to do things for me.

Even when Jacob talked about physical fitness, it was when giving accounts of his inability to function at the gym because of a shoulder problem. As a consequence, accounts of health did not relate to fitness but rather the ability to function making this group comparable with the Criminal-Generation rather than the Legal-21-Generation and the Legal-18-Generation.

THE RELATIONSHIP WITH THE MEDICAL PROFESSION – MIXED RESULTS

Two of the three had recently seen their GP, Justin for depression and Jacob for his shoulder. Jacob's shoulder had been troubling him since his childhood but he did not go until it interfered with his gym activities. Even then, he minimised the consequences of it suggesting it to be more of a curiosity. As Blaxter (2004) points out, ailments that interfere with work or social activities can act as a trigger to seeking support from the medical profession. To do this meant him starting the process of firstly, minimising the effect and then having the condition sanctioned by others (his mother) before he could go to his GP. He further comments that the only reason he told his mother was to remind him of his doctor's appointment rather than to seek support or information.

Josh has not been to the doctors in the last 12 months and cannot recall why he went. At some point recently, he had experienced depression though did not seek medical or professional help. Instead, he preferred to deal with it on his own and with the assistance of his close support networks.

THREE ACCOUNTS OF MANAGING DEPRESSION

All three participants in the Legal-16-Generation stressed that they had not experienced any serious health issues. However, depression was a common theme to emerge from the data and found in all three participants. King et al. (2003) reported higher incidences of help seeking for mental health issues in gay men compared to heterosexual men (though no higher incidence of mental illness)[16]. The accounts of depression provided by the Legal-16-

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[16] There is difficulty with such data as comparing gay men and straight men assumes that all men have declared their sexual orientation or are able to do so.

Generation are unprecedented and may offer insight into the pathways that exist in seeking professional support. Each experience of depression differed substantially in terms of: recognising the symptoms: barriers and triggers to support seeking behaviour: and how the mental health problems were resolved.

Justin had been feeling depressed and suffering from anxiety attacks. He was reluctant to connect them to his sexual orientation and therefore attributed them to areas in his life that were 'stressing him out'. He believed the causes were his pending maths paper; his family's financial worries; and concerns over the relationship he had started with another young man:

> Justin: I've had a mental health problem. Not exactly a problem relating to being gay or anything but, no erm, I had a little mental health problem, not a breakdown but I had a little anxiety attack and I went to Mel and Fred. I told my parents, they were the first people I told but I went to Mel and Fred and Josh. They were the first, non-family, non-doctor people that I talked about it with.

He considered himself to be worrying about things to an unhealthy level. With the assistance of those closest to him, he was able to begin label the experience. He also sought clarification from health professionals. To do so however, required a degree of trust in others that the others did not appear to have, despite their both being out and Justin being closeted. Justin therefore negotiated his sick role within his formal and informal networks.

In seeking support, Justin went through a traditional route starting with his family who sent him to see his GP, who then sent him to see a psychiatrist. Although his parents were unaware of his sexual orientation, they still provided support on other levels. Firstly, they sanctioning the way he felt and then acted as a gateway to him seeking further support from the medical professionals. He also enlisted the support of his close friends and therefore had three levels of support, though not in equal quantities. Having to censor some talk however, might have been part of the problem in the first instance as it acted as a barrier to his enlisting support from his family of origin at time of greatest need. A competing argument might suggest that being freed from the pressures to conform to the

masculinist script acted as a trigger to seeking help behaviours. Getting support from all his social networks meant that in a short space of time he felt equipped to deal with his problems and now he no longer suffers with depression.

Josh also gave an account of being 'a bit depressed recently'. Unlike Justin, he was unable to attribute any reasons why he should be feeling that way:

Josh: Yes I just woke up one day and was just crying. And since then I've realised that I have slowly been getting more and more down but never really realised.

John: Do you think, have you any ideas why?

Josh: No because there's nothing really to get me down, but I just am. Like a chemical imbalance or something.

Josh was also unable to label the way he was feeling without the assistance of his support network. His mother eventually provided him with a medico-scientific discourse to explain why he might feel depressed. She did not act as a gateway as did Justin's family of origin had, but together they diagnosed what they considered was depression without the need for medical assistance or clarification. Consequently, he negotiated his sick role within his informal social networks.

Josh's help seeking behaviour was somewhat different to Justin's. Having a medico-scientific discourse provided him with a satisfactory reason for the way he was feeling. This then seemed to act as an obstacle to seeking professional health. While his mother provided the necessary discourse to explain the way he felt, his greatest support was from his informal networks, especially Mike, who had also experienced depression. Despite his seeking support in this way, he also had a self-resilient attitude to health brought about in part because of his belief that health issues were out of his control 'It's something you can't help. It's just like getting ill. It's like catching a cold'.

There are reported gender differences in the perception of personal control over health outcomes, with men believing they have less control than do women (Courtenay 2003). The projection of self-reliance and the refusal to show signs of weakness can hinder men's support seeking behaviour (Mansfield, Addis et al. 2005). But what was notable in the

account provided by Josh was the absence of such obstacles. He was able to seek support from those normally considered as weaker, informal, bridging ties. On the one hand, having a medico-scientific discourse and an external locus of control enabled Josh to seek support from informal health networks. On the other hand, it might have acted as a barrier to seeking help from traditionally trusted networks of GPs and other health professionals.

Examining the make-up of Josh's support structures, we find he had several possible choices and was not limited to traditional formal network structures. Rather, he was able to seek support from his family of choice (mother and close friends). The one absence from the network structure would be a self-help type of organisation, such as the LGF. This might therefore point to the difference between chosen families and reflexive communities. Despite this absence, he still felt supported and equipped to deal with his mental health problems and he no longer suffers with depression.

Jacob also experienced depression. Indeed, at 21 years old, he felt he had been experiencing it since his school days. Again, echoing Josh, this was not a diagnosed condition but rather, a 'felt condition', established after viewing a TV early morning talk show:

Jacob:	Well it's just general depressive kind of symptoms you know. Just not giving a shit about things when you should and sort of.
John:	How do you know about that?
Jacob:	Know about what?
John:	Well, [that] you were meant to give a shit about things is connected to depression?
Jacob:	Adverts on TV.
John:	Oh right.
Jacob:	…I just saw it on TV and I thought, right I guess that's depression.
John:	Right, so it's not a secret then… so you've told your mum?
Jacob:	Well not actually told her but it's more of an assumption thing cos well, what with being suicidal it kind of gets noticed you know.
John:	So have you been suicidal have you?
Jacob:	Yes, that's one of the symptoms of depression I guess. But yes, I have been suicidal.

Unlike Justin and Josh however, he had not sought any help from any other source, be it professional or lay. He provided a discourse of 'self-reliance' and considered he had no need

for external support as he was managing well enough without any. His understanding of health was related to functionality and while he was able to function, depression was not viewed as a problem. Yet Jacob also commented how he had had suicidal tendencies. Success rates in suicide is said to be highest among adolescent males with gay adolescence being more likely to attempt suicide than heterosexuals males (Sabo 2005). Jacob's inability or unwillingness to discuss his mental health within any of his social networks may position him in a perilous risk.

Obstacles & Triggers to Help Seeking

Jacob self diagnosed depression after obtaining information about depression from a Kilroy morning TV program. It seems that this programme in part advocated 'the talking cure' and a self-help discourse. Being equipped with such knowledge provided Jacob with the lay understanding of both the symptoms and cure. It may however, have acted as a barrier to his seeking support from any other source. Taking medication was never countenanced as a reasonable course of action to help resolve his depressive episodes either:

John: Do you think perhaps you might cope with it better if someone was there to help you or there was some medicine there to help you or…

Jacob: I don't believe in medicating problems like that. And I have friends and friends can help you get undepressed.

While he considered talking to his friends would be the pathway to restore his mental health, the difficulty lay in his inability to put words into action: he never actually talked to anyone in his social support structure about his depression. He seemed to be providing a public account of how to deal with depression 'as seen on TV'. There seems to be a reluctance to combat his depression unless it started to interfere with his daily routine. It was not simply a matter of self-reliance, embarrassment or minimising the problem but also a matter of an adequate level of understanding about health and support issues. His level of understanding was limited to 'the talking cure' but he did not appear to have the necessary skills to do this successfully and so could not negotiate a sick role with others in his support structure. The sad thing was that he also seemed puzzled that nobody ever talked about his depression, even when they had experiences they could share with him. The result was that

while he had potential resource, he did not have the social entrepreneurial skills to invoke them. Jacob still feels he is suffering from depression.

THE FAMILY OF CHOICE VERSUS THE REFLEXIVE COMMUNITIES IN HELP SEEKING BEHAVIOURS

All three participants in the Legal-16-Generation were still very much embedded within the family of origin and have a much closer relationship compared to all the other participants in the present sample making them unique in this instance. This meant that to some extent, they could follow the same health route as heterosexual young men in allowing their mothers to maintain a high degree of control. This might be as a portal for seeking further medical advice (Justin) or it might be to help label a condition (Josh). It may be nothing more than to act as a reminder about doctor's appointments (Jacob). These acts of support may not appear significant in the experience of health, but they might serve as points of comparison with the older groups who were not embedded in such networks. By charting the route taken in their pursuit of combating depression we might reveal the subtle differences in modes of relating within this group that cannot be witnessed to the same degree in the older generations (see table 9). The three modes of relating being explored are:

- Family of choice

- Reflexive communities

- Traditional network structures

Josh actively constructed his social networks that included his family and friends (gay and straight). He had not constructed a gay/sexual environment and did not identify with the 'generalised other' found within the gay scene. Consequently, he constructed a symbolic boundary to separate himself from those he considered camp or those 'not like him'. He also put all his social networks to good use, calling on each at different times and for different purposes. His mother provided general advice and the necessary discourse to be able to negotiate a sick role. Armed with the necessary understanding, he was then able to turn to his gay friends for support. His straight friends were used for some emotional support but primarily for social activities. These structures seemed more like chosen families rather than reflexive communities.

Justin appeared relatively at ease with this sexual orientation, suggesting it did not act as a barrier in forming close-knit social bonds. Not being out to his parents may have left him at a relative disadvantage if comparing his situation to Josh. His relational style echoed Josh's in the way he constructed his support structure to help him through his difficult patch. He too built a symbolic boundary between himself and the gay men with whom he could not relate. The main difference was his use of professional support which leads to the conclusion that his mode of relating could be described as embedded within reflexive communities rather than the chosen family, because it was not limited to lay or informal networks.

Jacob differed substantially from Josh and Justin. He had what appeared to be a similar social structure consisting of parents and close gay and straight friends. He was also a member of a large lesbian and gay social group that met weekly. To all intents and purposes, he positively identified with aspects of the gay community but like Josh and Justin, distanced himself from the side of the gay scene, which he thought was 'sleazy'. Yet while it appeared that he had constructed some useful social ties around him, he did not appear to have the necessary skills to tap their potential. He did not access medical advice or intervention. Jacob would be the exemplary 'social capitalist' yet remained socially isolated and lacking support. It might be that Jacob still subscribes to the traditional notion of masculinity and community. Both might fall short in times of need in the current context. A map of their social support structures, and the way they dealt with their depression is shown on table 9 below.

Table 9 - Mapping the modes of relating in the Legal-16-Generation

Form of support			
	Josh	Jacob	Justin
Family of origin	Mother	Mother/family	Parents
Out at home	Yes	Yes	No
Gay Talk encouraged	Yes	No	N/A
Support sought	Yes – mother supportive and helped label experience	No support from family, none asked for	Yes, family acted as health gateway
Gay men			
Potential support	Yes	Yes	Yes
Gay Talk allowed	All gay issues	All gay issues	All gay issues
Support sought	Yes – health	Nothing	Yes health
Straight female			
Potential support	Yes	No	Yes
Gay Talk allowed	Not gay issues	N/A	Not gay issues
Support sought	Yes	N/A	Yes
Straight Male			
Potential support	Yes	Yes	Yes
Gay Talk allowed	Limited	Limited	Limited
Support sought	No	No	No
Internet bonding	Boyfriend	LT partner	N/A
Internet bridging	Friends	Friends	N/A
Health professional			
Support sought	Yes doctor	No	Yes GP & therapist
Style of network	Family of choice	Traditional community	Reflexive communities
Issue resolve	Yes	No	Yes

What are demonstrated in the accounts of the Legal-16-Generation are differences in approach to health that being gay allows. Perhaps unlike heterosexual men, this group clearly show that within their network structure, health is something that can be discussed. The masculine script of not talking about such issues with friends is rejected. There is no evidence of sanctions for breaking the masculine code. This highlights the fact that even when being gay is not the most significant characteristic of the identity, as both Josh and Justin stated, it still acts as a structuring factor in the way that social networks are used. Being gay enables a level of intimacy in talk and emotional support that the heterosexual masculine script often prohibits.

10.2 – How Sexual Orientation Structures the Experience of Health

Across the generations, accounts of health often related to areas of HIV prevention, safer sex, or HIV testing. Other than for the Criminal-Generation, accounts of health were often an 'afterthought' or only provided following direct prompting about lifestyle options such as smoking and physical exercise. Accounts of illness were rare for the middle two generations. When offered, their importance was minimised. Health promotion strategies were not always clearly understood when not relating to HIV transmission. The accounts of health in the current study offer some insight into variations of experience within men's health discourse that have not previously been explored.

There is much evidence to suggest that masculinity structures the male experience of health, a conclusion this research supports. However, the present study extends this notion and highlights how sexual orientation directly and indirectly structures the health experience also. Indirectly, sexual orientation structures the experience of masculinity and so must have a bearing on how all men 'do' health. It would be wrong to assume that sexual orientation only relates to gay issues. In other research, heterosexuality goes unreported because it is taken for granted. The convenience of exploring 'men's health' as some homogenous experience can no longer be countenanced without the sexual orientation of those under scrutiny being taken into account, as it is in this research.

The direct influence of sexual orientation on gay men's health relates to how the HIV discourse overlooks the heterogeneity of identity, risk, need and social location of gay men. The variety of health needs highlighted within the last three chapters point to various states of health across the generations unrelated to HIV and AIDS. The different modes and structure of relationships also have a bearing on the experience of health.

Social networks are often considered beneficial to health. It is known that in the heterosexual context, women take charge of the health care needs of the family (Cameron and Bernardes 1998; Pierret 2003). Gay men do not have the same relational structures and

so do not have access to such a resource. Less is known about how gay men construct and use their social networks in relation to health. Are gay men doubly disadvantaged here, because at the same time as many having a masculinist approach to health, they also lack many of the relational structures known to be beneficial?

Gay men in the current research lacked the type of social network that would typically sanction and help negotiate their sick role. They also lacked the necessary structures that could act as a trigger to their accessing the healthcare systems, unlike heterosexual males who might seek permission from their wife or mother. This is borne out in the data of the Legal-16-Generation who did use their family of origin to help negotiate their sick role. In the other heterosexual networks, discussion of sexual orientation was infrequent. Maybe the reasons why sexual orientation was seldom discussed were twofold. Firstly, to discuss it broke with the taboo of the heterosexual assumption. Secondly, sexual orientation was associated with issues of a sexual nature rather than the 'smiley-happy-people' image and identity. Health issues were often censored out of the relationship with women because it broke with the gay image, and with other gay people because it transgressed the current masculine script inhibiting such practices. Talk about HIV and other sexually transmitted infections was allowed in the gay context but not with straight friends because it had the potential of revealing too much information about the gay lifestyle. In many instances, the family of origin were not the network where any health issues could be taken.

Access to information about certain aspects of the gay identity was quite often 'stage' managed, which acted as a barrier in hetero-normative settings. This is important as it points to very different processes between straight men and gay men in relation to privacy. The masculinist discourse might be notable in both groups of men who both want to project an image of strength and self-reliance. However, for many gay respondents, there was the added layer of self-censorship of gay issues. The other masculinist discursive practice that acted as a barrier to seeking support was to trivialise the symptoms as 'unworthy', 'unimportant' or simply not serious enough to bother other people with. Link this to men's generally poor skills in recognising and interpreting symptoms and it becomes clear that gay men may not be equipped in the area of health help seeking. This can result in delays in

seeking treatment, and making an appointment at the doctor's rather than calling for an ambulance when suffering a heart attack.

The current notion of gay men's health is limiting and therefore not useful. It cannot be expected that men of such differing age, coming from such differing social climates and backgrounds, will have the same experience of health just because of their sexual orientation. For instance, men's health research has shown that younger men often equate health with fitness whereas older men equate it with the ability to function (Blaxter 1990: 2004). This pattern is not entirely replicated in the current study. In some context, health seemed to be both fitness and ability to function. For the Criminal-Generation, there was a strong sense of functionality in their accounts of health. This related to their 'actual' ability to function, as well as the 'performance' that projected the image of ability, thus making it an essentially subjective and relative state. They also provided accounts of fitness. Unlike the Legal-21-Generation and the Legal-18-Generation where fitness was typically associated with a discourse of the gym, the Criminal-Generation associated fitness with their ability to be social. Health to the Criminal-Generation was therefore a social and relational pursuit which did not completely match what is reported within the current men's health discourse.

For the Legal-21-Generation and the Legal-18-Generation, HIV, AIDS and safer sex messages (and not physical fitness), dominated much of their accounts of health indicating considerable and sustained success of the HIV/AIDS health promotion messages. Consequently, the underlying discourse did not relate to their physical fitness but rather, their freedom from the HIV virus and sexual health. Other health matters were sidelined. When they did equate their health to fitness it was often associated with the gym, boredom and then failure. Might it be that the men's health discourse that reports how younger men experience health through fitness is actually their public account expressed through the masculinist discourse? In the Richardson and Rabiee (2001) study, their young participants "...consistently equated health to physical fitness..." (Richardson and Rabiee 2001: 3). Those in the Legal-16-Generation were of equivalent age but did not provide such accounts. Instead, they talked about the ability to function rather than physical fitness. The reason for this mismatch might be related to the fact that what is under scrutiny is gay men's

health. This again points to the need to add the sexual orientation context when exploring men's health and so establish if this is indeed the case.

There is also the issue of how and why the participants in the Criminal-Generation provided such rich accounts of 'all' their health issues and so went against the typical masculine experience of health. A quick, but incomplete response would be their age. As they got older, they were faced with more health issues and had more to talk about. This level of analysis however, seems less than complete because many in the younger generations had health issues but did not seem equipped to talk about them. It might be connected to the Criminal-Generation being nearer to the end of their life and so starting to think about how best to prolong it. Again, this is not entirely consistent with the data, as Ronald was reasonably fluent in health literacy but was doing little to maintain a good standard of health.

Exploring the social climates that they have endured might provide a more complete explanation for this. Firstly, the Criminal-Generation's relative position to the HIV discourse was different from the other generations'. When HIV/AIDS hit the world stage, even the youngest of this group was in his mid 30s and had been sexually active for some time. They would have been the generation that had to make the biggest changes to their lifestyle. They might have known people die from AIDS, or have friends living with the HIV virus. But they would have also known a world before HIV when other life threatening illness, such as cancer, were public health's prime discourse and concern. Because of this, they may not have been entrenched in the HIV discourse to the same degree as the Legal-21-Generation, and to a lesser extent, the Legal-18-Generation.

Another potential explanation points to the authoritarian climate in which they grew up. The Criminal-Generation more than any other generation felt stigmatised for being gay. The social and legal penalties were very severe. Maybe breaking the gendered script in terms of health paled into insignificance by comparison, which made this group much more open than the other three groups who experienced much less forceful discrimination. In sum, exploring health through the lens of generation illustrates how the experience can differ while still

being located within a masculinist discourse. This evidence will have major ramifications for those involved in public health and health promotion. They will now have to acknowledge the complex differences that exist between gay men and heterosexual men in terms of preventing, promoting and treating health. They would also be wise to dispense with the notion of a unified gay identity existing in a single gay community when they develop their health promotion messages. They will need to recognise how the changes taking place within society will affect how health is experienced.

PART FIVE

PULLING THE THREADS TOGETHER

CONCLUSIONS

Social Capital in a Reflexive Age – Whatever happened to Baby Jane[17]

Although the research related to the concept of social capital, framed in its current context, this concept did not match the experience of the gay man in the study. Accounts offered resembled key elements, though the fit was not snug. The disparity however, was not caused by the relational styles of gay men, but rather, the narrow heterosexist definition of social capital. A major difficulty for the social capital framework is valorisation of close-knit kinship bonding ties and regret at the breakdown of such ties. There seems to be a yearning for the security found in modernity or even pre-industrial times when relationships were more static, homogenous and enduring (and restrictive). There seems little room to integrate contemporary social networking patterns within the confines of bonding and bridging social capital as the new styles of living are interpreted as a decline in civil society and the fall of the family.

Introducing the reflexive individualisation thesis will begin to expand our current understanding of social capital beyond the heterosexual assumption and hopefully sanction alternative approaches to the construction of supportive networks. The way gay men conduct their social relations is not deficient to heterosexual ways of relating – but nor are they the same. Society becoming more individualised and in many ways less authoritarian has benefited the gay population and the processes do seem accentuated by marginalisation. But there will also be those who feel they do not reap the same rewards from the changes taking place. It is therefore necessary to set aside the heterosexual moral codes that shape current understanding of social capital and introduce ideas arising from the reflexive individualisation thesis to explore how such process effect different groups.

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[17] The metaphor of 'Baby Jane' refers to the talented child worn down, locked away and abused just as social capital may be due to excessive political interest and introspective academic structures.

What are considered as 'traditional' ways of being and doing are positioned at the forefront of the social capital framework. Often, such traditional roles, ways of relating, and identities were not useful or desirable in the gay context. The reflexive project started early for many when faced with the self-discovery of their stigmatised social positions. The risk of being discovered as gay imposed a high degree of self regulation over what information could be reveal about their sexual orientation (Weeks, Heaphy et al. 2001). The potential to 'hide' their sexual orientation or 'pass' as heterosexuals involved managing discredited identities by taking decisions, on whom, how, when, and where to tell or not tell (Goffman 1963). Failure in this increases the potential of discrimination from majority group members. The extent to which all participants in the current study actively managed and controlled the information they revealed about themselves was one theme to emerge in accounts from all generations.

It was not simply a matter of being out or closeted as even the most out participant still found it necessary to keep a degree of control over the amount of information they revealed to others. Often, this was a state of self-censorship emerging early in the gay career. Coming out was never a single event but rather, a lifelong, and at times, layered, process. In some instances, especially in the older generations, coming out was never quite achieved. The changes to the legal status of gay men in 1967 provided the opportunity to come out, but not the climate to do so safely. The Legal-21-Generation experienced a high degree of anxiety which engendered reflexivity in their approach to network building. The younger generations found coming out easier, illustrated by the younger age at which some told their families of origin.

The heterosexual assumption provides gay men with several 'non-gay' masks to help them through their performance. To some extent, they choose the degree to which they disclose their gay identity in the hetero-normative environment. However, some settings/networks provided safer environment, usually gay-normative space (though this is changing due to the

increased incidence of heterosexual trespass). Many hetero-normative environments offered both manifest and latent risk. The family of origin was usually the network that caused greatest difficulties, be they real or perceived, with diminishing degrees of severity when we reach the youngest generations. Self-censoring and monitoring of self-evident information led to the reflexive construction of multiple identities as gay men chose which aspect of their identity to reveal or conceal. This was not a choice in the strictest sense, but founded on necessity.

CONSTRUCTIONS OF A REFLEXIVE SELF

Gay men reflexively constructed their gay identity from the available range of experiences and opportunities. This of course can be hugely effected by extent to which they were out or not out as gay men. The available choices were not limited by the negative stigma associated with the gay identity of the past. For some, it might be restricted by the homogeneity that the social and media representations of gay men project. But many were no longer willing to be subjected to a societal view of themselves as camp, limp wristed and effeminate. Some negotiated an identity they viewed as essentially masculine. In some instances, especially in the older generations, it almost appeared a parody of masculinity, which relates to notions of 'straight-acting', hypermasculine, or butch. It was important that all aspects of the negative stereotypical imagery of 'camp' were replaced using what was deemed a straight metaphor. Only two participants in the Criminal-Generation described themselves as 'flamboyant/camp'. Even then, they rejected it and attempted to construct a more masculine identity in their later life once a camp identity was no longer needed or fashionable. The younger two generations all seemed to have more choices available to them. Was this because they were young rather than because they were gay? It is certainly a possibility. There are three other possibilities too.

What seemed important when exploring the generations was that the choices available were increasing with each generation. Whereas the Criminal-Generation might have once known the camp gay identity; the Legal-21-Generation might have parodied hypermasculinity; the younger two generations did not seem to subscribe to such notions. It was especially evident

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when asking them to label their gay identity. The younger men seemed less able or willing to commit to a single identity. One suggestion could be that the younger gay men had a less stable gay identity. As they got older and more established in a gay setting, they might then adopt a gay identity. For some, such as David from the Legal-18-Generation, this might well be the case. However, this does not seem to be a valid line of reasoning for all, because it assumes that they will at some point adopt an 'established' gay identity.

Their inability to self-label might arise from increased opportunities and rapid expansion of available choices brought about through the changes in social and legal climate. Their reflexive project and gay career began much earlier than it did for many in the older generations. Whereas once the sense of difference led to personal crisis, anxiety and a hidden identity, the changing climate has brought about partial acceptance and integration into the mainstream. Younger gay men now have a firmer base from which to construct their own unique gay identity without the need to mimic what has gone before them. They have choice.

Class distinctions and differences were not a strong theme to emerge in the data. Might class play a less significant role in the gay context? Weeks et al, (2001) stresses that gay friendships can be formed from across the class divide. As one participant stated, being gay was a great [class] leveller. This was not necessarily the part of a process of enbourgeoisment or gay men drifting towards being middle class. Rather, this related to gay men's social circles transcending typical class boundaries and centring on the gay status/identity. It was not untypical to hear about friends who had diverse occupations such as barristers and bin men; doctors and deliverymen; and middle managers with care workers, etc. Occupational status may not have the same bearing within gay relations and networks as might be expected within heterosexual friendships. This might be another example of where the gay identities are more reflexive. The broad social networks that gay men inhabit transcended the usual markers of class distinction exposing them to ideas from different classes and hence, provided them with greater experiences and more choice. So while class may still impact on health outcomes regardless of sexual orientation, it plays less a role in constructing a social network. This is not meant to diminish the importance of class on

dispositions, or the material relationship between class and health but rather highlight the potential complexities of gay relationships and identities.

As well as actively constructing a positive gay identity that did not exhibit any stereotypical gay mannerisms, many constructed a bounded self by actively rejecting the camp metaphor that still surrounded the more negative aspects of the gay identity. This was not a matter of gay men 'acknowledging' their sense of masculinity in a way analogous to the domestication of the 'new man' finding his 'feminine side'. Rather it seemed gay men were reclaiming their masculine credentials. It was the hegemony of heterosexuality that constructed the gay identity to signify effeminacy and thus to position heterosexuality as superior. Now such effeminacy was repugnant to many in all generations. Rejecting this notion acted as a symbolic gesture that emphasized the boundaries between their identity (positive gay or neo-gay) and those with a camp 'affected' identity (negative). Consequently, constructing the gay identity related to the building boundaries between those considered 'out-group members', as much as it did identifying with an in-group.

CONSTRUCTING FAMILIES OF CHOICE & REFLEXIVE COMMUNITIES

A central tenet of social capital is of a society in a state of decline leading to increased levels of social isolation. Similarly, the processes of individualisation refer to society in a state of transition and the disembedding of the individual; and the breakdown of traditional institutions and family ties although Beck and Beck-Gernsheim (2002) are keen to distance themselves from the 'decline' metaphor and instead talk of the processes of change). Traditional notions of the family might be in decline but many alternatives family styles are flourishing (Giddens 1992; Weeks, Heaphy et al. 2001; Beck and Beck-Gernsheim 2002). The processes of individualisation have loosened the grip of societal institutions such as the family, class, gender, sexual orientation, and heterosexuality. In its wake has emerged a liberated, reflexive individual capable of constructing a collection of new network ties.

Contextualising individualisation in gay terms therefore points to a reflexive individual re-embedding himself in a family of choice or in reflexive communities. Reflexive communities

are not as Lash defined them, as in the gay context, identity based communities do not always have the same importance the once did. Reflexive communities in the current context refer to small-scale networks comprising kin, friends and experts. Both families of choice and reflexive communities are social networks formed around mutuality of understanding. Traditional family ties were still relevant to participants but none offered a wholly positive account of them. Their harmful effects were often highlighted in the gay context, especially in the older generations. Many close-knit relationship patterns were based on partners and close friendships which replaced or supplemented relations with the family of origin. The emphasis was that they are chosen, not given; achieved not ascribed. The heterosexual assumption and inability to predict the reactions of others had made both bonding and bridging social capital problematic. In the absence of structure and guiding principles, relationships and friendships had to be constructed, negotiated and quite simply 'worked at' (Weeks, Heaphy et al. 2001). When viewed in this context, individualisation is the weakening of traditional family and community ties. The family of choice falls beyond such constraints and is formed from a position of strength. The strength comes, not from weak ties, as Granovetter (1983) highlights, or similarity theorised by Putnam (2000); but from them being chosen ties. By actively constructing a family of choice or reflexive communities in part around 'need' engendered the qualities highlighted by Granovetter and Putnam but moves the debate beyond the bipolar bonding and bridging forms of social capital.

The bonding/bridging distinction is sufficiently broad to take account of most relationships. However, the gay context reveals how more emphasis needs placing on the quality of the relationship rather than focusing on tenuous notions of similarity and difference. Notions of similarity and difference might be difficult to quantify in the gay context, though the research of Pahl and Pevalin (2005) does suggest that this might be unique to the gay experience. Nevertheless, the bonding and bridging distinction, as a mechanism to label the strength of a network tie may have heuristic value, but in the gay context, it is more difficult to establish. The different forms of bonding and bridging ties appear to merge. They are constructed around voluntary associations, born out of shared understanding and meaning rather than out of similarity/closeness or difference/weakness. It is not that some

are stronger than others (though some clearly are) but what seems important is set in the context of what they offer at that present time. The ebb and flow of gay relations means that what appears 'close' has some degree of negotiated distance built in. For example, friendships with lesbians provide less opportunity for partners jealously; friendships with women to eliminate sexual tensions; or intimate relationships that are both celibate and monogamous. These types of ties would be difficult to define under the current conceptualisation of the various forms of social capital.

An important bond is still with one other person, the partner, or intimate couple. Giddens termed this the 'pure relationship' (Giddens 1992) whereas the label 'elective relationship' was provided by Beck and Beck-Gernsheim (2002). However, the evidence from the current research suggests that a more appropriate term for such ties might simply be the 'reflexive relationship' and so avoid confusion arising from the discourse surrounding any notions of 'pure'. Reflexive relationships are not based on traditional ties or roles but acknowledge the importance of past ways of being and doing. The key feature of the reflexive relationship is their *potential* to be democratic, egalitarian and negotiated that arises when ascribed rules, values and roles are no longer sustainable or applicable. This research shows that despite there being a variety of different relational patterns, at their core was their potential for reflexivity and dialogue.

THE RISE & FALL OF THE GAY COMMUNITY

Changes were also taking place within the realms of the gay communities. The processes of individualisation that brought about the rise of gay space were also responsible for its ultimate 'demise' as experienced by many in the current sample. At its core was the commercial gay scene 'the Gay Village'. The climate had change so much that from position of enforced concealment, the legal and social changes had allowed the gay community to confidently move above ground. The improving climate had also encourage a great many more gay men to come out and live a gay lifestyle. It might be that in such circumstances, a collective experience of being gay has been weakened.

Now, only a few in the current sample have a strong affinity to the gay community. Often, there is no distinction made between the gay community and gay scene. Many rejected the high camp stereotype associated with the gay scene. Many felt invaded by straight people who changed the nature of gay-only space to 'mixed space' or 'gay themed space'. With little or no sense of belonging to or ownership of the gay community, it is seen as fragmented and in a state of decline. The preference was to construct communities from existing social networks and locate them on and off the gay scene. The gay community/scene was at times necessary in acting as a springboard to other networks or activities, but was no longer sufficient to engender a sense of collective understanding and action.

The changing face of the gay community and identity also lead to a decline in what is considered to be 'participation'. Participation differed by generation with the Criminal-Generation being more actively engaged in groups and voluntary activities than the other cohorts. But even here, it often did not represent the 'core' (MacKian 1995) or more visible aspect of civic engagement or active citizenry discussed previously. Other cohorts of men did not participate in the 'gay community' partly because of the tensions many felt towards the gay community/scene. Perhaps participation in its current conceptualisation requires the traditional notions of community and network ties for it to work. What counted as being included to those taking part in this research was often on a smaller scale and reproduced in the construction of the reflexive communities and their maintenance. Participation on the scene or in the gay community was framed in terms of 'getting a fix' or the need to be with other gay men. Accounts were seldom positive; were sometimes neutral; but often negative.

Traditional notions of community were not entirely suitable when exploring all accounts of the participants. Some accounts paralleled traditional notions, but for many, the experience bore little resemblance to what might be considered a 'gay community'. What seemed evident was some type of active construction of a community, which embraced/accepted a select few but essentially, rejected the masses. This need not be based on sexual orientation, but often was. Of equal importance to the construction of 'reflexive communities' were the exclusion of others (those fashioned as the out-group, which broadly meant heterosexuals but also other gay people). The sense of identity is no longer strong

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enough though it continues to structure the form of network to some extent. Maybe it is here that reflexive communities and family of choice have a degree of crossover. Families of choice relate to the kind of closeness that Ferlander (2003) discussed, and not the similarity found in Putnam's bonding ties. What seemed absent in some seemingly 'close' relationships was 'meaning'. The qualities of the relationship do not seem important in Putnam's conceptualisation and are assumed positive based on the notion of similarity. Bonding ties give the appearance of intimacy but the hetero-normative rules, and heterosexual assumption means that they often lacked the necessary closeness and meaning needed to be considered a resource within the social capital framework. Members of the families of choice or reflexive communities however, could provide such meaning and so offered greater potentiality.

The form reflexive communities take can include distant or institutional ties (as well as close families of choice ties) so are not founded just on difference but rather, on expertise as well. Using a Goffman's (1963) metaphor of the 'own' and the 'wise' helps illustrate this point. Firstly, they are actively constructed, small in scale and are made up from those considered in-group members (own). Constructing reflexive communities also requires creating symbolic boundaries from those considered the out-group members though this was not simply a matter of excluding heterosexuals as many sections of the gay identity were also debarred from group membership. Constructing a boundary might simply be a matter of which cyber venue was used, and which shunned; which bar used and which avoided; and which identity chosen, and which disparaged. The key to reflexive communities is their inclusion of the 'wise', or those offering expertise such as gay organisations or self-help groups. The reflexive communities seems to be where individualisation, social capital and reflexivity meet in this context as they add a resource element to the reflexive individualisation thesis. In the broader sense, it seems the processes of individualisation has provided the platform from which to 'cobble together' a reflexive identity. The reflexive communities are where individuals have re-embedded themselves.

The cognitive element of social capital refers to trust and reciprocity but these key features were not problematised from a minority perspective. There seems to be a tacit assumption that the norms of trust and reciprocity can be established and maintained within the social networks without paying attention to the conditions from which the individual has emerged. It might be that trust and reciprocity are not mere norms arising from group interaction but are also relational skills or dispositions that the individual learns. In the minority context, trust and reciprocity might be supplanted by other cognitive abilities such as the ability to recognise other minority group members (something majority group members would not anticipate). Consequently, though trust and reciprocity are given prominence within the social capital framework, they might be a skill underdeveloped in gay men. To be a successful social entrepreneur requires skills to be developed to suit the environment.

TRUST

Trust is particularly important in terms of traditional notions of social capital. It is often seen as in decline in traditional communities. In the gay context, trusting others can be unwise prompting a degree of concealment and need for control. Firstly, having to conceal their sexual orientation impeded the development of trust as a social skill. In the past, having a stigmatised identity engendered a cautious stance towards others whose reactions could not be relied upon. Trust was not something in decline in this context as it had essentially been 'strangled at birth'. Though this situation has improved somewhat, many gay men even in the younger generations still exhibited a degree of 'caution' and 'selectiveness' in some circumstances. For instance, while the Criminal-Generation might be expected to be the least trusting as they had suffered the heaviest stigma, there was still an element of mistrust in the Legal-16-Generation who lacked the confidence to talk about some gay issues to their straight friends without fear of their lifestyle being judged. Gay men therefore developed furtive/reflexive skills rather than the ability to 'trust'. There also seemed a

greater need to manage the direction and speed of any relationship bringing us to a second theoretical proposition relating to control.

The securities typically found in family bonds were absent so prompting a degree of caution when dealing with others. The firm ground needed to make Mollering's (2001) 'leap of trust/faith' had never been established. The uncertainties of being discovered as gay required controlling information within all social networks. The extensive use of the Internet was illustrative of this. Its importance lies in the ability to dispense with the need to 'trust' in the early stages of the friendship/relationship process. Cyber space provided time to determine the trustworthiness of the other person in the vulnerable early stages of developing friendships or relationships. Disembodied participation of this style offered more security. If the relationship did not produce the desired result, they were easily terminated by the flick of a switch. If it proved successful, communication over the Internet constructed the firm ground from which the bonds were strengthened.

Minority group membership can hamper the conditions necessary to trust others making Putnam's notion of thick and thin trust lacking in the gay context. To say that 'heterosexuals cannot be trusted' was not implying the untrustworthiness of heterosexuals but rather, how minority groups members may not find the firm ground needed to have the leap of trust in others who occupy dominant group positions. This is particularly relevant to the processes of individualisation as one of the key changes taking place in many western societies, is the onset of multiculturalism. It might seem necessary to assimilate minority group members into the mainstream under a banner of integration. But constructing an out-group is a necessary aspect of self-identification. It can act as a buffer from the stresses of being part of a minority group. The social and legal climate may have improved the conditions in which gay men live, but the fact remains that gay men have lower social standing than heterosexual men. Integration could therefore lead to discrimination. As a society, we are aware of the diversity that exists, the next step is to strive for equality. Equality is not a simply matter of acknowledging diversity and treating everybody the same, but rather, treating everybody with equal fairness. This will involve the dominant group understanding and valuing the norms and practises of the minority group – something that at present does

not appear to be on the political landscape if the moral panic over the wearing of the hajib is indicative of 'understanding' of difference.

The Social Identity Theory (Tajfel and Turner 1979) demonstrates the power dynamics of the in-group and out-group, something the social capital framework would benefit from taking on board. Presently, the social capital theory constructs any without majority group status as prospective deviants and then positions them as potentially harmful to traditional societal structures. Putnam (2006), in a radio 4 interview talked about the need of not destroying a groups' or communities' bonding social capital but rather, looking for new ways to create new forms of bridging social capital that values the contribution of those not in the majority group (Putnam 2006). Maybe this process has started and the heterosexual and gay populations merge into the mainstream both acculturated by the other. However, there still seems to be a stigma associated to gay sex which continues to set gay men apart from the heterosexual groups. Maybe what is actually on offer is a hegemonic account of assimilation cloaked in the pretence of integration. It still seems that the onus to integrate rests in the hand of the minority group, who are accepted only as long as their norms, values and practises do not offend the majority group's sensibilities. There seems little respect for equality while the focus looks at diversity and the characteristics that separate us. The assumed superiority of heterosexuality continues to act as a bar to integration and may continue until such times when there is no longer a need to 'come out' as gay, as the assumption of heterosexuality will no longer exist. Consequently, the firm ground from which to have the leap of trust might be a characteristic of social capital for straight majority group member and so has not been adequately problematised for minority groups. It might be that other cognitive features, such as the ability to recognise in-group members is as important as trust in the creation and maintenance of social capital.

RECOGNITION - GAYDAR

A popular discourse amongst gay men relates to the ability to recognise other gay men. This is referred to as ones 'gaydar'. The ability to recognise, and be recognised might be an important entrepreneurial skill that gay men develop to replace the absence of trust. The

ability to recognise other dominant group members is not acknowledged within the social capital framework which is premised on the notion of similarity. Only when exploring the experiences of minority group perspective are such considerations deemed important. Recognising an in-group member might act as the firm ground from which the seeds of trust are sown, safe in the knowledge that it is unlikely that the other person will discriminate on the grounds of sexual orientation. Recognition might be an important cognitive element of social capital that is current missed out through the lack of exploration into the in and out-group dynamics. It might only be at a very superficial level and was not evident in the Legal-18-Generation and Legal-16-Generation. The older generations had most to fear and greater need for such a skill. For instance, many older gay men grew up with feelings of difference and through social pressures, soon learn to conceal these differences. They also learn how to send and receive appropriate signals to other gay men and hence develop their 'gaydar'. One reason why it is not apparent in the younger generations might relate to the different way they identify as gay men. Their reflexive abilities were born out of latent contingency rather than actual risk. They did not have the same need to secretly project a gay image, thus dispensing with the need for a gay image. Nor did they have the need to adopt a recognisably gay identity.

The key here is that to be a successful social entrepreneur requires different skills in different generations. The ability to reflect on the surroundings and be able to recognise the 'own' would not necessarily be valued or needed to the same degree with heterosexuals as they do not face the same risks as gay men. The risk to which heterosexual males are exposed is being considered 'homosexual', making the entrepreneurial skills needed the ability to present performances that refute such claims. The successful social entrepreneur in the gay context is someone who can interpret vague and ambiguous signals that could be laughed away or go unnoticed by the uninitiated; or be acted upon by those with the relevant experience to recognise those as 'his own'. The reward may be a sexual encounter or it may be to expand his social network/capital. It might be the clothes he wears, a fleeting glance or the stare that lasts a fraction too long, etc. The risk comes in interpreting the signals wrongly. This is a secret society without formal membership and so relies on the successful

social entrepreneur knowing the rules of engagement. Again, being actively engaged within one's environment was key and so points to the potential of a reflexive gay habitus.

A reflexive habitus is theorised by Sweetman (2003) who suggests it arises out of crisis. Crisis in the gay context may be enduring and occur from living in a perpetual state of self-monitoring, identity-management and self-censorship. The implications of the gay experience for Bourdieu's notion of habitus is that it is more adaptable and plastic than previously thought. The gay experience shows that new ways of relating and being supplant the many norms and values allied with heterosexuality. It may be that, as indicated, the climate in which gay men grow up, and then their rejection of the heterosexual assumption upon coming out displaces past dispositions. The gay habitus may not rely on class distinctions as the reflexive gay identity affects all other social statuses. Of course, the class identity still promotes certain dispositions and tastes and so remains very important in the grand scheme of things. But coming out and adopting a gay, or neo-gay identity liberated them from the normative behaviour codes associated to their gendered habitus. There was less need to rely on upbringing to structure the environment and dispositions. Being out as a gay man provided the potential that allowed the gay identity to frame their experiences and behaviours. Being gay also meant that they developed alternative skills better suited to their environment. One aspect of the gay reflexive habitus might be the ability to shift between gay and class identities depending on which environment and setting.

RECIPROCITY

The gay experience shows that traditions of reciprocity, obligations and family responsibilities can restrict personal growth and are therefore far from positive characteristics of social bonds. Obligation to a specific tie could be damaging by censoring out important aspects of the gay identity. Indeed, the loosening of reciprocal ties might be one area of the relational structure that has liberated the gay man from traditional ties. As with trust, what might be more important is the need to 'control' the direction of the relationship. Becoming 'obligated' towards another is not indicative of control. Where reciprocity was in evidence was in shared experience with those closest in the reflexive

relationship or reflexive communities. It might relate to the sharing of health experiences, as was the case for some in the Criminal-Generation and the Legal-16-Generation. It might relate to doing social activities together, such as shopping. In a few instances, it related to giving and receiving instrumental support. But what was indicative of this sample was the absence of reciprocity, especially for those in the family of origin or towards the generalised other. Again, as a social entrepreneurial skill, its development may have been hindered by the need to either conceal aspects of the gay identity or the requirement to self-censor the gay qualities out of interactions with heterosexual people.

An Experience of Health

It has been noted elsewhere and throughout these thesis, that health is as much a subjective experience as it is a biological/physiological fact (Blaxter 1990). The social forces that affect this experience are widespread. This research focused on the impact of sexual orientation and the variations within this construct. The first thing of note is how the experience of health differed throughout the generations but how sexual orientation <u>and</u> the masculine construction structured the experiences. Health in general was not a rich topic of conversation in all cohorts other than the Criminal-Generation. In that instance, health states were often used as a means of creating and sustaining friendships. This was not always in a supportive capacity, but rather, in the sharing of health talk and experience. This might be a generational characteristic where many older men are willing and able to talk about their health more openly. Yet current contextualisation of gay men's health still targets this group of men for HIV and AIDS rather than the plethora of health ailments from which they are experiencing. The irony was that two in the Criminal-Generation suffered from erectile dysfunction. Condoms were the last thing on their mind if they did manage an erection.

There appears to be three scenarios needing exploration all based around the gay experience of health. The first relates to gay masculinity versus 'hegemonic' masculinity: would being gay be a constraining or restraining health factor? The second scenario will

explore the social network structures of gay men and their role in health and health seeking behaviours, etc. If in a heterosexual context, there is an over reliance on women for health care, what are the patterns in a gay context? Finally, did being part of the HIV discourse translate into positive action in other areas of health care? Each scenario is dealt with below.

THE GAY CONSTRUCTION OF MASCULINITY – RESTRAINING OR CONSTRAINING?

An important area of exploration attempted to explore the implications on health of the gay masculine construction. On the one hand, does being subordinate to the hegemony of heterosexuality provide firmer ground to address their health needs without the usual concern for breaking the masculine script or did previous socialisation as heterosexuals by heterosexuals lead to them having similar approaches to health as heterosexual men? Other than the *Criminal Generation*, many of the accounts given suggested that gay men where confined by a typically masculine approach to health. For many, health was something seldom addressed or understood. Many men's health messages did not penetrate into lifestyle choices as they seem not to for many heterosexual men. The current masculine script of privacy, the projection of self-reliance, autonomy and minimising the problems, etc. acted as a barrier preventing relevant health messages translating into action. For instance, regular physical exercise often translated into going to the gym, a 'health through fitness' discourse. Many participants therefore subscribed to a masculinist public account of fitness which was not matched by a positive experience. Participants were often unaware of the commitment needed to achieve the desired results for a slim muscular body. Failure at the gym then turned into a resistant discourse of 'boredom' and non-attendance. Regular physical activities need not be based around a gym, but many seemed unaware of the other potential activities they could engage, such as walking for 30 minutes a day. The result was that few did any form of regular physical activities in line with current government ideologies. Of course, some were some fully engaged health citizens and good reflexive health citizens. Others however, did not fully engage with the health messages and so could not interpret them to match their lifestyle. A few participants became totally antagonistic to all health messages and refused to fit them into their lifestyle.

Autonomy was the valued characteristic of most participants regardless of their relationship status and generational grouping. Help seeking behaviour was linked to the composition of the social networks (chosen families/reflexive communities) and differed across the generations. The middle generations (Legal-18-Generation and Legal-21-Generation) comprised more couples. Intimate partner relations were therefore very important 'potential' support structures. Friendships were also cultivated in most instances, in the Legal-16 and Criminal-Generations, playing a more prominent role than partners. All but the Criminal-Generation talked about the important of female friends within their help seeking structures. Straight male friendships were discussed in a few instances in all generations but never in terms of instrumental or emotional support. They offered a very public account of straight friendships. Often, when the private accounts were scrutinised, the basis for the friendships relied on censoring out any gay content and so lacked all notions of equality and democracy.

The bonding type of social capital was not evident in the gay context because of the lack of value placed on family of origin kinship ties. Gay men's support structures favoured a more reflexive approach to support building. Help seeking was evident in the Legal-16-Generation and to a lesser extent with the Criminal-Generation, but seldom in the middle two generations. Sometimes, reflexive communities were built around need (though not often). But help seeking did not occur with any degree of frequency other than in the Legal-16-Generation. The way they dealt with their depressive episodes, and the structures they had set in place to assist them, raises several interesting questions. Firstly, why did the legal-16-Generation experienced mental illness to a greater degree than the older generations who had experienced a much harsher regime? Is their mental health status linked to living in a heterosexist society? Has the improving social and legal climate only gone so far and even in this more egalitarian age, can the stigma of being gay still cause distress or is the comparison between the Legal-16-Generation and older generations inappropriate here? If the latter, it could undermine the very structure of this thesis. But I believe that there is

still much to be learned from using a generational structure by exploring the differences in how gay men have been allowed to construct their support structures.

In terms of seeking support, what might be significant is how the Legal-16-Generation had the opportunity and necessary structures to resolve their mental health issues early in their gay career. Though impossible to know, had the older generations been able to address such issues, maybe their depressive episodes would have been, if not resolvable, then perhaps, much less severe. It is here where the interactions between generation and career are at their most evident. The older generation deferred their mental health problems in fear of revealing information about their sexual orientation. The younger generations were able to start their gay career while still living with their family of origin. They were also able to address their mental health, with less concerned about revealing 'too much' information. Consequently, changes to the social and legal climate may not have eradicated the low social standing of gay men entirely, but for many, there may not be the same degree of anxiety over being discovered as gay. It is no longer necessary to 'suffer' in silence and ignorance as did some older gay men. There is now the possibility to construct meaningful support structures of whatever kind (families of choice or reflexive communities) that can act as a buffer against the fast changing world. This of course still does not account of the potentially reduced level of entrepreneurial dexterity required to enact such support but the changing climate must link directly to the concept of social capital in that it offers the potential to create stocks of this resource even if only in relative terms. The paradox is that what is seen as the cause of decline in social capital in heterosexual terms, might promote its growth in the gay context.

Where sexual orientation acted as a barrier to support seeking was from non-gay people when relating to gay issues. This was regardless of the perceptible closeness to the relationship. Gay support networks, when used, were used for gay issues. Predominantly, the type of support sought varied between generations but often had an overarching theme of HIV and safer sex. In the middle two generations, health issues were seldom taken to any of the support networks. The older and younger generations saw a mix of health help seeking behaviours. The one area of distinction was that some in the Criminal-Generation

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successfully negotiated health into their formal and informal networks (partners, friends, GP and other medical professionals). Only Kenneth seemed to place barriers in the way of help seeking.

In the other three generations, many did not have the necessary skills to negotiate either health or a sick role within their relationships or with society in general when it did not relate to HIV/AIDS issues. Many choose to ignore symptoms even when they thought they were life threatening. Some would only visit their GP when absolutely necessary. In a few instances, participants were not even registered with a GP. Health issues unrelated to HIV were often framed a strictly private affair and not as something that could be shared with others, no matter how close the relationship. HIV issues were shared and communicated and so supports the original thesis that the framing of the HIV message shapes the gay man's health experience. And while keeping health private is very much part of the men's health experience, it is important to recall that gay men may suffer a 'double jeopardy' by being embedded within the masculine construction while at the same time, falling outside the official masculine health discourse targeting them with necessary health ideologies.

LACK OF TRANSFER INTO OTHER AREAS OF HEALTH

The role of HIV discourse for gay men acted as a trigger to them seeking support or information only on such issues. All knew the dangers of having unprotected anal intercourse (UAI). This was especially enduring in the middle two generations. Often, getting tested for HIV was simply the sensible strategy. It did not need to relate to behavioural risk taking. Rather, it was part of the gay MOT. However, any skills acquired did not cross over into other areas of their health. There seemed little better understanding of other more general health issues than would be expected in all men. Self-diagnosis, privacy, the projection of self reliance/control and minimising the problem all acted as barriers for non-HIV health issues, especially for the middle two generations. The Legal and Criminal-Generations, while firmly embedded within the HIV discourse, did manage to allow other areas of health to come to the fore. They may have more expertise in the HIV and safer-sex fields, but this did not transferred into other areas of health.

It is as if public health and health promotion are out of kilter with gay men. On the one hand, the current health ideology continues to frame gay men within the HIV discourse and not within the broader men's health framework. For instance, obesity and diet are currently prominent health discourses. Diet was one area where many in the current study had an incomplete and inconsistent understanding. Only a few participants talked about the 'five a day' campaign for example. That campaign implicitly targets heterosexual families so is set outside the gay man's lifestyle and possibly his level of expertise. Similarly, the smoking campaigns explicitly use family members to invoke guilt (Hutchinson, Dorsett et al. 2005).

Such imagery may not engage gay men who are not part of, or have positive memories of such family structures. With identifiably gay identities absent from such campaigns it is questionable whether or not health messages are explicitly framed and sent to gay men and whether or not they are received to the same extent as the HIV health messages are. More research will therefore need to explore why the potential health expertise that gay men have acquired with HIV and AIDS prevention has not transferred into other areas of health.

What we are expecting may be beyond the ability of many people. We seem to be advocating a health praxis or heightened reflexivity were health citizens are required to constantly seek out, consume, translate, interpret and act on the new information relating to their health and well-being. It is no longer enough to adopt 'healthy lifestyle options' and reduce the number of risk activities. In many respects, gay men have been successfully playing the part of the reflexive health citizen for some time; starting back in the 80s with safer-sex and controlling their HIV status. The changing health ideologies may make little difference to gay men amid a culture of minimal expectations. Promoting all areas of men's health for gay men has not occurred. The assumption is that their health needs are being addressed in the men's health discourse. But as the literature received from the health promotion units illustrates, they are not so, and gay and straight men's health is framed, targeted and treated differently. The irony may be that gay men have not been served by the health service so there is no great change in their relationship with the health providers as long as

they continue to remain free of the HIV virus. Simply providing 'high quality' information as Wanless suggests assumes that everyone can engage with that level of information, has the necessary entrepreneurial skills to follow the doctrine and is embedded within a network that promotes 'health'. We may live in a reflexive age but the expectation that everyone will be reflexive is naïve. There needs to be a root and branch review of men's health to include identity constructions based around sexual orientation. If masculinity structures the experience of health, then clearly, so must sexual orientation.

Health researchers and promoters, along with policy makers, would be wise to acknowledge the impact of sexual orientation on the health of <u>all</u> men. It is clear that different groups face different degrees of risk and so require additional emphasis placing on their health needs. But the medico-moralistic ideologies surrounding gay men's health have allowed HIV to dominate and overshadow other equally important matters. There is more to health than HIV, but in an age of an improving social and legal climate HIV continues to be used as a tool to suppress gay men by making aspects of their identity open to public scrutiny in ways that heterosexual men are not. If this goes unchallenged then we are all complicit in the continued marginalisation of gay men and the increasing numbers of HIV infections in the heterosexual population.

AND SO TO POLICY

There are two important policy implications to arise from the research relating to the diversity of gay identity and complexity of health experience. Starting with the latter, health promoters and public health researchers need to understand how large sections of gay men are marginal to the notion of the gay community. The usual methods of targeting the 'gay community' might still be useful as there are still a great many gay men who continue to use the gay scene in Manchester. But there are a great many who no longer have a psychological sense of belonging to the gay community or gay scene. It is not just a case of many gay men choosing not to use the gay scene as a place to interact with one another, though this is important, as the gay community had once provided a location from which to

direct health messages. What also needs recognising is how many gay men are marginal to the notion of the gay community, not just geographically, or physically, but symbolically. Some have constructed a symbolic boundary between their gay identity and the identity of those they consider use the gay scene. Using such imagery as the 'gay community' to promote gay men's health might actually turn away the very people that health promoters are trying to attract. This has important policy implications for health promoters and gay men's health organisations as much of their work made use of the gay community/scene as a site for their targeted interventions. The Wanless Report and White Paper, recognise the diversity of experience of health and the importance of tailoring the health messages to specific populations. This needs to go beyond the realms of the gay and straight dichotomy to explore the complexities and structures of the gay experience that acknowledges the variations of masculinities within the gay context. The assumption that those on the margins of hetero-normal society have a unified experience that all can relate to, so negating the need to problematise their identity can no longer be countenanced. Health promoters should scrutinise what it is to be 'embedded' and 'engaged' to the great many gay men who are now marginal to the gay experience from which their targeting strategies seem to be based. Evidence from this research would suggest that health promoters explore ways to embed themselves and their expertise within the chosen families or reflexive communities. How gay men use the Internet offers great potential. Not only is it a medium for targeting information at specific audiences, but has the potential to become part of individual's reflexive communities and network structure.

The second main policy implication is the recognition of sexual orientation as a major determinant that structures the experience of health over and above HIV and sexual health. This could cause some resistance from those charged with the health promotion of men's health and gay men's health which are currently separated. Currently, the heterosexual assumption infuses much of men's health. Acknowledge the role of sexual orientation on the experience of health and ill health should lead to a more equal share of the funds currently directed at men's health being re-directed at gay men's health needs. On the other hand, it should also mean that gay organisations charged with HIV preventions would need to turn their attention to other equally pressing health needs of gay men. Yet

the AIDS industry has a vested interest in maintaining the status quo as many owe their existence to HIV awareness and prevention. It is important not to let society's moral code dictate what is perceived as risk but rather, have it based on what is most pressing. If it is HIV, backed up by numbers, then clearly, HIV should be the targeted intervention. But as smoking and obesity are likely to be the cause of higher levels of ill health and premature death, then it is important that these are also considered. The difficulty is that it may no longer be defendable to focus solely on HIV as the only health issue facing gay men. It might be that to continue to do so is itself an act of internalised heterosexism that allows the dominant group to dictate the health needs of minority group based on moralistic assumption rather than clinical need. The question is, can both types of organisations kill the respective goose that laid the golden eggs and fairly unite to meet the challenges of improving and maintaining the health of all men regardless of sexual orientation? The limited evidence from this research suggests that such unions are not premised on equality and there is still a degree of heterosexual organisations 'pulling rank'. The benefits and pitfalls of such a venture could be explored by future research.

> "...We know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns -- the ones we don't know we don't know" (Rumsfeld 2002).

While this quote from Donald Rumsfeld received a great deal of ridicule, in research terms, it actually seems quite profound. At the beginning of the study, I knew there were known knowns to explore and known unknowns to discover but it was the unknown unknowns that have formed the basis for this thesis. I now shudder to think about the first few drafts of the thesis that offered authentic accounts of the gay lived experience, but lacked the depth of understanding and complexities of living in a reflexivity individuated age. The realisation that just as many sections of society, the conditions that symbolise a generation had a direct affect on the lifestyle options available to gay men; and how their experience and duration as a gay man builds up into what is in effect, a gay career were profound and affected the whole direction of the thesis.

So too was the realisation that the processes of individualisation when intersected with the social capital approach created much more dynamic theory. The cold edges of reflexive individualisation were smoothed by social capital whereas the social capital was brought up to date by reflexive individualisation. The processes of individualisation will not have the same impact on all groups or the whole of society and no such claim is being made here. Indeed, there could be examples of groups who 'lose' where individual preference supplants institutional obligation, such as perceived within neighbourhood decline. But in the gay context, reflexive individualisation has had a positive impact on the ability to construct social networks for many gay men. Integrating the two theories allowed the analysis to

develop beyond a mere critical elevation of the social capital theory by setting it in the gay context. The reflexive individualisation thesis provided a contemporary means from which to locate the gay experience. It illustrated how the social capital theory was limited by heterosexist assumptions and not by the theory itself. Social capital does offer heuristic value when studying health and well-being but requires the experiences of minority groups and communities including as a positive way and not used to characterise social decline.

The gay experience has been showed to be rich and complex and warrants inclusion in the social capital frame of understanding. Doing so shows how health and lifestyle are implicated beyond risk behaviours and personal characteristics. Health has many complex issues. If we are ever going to understand them, we will firstly need to locate them in the social and cultural perspective of the individual and groups. This is what is meant when suggesting there is more to health than HIV. It is not just a matter of looking at other health issues as well as HIV. Nor is it just a matter of exploring the minutia of each individual's health. Rather, it is about reaching a level of understanding about the way gay men experience health. This means acknowledging that the decisions they take about their health are driven by a complex interplay of societal structures, social locations, social embeddedness, and as the socio-cultural climate and life-course trajectories. Only when we recognise the complexities of there being more to health than HIV can we then start to explored and expand our understanding of the structures that shape the health experiences of gay men.

Currently strategies promoting gay men's health are therefore failing in their task by only focusing on HIV prevention. The men's health discourse is also failing in that it has not problematise the effect sexual orientation has on the experience of health. And though the findings cannot be safely generalised to the rest of the gay population, they do begin to expose the heterosexist health policies and their continuing failure at meeting the needs of gay men.

ON REFLECTION?

The breadth and scope of the research title and questions required research of a scale that was not envisaged at the onset. Despite this, I would argue that the research has answered the main questions. The original premise was that there was more to health than HIV. The research demonstrates this to be the case and shows the complexities of gay men's health, and the host of factors that affect it. Originally, it was thought that class would play a significant role and though this is not rejected, class was not a theme to emerge from the data. This might be a product of a more individualised society in which class plays a less significant role; or it could be that being gay overshadows class distinction (or both). Yet in some respects, the research went beyond the research questions and demonstrated how the length of gay career and socio-cultural climate in which the gay identity developed can also affect the experience of health and well-being. However, further analysis of the data might shed more light on the impact of class within a gay context.

The generational perspective offered a great deal in showing how the changes in attitude and law affect the experience of being gay. However, there seems to be a case for further developing this idea, especially around the onset of the AIDS virus. It is likely that the experience of HIV and AIDS for the Legal-21-Generation would depend on the length of their gay career. Some gay men will have been out and sexually active prior to AIDS, just as some were in the Criminal-Generation. The sampling strategies adopted by the current research focus on those marginal to the gay community and in the process, may have missed those in the Legal-21-Generation who were more involved in the AIDS crisis in the early to mid 1980s. The current research findings do not reflect the high level of participatory activities that many in this cohort were involved in the fight against AIDS. Perhaps further research could focus on this age cohort and explore the more subtle structures relating to how the length of gay career intersects with generation. It might be that there are the Legal-21-Generation A and B groups to reflect these differences. Maybe the Legal-21-Generation would benefit from a pre and post 1983/4 marker to reflect the changing climate that AIDS created.

Omitted from this research is the experience of black and ethnic minority gay men. Despite various attempts to recruit such participants, all failed at the recruitment stage. There

might be many reasons for their absence. Black and ethnic minority groups are much less visible on the 'gay scene' in Manchester than they are in London and Birmingham and so are more difficult to access. In the early stages of the research, several 'non-white' people were involved in the research. However, their input never reached the interview stage of the research or could not be used due to the generational structure the analysis took[18]. I had a similar problem recruiting younger gay men of any racial or ethnic background. It was very difficult to access youth groups as often, due to safety needs, they were closed groups. They would also need to be over 16 years old for them to consent to the research and this excluded some from participating. On many occasions, relationships where built up with younger gay men on the Internet. My research intent was always made clear from the onset. However, when it came to being interviewed, many decided not to take part in the research. While this may back up the current research findings suggesting the individualisation processes have eroded the sense of community for many in the younger generation, there are alternative explanations. Not taking part at the interview stage might relate to their lack of safe spaces where they could be interviewed. The inability to actually recruit younger participants via the Internet might illustrate the general public anxiety about young people's safety and the Internet (Livingstone 2003).

The bottom line however, is while white older gay men were easily accessed, input from those under 21 years; black and ethnic minorities; and those who did not identity with the gay label at least on some level, was sparse. How people position themselves with a particular sexuality no longer needs to fall at either end of the gay straight continuum. The increased popularity of the Internet has lead to more interaction without the need for face-to-face interaction in gay safe spaces or the need to adopt the gay label or lifestyle. Cobbling together a biography need not be a full time obsession but may relate to the ability to dip in and out of such networks and identities at will. Future research will need to take these issues on board and seek strategies to recruit more broadly to include the voices and experiences of those not normally recognised as falling within the gay construct but whose health may need problematising from within this perspective.

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[18] Two participants' data could not be used as they had emigrated to the UK as adults so did not fit with the generational structure that emerged in the results.

There are still many unknown unknowns out there to be discovered relating to the gay experience. The processes of individualisation will continue to change societies structures of which the gay identity and experience will not escape. Who could have predicted that an outcome of individualisation would be more and more gay men coming out who had previously been in heterosexual relationships? Who could have predicted that the changing social and legal climates would allow the gay career to start while still living with the family of origin? This was certainly not my experience or what happened to many participants in the older generations. And who would have predicted that the changes to our social embeddedness would lead to a 'perceived' *decline* of the gay community? Hopefully, the processes of individualisation will continue to be manifestly egalitarian and positive but there are no guarantees. Gay men and the gay identity are trapped in between religious fundamentalism of whatever denomination, and the hatred of the far right such as the BNP. And just as the climate change has been in a positive direction, the freedoms won could so easily be lost if in the future, attitudes towards gay men took a different political direction. Here in the UK, there is no written constitution to offer individual freedom from discrimination and state sanctioned harassment if that was the direction society and the state wanted to takes us. Maybe it is my untrusting disposition but society's inequalities have not gone away. We all would be wise to reflect on this.

Appendix 1 - Internet survey

Introduction to the survey
My name is John Goldring and I am a gay man conducting research at the University of Salford. The main focus of this research is the gay community and health. Here I am looking at whether such things as having a sense of belonging, trust and helpfulness between members of the gay community are beneficial to our health. The current interest in this is partly due to these issues being linked to good and bad health. It is believed that one way to keep people healthy is through developing supportive communities where people trust one another, help each other out, and where people are concerned about the whole community - rather than just about themselves and their own immediate family and friends. Belonging to, or living in such a community is thought to improve health in two ways. Firstly, if you live in such a community you have friends and family around you who can help you if you get sick or have an accident. Secondly, living in such a community can also shield you from the stresses and strains of daily life – which can be very bad for our health in the long term. There has been a great deal of research here in Britain and the USA on this subject, but none that involves the gay community. I am interested in whether gay men's friendships and relationships are beneficial to their health. Or is this just a straight concept for straight people?

The survey - Health and the gay community
The survey is quite detailed, I would appreciate you answering every question. If, however, you do not wish to answer any question the form can still be submitted and it will not be returned to you for completion of empty fields.

Section 1 - General information about you
What is the name of where you live? (e.g. Manchester)
How old are you?

What is your current employment status?
Full-time/Part-time/Self-employed/Unemployed/Student/
Registered/disabled/Retired/Other: please define?

What is your highest qualification?
Do you regularly go to a gym or do any form of physical exercise?
Yes/No
If yes, how often? (Number of times per week)

Would you say you had a good diet?
Yes/No
Briefly describe what you mean by good or bad diet?

Do you smoke?
Yes/No
If yes, how many do you smoke in a average day?

Do you drink?
Never/Sometimes/Often
If yes, how many units of alcohol do you drink in an average week with a single measure in a pub being one unit and a pint being 2 units?

Do you take recreational drugs?
Never/Sometimes/Often
If yes, describe under what circumstance and how often?

Section 2 - Sexuality

How would you describe your sexuality?
Gay/Bisexual/Other: please define?

At what age were you first aware of your sexuality or attraction to the same sex?

Would you say that you were comfortable with your sexuality?
Very uncomfortable /Uncomfortable/Neither/Comfortable/Very comfortable

Do you have a problem referring to yourself as gay?
Yes/No

If yes, how do you refer to your self?

If you are out as gay, at what age did you first come out to yourself?

If you are out as gay, at what age did you first come out to others?

How many of your family know of your sexuality?
None of them/Some of them/Most of them/All of them

How many of your close friends know of your sexuality?
None of them/Some of them/Most of them/All of them

How many of your bosses and supervisors know about your sexuality?
None of them/Some of them/Most of them/All of them

How many of your work colleagues know of your sexuality?
Some of them/Most of them/All of them None of them

If working, have you told your employers about your sexuality?
Yes/No
Why?

Do you make it a point to tell everyone you know about your sexuality?
Yes/No
Why?

Many gay men seem to have a specific identity such as Clone, Skinhead or Bear, etc. How would you describe yourself? (use as many words as you please)

Section 3 - Where you live

What is the first part of your postcode?

Would you describe where you live as:
Inner-city/Suburbs/Large town/Small town/Village/Other

Does where you live have any gay venues or facilities?
Yes/No

If yes, could you list them and describe what they are?

Do you use them?
Yes/No

Do you know of anyone else who lives near you who is gay or lesbian?
None/Only a few/Over 5/Over 10

Are you acquainted or good friends with any of them?
Yes/No

How many years have you lived in that general locality?

If you have not always lived there, what type of place did you move from?
Inner-city/Suburbs/Large town/Small town/Village/Other

Did it have any gay venues of facilities?
Yes/No

If yes, could you list them and describe what they were?

Did you use them?
Yes/No

Was there any other gay men or lesbians who lived where you used to live?
None/Only a few/Over 5/Over 10

Were you acquainted or good friends with any of them?
Yes/No

Section 5 - Relationships

Who do you live with?
Partner/Friend/Parents/Alone/Other

Are you currently in a:
Same sex relationship/Opposite sex relationship/Neither/Both

If yes, how long have you been in the relationship?

If no, have you every been in a long term relationship and how long did it last?

If you are in a relationship, how would you describe it, for example, monogamous/exclusive, completely open, open with rules, etc.

Other than your partner, who are you most in regular contact with, e.g. family members, close friends, work colleagues, etc.

Section 6 - General information:

Are you registered to vote?
Yes/No

Did you vote in the last general election?
Yes/No

Do you intend to vote in the next general election?
Yes/No

Did you vote in the last local elections?
Yes/No

Do you intend to vote in the next local election?
Yes/No

Are you or have you ever been involved in any voluptuary or charity work?
Yes/No

If yes, could you list what you did and the organisation you did it for? If not, could you tell me why not?

Do you visit any gay commercial venues, such as the gay village in Manchester or anywhere else?
Yes/No

If yes, could you list where you go and how often, if not please tell me why not?

Have you ever made use of any gay self-help group such as the Lesbian and Gay Foundation or Lesbian and Gay Switchboard?
Yes/No

If yes, could you list which ones and for what purpose?

Do you visit any sex venues such as cruising grounds or male sauna?
Yes/No

If yes, roughly how often would you say you went? If not, is there a reason why you have never been?

Section 7 – Health

How would you describe your current state of health?
Very good/Good/Good all things considered/Poor/Very poor

Are you registered with a doctor?
Yes/No

When did you last visit a doctor and why?

Are you currently taking any medication?
Yes/No
If yes, what is it and what is it for?

Have you ever visited someone who practices alternative medicine?
Yes/No
If yes, what for?

Do you currently have any long-standing illnesses such as diabetes, high blood pressure or depression?
Yes/No
If yes, what is it?

Section 8 - Socialising

At work/college, are your colleagues?

Mainly gay/A mix of gay and straight/Mainly straight

Who do you normally socialize with?
Mainly gay/A mix of gay and straight/Mainly straight

As a percentage, how gay would you estimate you were? (i.e. 100%)

Have you ever experienced any form of discrimination because of your sexuality?
Yes/No
If yes, please described what happened.

Section 9 - Views and opinions

In your opinion, do you think that the heterosexual lifestyle is:
Superior to a gay lifestyle/Equivalent to a gay lifestyle/Inferior to a gay lifestyle.

Would you say that you support and approve of exclusively gay areas such as the 'Gay Village' in Manchester?
Strongly Disagree/Disagree/Partially Agree/Disagree/Agree/Strongly Agree

Would you say that you feel more at ease and secure when you are in a gay area such as the 'Gay Village' in Manchester?
Strongly Disagree/Disagree/Partially Agree/Disagree/Agree/Strongly

Speaking hypothetically, if a pill existed that could make you completely heterosexual, would you take it?
Yes/No

Section 10 – Employment
The following questions refer to your current main job, or (if you are not working now) to your last main job. Please tick one box only per question.

Question 1 - Employee or self-employed

Do (did) you work as an employee or are (were) you self?
Employee
Self-employed with employees
Self-employed/freelance without employees (go to question 4)

Question 2 - Number of employees (Employees)

For employees: Indicate below how many people work (worked) for your employer at the place where you work (worked).

For self-employed: Indicate below how many people you employ (employed). Go to question 4 when you have completed this question.
1 to 24
24 or more

Question 3 - Supervisory Status

Do (did) you supervise any other employees?
Yes/No

A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis

Question 4 - Occupation

Please check one box to show which best describes the sort of work you do. (If you are not working now, please check a box to show what you did in your last job)

Modern professional occupations
Such as: teacher - nurse - physiotherapist - social worker - welfare officer artist - musician - police officer (sergeant or above) software designer

Clerical and intermediate occupations
Such as: personal assistant - clerical worker - office clerk - call centre agent - nursing auxiliary - nursery nurse

Senior managers or administrators
(usually responsible for planning, organising and co-ordinating work and for finance)
Such as: finance manager - chief executive,

Technical and craft occupations
Such as: motor mechanic - fitter - inspector - plumber - printer - tool maker - electrician - gardener - train driver

Semi-routine manual and service occupations
Such as: postal worker - machine operative - security guard - caretaker - farm worker - catering assistant - receptionist - sales assistant

Routine manual and service occupations
Such as: HGV driver - van driver - cleaner - porter - packer - sewing machinist - messenger - labourer - waiter/waitress - bar staff

Middle or junior managers
Such as: office manager - retain manager - bank manager - restaurant manager - warehouse manager - publican

Traditional professional occupations
such as: accountant - solicitor - medical practitioner - scientist - civil/mechanical engineer

Contact details - If you would like to take part in the next part of the research which involves me talking to you, please provide your e-mail address so I can get back in contact with you. Or if you have a gaydar, gay.com or other internet profile, what is your name?

Many thanks for your time

Appendix 2 - Research gaydar profile

The profile is in two sections. The first encourages people to write about themselves. The second, what they are looking for. Below is the profile that was on gaydar while accessing and recruiting participants.

About me:

The name's John and I live and work in Manchester. I'm a gay researcher doing research with gay men and the gay community (primarily those in and around the Greater Manchester area). This research is about how gay men are living their lives in the 21st century: so its not just about sex, AIDS and fucking – its more about our everyday activities (which can involved sex AIDS and fucking, but lets not forget about shopping, socialising and loving: arr, now there's a tricky concept!!!).

I'm going to be looking for gay men to take part in the research so get in touch if you want to learn more: jegoldring@btopenworld.com

I also have a personal life so if you fancy chatting to me (not the research thing) then I don't bite so message me. I am quite an easygoing gay bloke. I enjoy chatting about any gay issues and of course about cock and sexsploits. I'm not after a boyf (got one) but do like to get around occasionally so if its that you're up for, message me, I'll always get back to you (not necessary with a no holds barred invitation). I can use this at work but can't always message you straight back.

What I'm looking for:

The research I'm doing is exploring issues surrounding being gay: so that's gay men's experiences of the gay community, gay men's experiences of the straight community, gay relationships, gay men's health issues, masculinity and hypermasculinity type issues, heterosexism and homophobia, etc. So basically, what it's like being gay. I'll be doing this from a non-judgemental position (whatever) and wont be sensationalising our lifestyle (leave that to channel 4 eh) or stigmatising us further. So if you have an opinion or a story to tell or just want to be involve in some social science research, contact me.

On a personal level, I am always up for a chat so go on, talk to me!!! Re: sex - ask

Appendix 3 - Participants' biographical data

There were 36 people interviewed for the present research. The generational structure of the research meant that some participants were not included in the final analysis. For example, one participant was from Continental Europe and so did not fit the eventual profile needed for the research. There were also three participants who were family members of gay people. Even though these participants did not form part of the analysis, they still contributed to the overall shape of the research by adding a fuller understanding of the issues at hand. There were 24 'publics' or those who identified as gay used in the analysis. Their biographies are listed below in order of interview. Also listed are two heterosexual females interviewed because of their relationship with a participant. Finally, six participants were key stakeholders in what is considered the 'gay community'.

Publics used in analyses

The data collection process took place over several months resulting in the age of the participants potentially changing. Therefore, when given below, it is the age they were at first contact. There were three different techniques of obtaining data:

Face-to-face individual or couple/friend interview;

Telephone interview;

Email/internet interview.

The source of the data will be highlighted. All the participants used in the data analysis were white and from the UK. Below is the list of participants along with a short biography to illustrate why they were purposively sampled for the study.

Publics

Jack (Criminal Generation) was a 72 years Londoner so was part of the Criminal Generation. He contacted me via gaydar and began telling me of experiences as a youth. The rationale for including him in the sample many fold. Firstly, he was imprisoned in the 1950s for being 'homosexual'. While doing his national service, he was also discharged from the armed forces for the same reason. He has never been part of a long-term intimate relationship with another man though has many good friends. He identified as working class and lived on his own in council rented accommodation a few miles from Manchester city centre. (Individual face-to-face and internet interviews)

Joseph (Legal 21 Generation) was a 47 years old originally from Scotland. I contacted him via Gaydar because of the very negative things he had written about his experiences of the gay community. He was the only participant to have the HIV virus. He was single and had little contact with others. Having HIV has meant that Joseph has had to retire due to ill health. He currently lives in council rented accommodation about 10 miles from Manchester city centre. (Individual face-to-face interviews)

Martin (Legal 21 Generation) was 42 year old and had grown up in the north west of England. Martin contacted me as he felt his unique living arrangements would be interesting for the study. He currently lives with Jean, in what appears to be a heterosexual relationship though feels quite isolated and 'trapped' due to the lack of gay male contact. Jean and he own their home which is located about 20 miles away from Manchester. Martin has been on long term sick leave but when working, worked in the medical profession (Individual face-to-face and internet interviews)

Bill (Legal 21 Generation) was 43 years old and before moving to Manchester, grew up in a small town in Yorkshire. I contacted Bill on gaydar as one of the things he had written was

'newly moved to Manchester'. He has recently started living with Joe (see below) in privately rented accommodation around 4 miles from Manchester city centre. Previous to this, he lived with his mother in a Yorkshire town. (Couple face-to-face interview with Joe)

Joe (Legal 21 Generation) was 41 years old and has lived in Greater Manchester all his life. He lives with Bill (above) so was contacted via Bill. He works as a driver. (Couple Face-to-face interview with Bill)

Kenneth (Criminal Generation) was 55 year old and though originally from the North West, had spent much of his adult life living in the south of England only moving back to be near to his aging parents. I met Kenneth at a gay social groups. He has not been in a long-term relationship with another but is still 'hopeful'. He owns his home which is about 15 miles from Manchester. He is currently a semi-retired academic (Individual face-to-face and internet interviews)

Thomas (Criminal Generation) is a 72 year old who originally grew up in Derbyshire. I contacted Thomas through gaydar as he seemed to be very different to Jack who was a similar age. He moved to Greater Manchester in the early 70s when he and his then partner bought their home. His partner, Fearghus, died in the mid 80s and he has not been part of a couple since. He still lives in that home which is around 10 miles from Manchester. He has a lodger and describes their relationship as 'close' (though not sexual). (Individual face-to-face interviews)

Chris (Legal 21 Generation) was 34 years old and originally grew up in a North West seaside town. Chris contacted me via Outintheuk as he thought his experiences of bullying at school would be interesting to the study. He currently lives with his partner in council rented accommodation around 5 miles from Manchester. He has two close friendships, Lisa, who is lesbian, and Gary a gay male who he has known from school. (Individual face-to-face interview)

Daniel (Legal 18 Generation) was 30 years old and originally moved to Manchester from the East of England. Daniel was recruited from a gay social group we were attending. He is university educated and lives with is partner He is a local government officer and lives in rented accommodation close to Manchester's city centre. (Individual face-to-face and telephone interviews)

Charles (Criminal Generation) was a 56-year-old ex-married man with one grown up daughter. Charles was recruited from a gay social group. He is currently single but has been in two other long-term relationships with gay men. He is now retired but had been a successful busyness man. He owns his own home in an exclusive location around 25 miles from Manchester. (Individual face-to-face, and telephone interviews)

Jason (Legal 18 Generation) was 25 years old, originally from Merseyside. Jason was recruited from a gay social group. He was 'outed' at school so has been out as gay from his mid teens. He is not currently in a long-term relationship and through only recently moving to Manchester, is trying to build up a network of friends. He works and currently lives in a small working class district of Manchester where he rents a room. (Individual face-to-face interview)

George (Criminal Generation) was the oldest participant at 73 years. George was recruited via a third party introduction. Originally from London, he settled in Manchester after meeting his current partner, Dicky. He retired in his early 50s to care from his second male partner who then died. He met and lived with his first partner back in the 1950s. He has many friends from all over the world but does not give an account of any local significant

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person other than Dicky. They own their home which is located around 8 miles from Manchester (Individual face-to-face and internet interviews)

William (Criminal Generation) was 67 years old and currently lived in a large town close to Manchester. He was recruited from gaydar. He had worked away on the continent for most of his live but moved back in the 1980s. He has had one significant relationship through that ended in the 1980s with the death of his partner. He has been single ever since. (Individual face-to-face interview)

Ronald (Criminal Generation) was a 57 year old, ex-married man with two grown up children. He contacted me via Outintheuk as he thought his experiences of coming out late in his life might be of use to the study. He originally came from a small village in the midlands but moved to Manchester to be closer to the Gay Village. He was medically retired some years ago and has suffered with depression for much of his adult live. He currently lives in rented accommodation in a town around 10 miles from Manchester. (Individual face-to-face and internet interviews)

James (Legal 18 Generation) was a 24 year old university educated man originally from Scotland. James was recruited via a third party introduction. He moved to Manchester to attend university and decided to stay. He works in the civil service. He has recently ended a long-term relationship and experienced a HIV scare upon discovering his partner had not been monogamous. He lives around 5 miles from Manchester City Centre. (Individual face-to-face interview)

Carl (Legal 21 Generation) was a 32 year old ex-married man with three small children. Carl contacted me via gaydar as he thought his story would be of interest to the research. He still shares responsibility for his children with his ex-wife, Fran. He now has a male partner, Mark, who is also an ex-married man. The area where he grew up in was a white working class area of Lancashire around 20 miles from Manchester. He lives in rented accommodation in the same town where he grew up in and is one of the only participants not to have moved away from their community of origin. He is currently unemployed. (Individual face-to-face, telephone and internet interviews)

Nick (Legal 21 Generation) was a 41 year old who originates from Scotland. Nick was recruited from a gay social group. He is currently in a relationship of 12 years with Danny (see below). They own their own home in an exclusive area of Manchester. He is university educated and is a senior manager. (Couple face-to-face interview with Danny, individual internet interview)

Danny (Legal 21 Generation) was a 38 year old who originates from a seaside town on south cost town of England. He was recruited via Nick, his long-term partner (see above). He too is university educated. (Couple face-to-face interview with Nick)

Josh (Legal 16 Generation) was 18 and still lived with his family in a large town close to Manchester. Josh was contacted and recruited via gaydar. His family of origin knew of his sexual orientation and were supportive of him. He had a boyfriend and several other gay and straight friends. One of his closest friends was Justin (see below). He was at college and preparing to go to university in Manchester. (Interviewed face-to-face with friend Justin, internet interview also)

Justin (Legal 16 Generation) was 17 and still lived with his parents though he was not out to them as gay. He was recruited via Josh. He leaves collage soon but does not intend to go to university as most of his other friends are, as he wanted to start to earn some money. (Interviewed face-to-face with Josh).

Ryan (Legal 18 Generation) was 22 years old and originally came from the Wirral. Ryan was recruited via a third party introduction. He lived with is partner Garry in rented accommodation around 5 miles from Manchester. He also provided an account of a friendship he had with a heterosexual female, Natasha (see below). He currently does not work though does not describe himself as unemployed. (Individual telephone interview)

Natasha was recruited for the research because she is the closest friend of Ryan. She is a heterosexual female with two children. (Individual telephone interview).

Richard (Legal 21 Generation) was 34 trainee teacher. He contacted me through gaydar. Richard currently lives with his best friend, Christine who is a heterosexual female (see below). He does not currently have a male partner (Individual face-to-face and email interviews)

Christine is described as Richard's closest friend and was recruited through him (see above). She is a heterosexual single female (Individual telephone interview)

Jacob (Legal 16 Generation) was 21 years old and comes from a working class area of Greater Manchester where he still lives with his parents. He was recruited through a gay social group. He is in a long-term relationship with another young man who lives in the USA. He currently works in IT. (Individual telephone and internet interview)

David (Legal 18 Generation) was 23 and before moving to Salford had grown up in a white working class town some 25 miles away from Manchester. He was recruited via gaydar and contacted me as we shared an interest in music. David lived with his friend whom at one stage were extremely close, though this had started to wane. He did not have a boyfriend but was involved with a couple at an intimate sexual level. He dropping out of university and now works in an unskilled position.

Publics not used:

27-year-old gay male: non-UK resident on student visa

39-year-old gay male: Continental European working in the UK

Retired mother of gay son who came out in the mid 1980s

Mother and sister of gay 16 year old who had recently come out

Stakeholders:

LGF

Gay Married Men's Group

Gay Couple Counselling

Manchester Lesbian and Gay Chorus

Northern Wave Swimmers Club

Manchester Parents Group

Appendix 4 - Semi-structured interview questions

In the event, this interview schedule was seldom used but rather, acted as a prompt to relevant issues.

Do you think it is possible to have a healthy lifestyle and is so, what would it be?
Can you give me a history of your health experience that is your physical health and mental health?
How is it you have kept so healthy?
How would you rate your health?
What do you think a healthy lifestyle is?

Tell me about a time when you have experienced ill health?

A. Looking for:
What the condition was
When
Interpretation of symptoms
The lead up to diagnosis
Who did they turn to for assurance and advice
If they sought medical assistance, what was their experience of the medical profession?
If they did not go, why not.
Did they contemplate going to an alternative therapist. If so, why, if not, why not.

B. How did this illness impact on your:
Social life?
Family life?
Work life?

Could you describe what is your most serious health concern facing you at present?
Healthy lifestyle practices:
Diet,
Exercise,
Gym,
Smoking,
Drinking,
Stress reduction,
Safer-sex,
Health check (professional)
Health check (self) - Do you?

Have you ever been for a health check up at the doctors?
If yes, what was your concern
How long did it take to actually get round to making the appointment and going?
What did it involved (describe the experience, was it positive or negative)?
How did you know about the need to go?
Was there anyone else instrumental in encouraging you to go (e.g. partner, friend or family member).
Have you ever had the clap or any other sexually transmitted infection? (This might lead to HIV status discloser?)

What was it?

How did you interpret the symptoms?

How long did it take to go to the GUM clinic?

Was going to the clinic a positive or negative experience?

Did you seek advice from anyone/where else?

If yes, who?

Do you ever perform any self-examination, such as that for testicular cancer?

How often?

How did you find out about doing this?

Has any family member or friend discussed this with you or given you advice?

Have you discussed this with any family member or friend and given them advice?

Do you think it is possible to have a healthy attitude?

Why do you think the gay community is so healthy/unhealthy. Here I need to get participants to talk about the group's health rather than their own health.

Life events

With the data acquired from this style of question, it might be worth comparing a situation that arose before and after they came out as gay men. Here I would be able to explore the different coping strategies used and importantly, who they turned to (if anyone) to help them get through a traumatic time.

Thinking back to before you came out, can you tell me about a stressful situation? (This could be illness, divorce, death and grieving, loss of job, etc.)

Probe on coping strategies, who was it that they person turned to, were they useful, why they turned to them for assistance, are they still in contact with them, if so how often, why they didn't turn to other people in their life?

Thinking about a time after you came out, can you tell me about a stressful situation?

Can you tell me about three incidences that have completely changed your life or your outlook on life (probe on how it made them feel, who was effected and how it effected family, social and work life

Relationships:

Love interest:

Demographics –

Where met

How long been together

Length before moving in with each other (could also be talking about previous relationships if not currently in one or if they have interesting things to say about earlier relationships.

Style of relationship - how would you describe your relationship, open, monogamous, etc.

Can you tell me about your most current love relationship?

Turn taking and domestic responsibility: how do you share/divide the household chores with your partner?

Who takes responsibility for what?

Cooking, cleaning, etc.

Finance (how do you divide up the bills)

Do you have a will?

Family accounts, bills (shared, monthly weekly, divided), mortgage, etc. who deals with what (sorts out payments, joint account, own money)

Friendship relationships - Demographics – do a messy picture: For each person identified:
Where did you meet? Where live (local)?
How long known?
What you do together and talk about?
What sort of friends are you to other people?
How is this relationship maintained?
Probe on:
Trust
Reciprocity
Obligation
Humour
Confidences
Shared understanding
Meaning of friendship: so with all this in mind, can you tell me what you mean by friendships?

Gay friends:
What do you talk about?
What would you not talk about with your gay friends?
What activities do you do together?

Straight friendships:
What do you talk about?
What would you not talk about with your gay friends?
What activities do you do together

Family relationships
Demographics (who, age, where live)
How would you describe your family? (Close, estranged, intimate, supportive)
Who is in your family (might not just be related = chosen family)
Messy picture of those listed highlighting:
Frequency of contact (physical or by phone?)
Tell me something about each member of your family?
If partnered, how do they get on with family of origin?
What about at times such as Christmas (who to go to, buying presents).
What do you talk about?
What would you not talk about with your gay friends?
What activities do you do together

Work friends and colleagues:
What do you talk about?
What would you not talk about with your gay friends?
What activities do you do together outside work?
When life is at its absolute toughest, who would you turn to in times of need.? (What is the problem and why that person)

Other than your partner, when times are really tough and you need someone to talk to, who would you turn to and why?

If you had any health concerns about yourself, who would you turn to for advice?

Has there been a time when you have been concerned for a family members or close friends health? If so, who did you turn to for help?

Community and identity

Gay identity
Do you think that there is a typical gay man? If so, what is he?
Do you think there is a typical gay lifestyle? If so, what is it?
In what way are they different or the same as you?
What does community mean to you?
What does the gay community mean to you?
Do you feel apart of any communities, either gay or straight? (work, groups, family, location, other identity groups (ethnicity age)
Gay identity (skins, clones, leather type communities)
What are your views on the gay community?
Do you think the gay community has a location, if so, where?
What's the best and worse thing about the gay community?
What does the gay community provide you with, e.g., safe space, meeting place (new and old), sex venues or environment, health advice (HIV and other)
How do you get on with other gay men?

Groups: Are you a member of any gay groups (gay outdoor group, line dancers, LGF – probe on the Internet also)
Ask about the group, e.g., membership, participation, legitimacy issues, size.
If not, why not
Do you go to any pride marches, equal age of consent or clause 28 marches:
If so - why, if not - why not?
What type of gay man does get involved with these types of issues?
Do you go to the gay village?
What reason for going or for not going?
Do you every go to a sex venue such as a cruising ground or gay sauna? If so, why, if not why not
Do you feel you are a part of this gay community?
What sort of people do you think belong to the gay community?
Do **you** have a sense of belonging to the gay community? If so, what gives you that sense of belonging?
Feelings of empowerment: how much influence do you consider you have regarding the way the gay community is organised and operates
Health: (can they think of any) other than HIV/AIDS, what do you think is the biggest health threat facing the gay community? Is this a problem for you?

Gay history: do you follow the ups and downs of the gay identity/community. Such knowing about Oscar Wilde, Quentin Crisp or Alexander the Great, George Michael, Will Young?

Masculinity

In terms of **gay identity**, how would you describe yourself?

If got a gay identity, how did this come about

Where other people involved in that friends share the same identity or did the identity get the friends

If no identity, why not. Might be issues of individuality and not conforming to the 'gay' norm/fashion. Could be excluded?

Do you think that gay men are real men?

Why do you think so many gay men wear overly macho cloths?

What do you think are your most masculine characteristics?

How did they come about?

Appendix 5

Organisational interviews
Group Name……………………………………………………………………………
Name of volunteer……………………………………………………………………
Role of volunteer……………………………………………………………………
Contact details of volunteer
Phone Numbers:
Email address:
Date
Basic demographics of the group
Basic organisational structure, who does what, who leads, who assists
How did the group/organisation you are involved with start?
When was it set up?
What were the constraints/opportunities? *(Problems- funding, premises, getting people to come, volunteers, etc)*
Has any one received any training to do the jobs they do: treasurer, chair, etc.
Where and when do you meet?
What is its capacity or limits to members attending?
What are the groups aims?
Are these formalised within a constitution? If so, what processes lead up to this, if not, why not?
How is the group organised and managed?
Who is involved - community/professional?
Whom does the group represent? *(Who comes, who is targeted/excluded)*
Are there any membership rules?
Who/how many *(do people come very week, now and again, once in a while?)*
Does this group have any contacts with other groups and organisations?
In what ways is it visible in the community?
How do people get to hear about it?
In what ways is it accessible to other gay people?
Are all gay people targeted?
What problems /issues relating to health /stress/welfare does your organisation perceive in the gay community?
Can the group be used to support the health and wellbeing of its members?
How do you evaluate its success as an organisation?
In what areas does the group do well and where could improvements be made?
In what ways would you improve the group if you could (wish list)?
Premises/environment/management/facilities, etc.
What do you think is the future of your organisation?
Why did you get involved?
Do you feel it is your civic responsibility to be involved?
Thinking about the future, what do you see your role will be? *(Lumbered for life or liberated by the work?)*
On a personal level, what do you get out of being involved with this group?
Do you experience internal conflict? If so, how is it resolved, if not, why do you think that is?

Appendix 6 – Information sheet

Health & The Gay Community

Introduction: The focus of this research is the gay community and health but I will be asking questions about all aspects of your life. What I am looking at is whether such things as having a sense of belonging, trust, and helpfulness between members of the gay community is beneficial to our health. The current interest in this is partly due to these issues being linked to good and bad health. It is believed by some researchers and policy makers that one way to keep people healthy is through developing supportive communities where people trust one another, help each other out, and where people are concerned about the whole community - rather than just about themselves and their own immediate family and friends. Belonging to, or living in such a community is thought to improve health in two ways. Firstly, if you live in such a community you have friends and family around you who can help you if you get sick or have an accident. Secondly, living in supportive community can also shield you from the stresses and strains of daily life – which can be very bad for our health in the long term. There has been a great deal of research here in Britain and the USA on this subject, but none that involves the gay community. I am interested in whether gay men's friendships and relationships are beneficial to our health. Or is this just a straight concept for straight people?

What will I have to do if I take part? You will be interviewed several times over the next few months and asked a series of questions. This will be done either face-to-face, over the telephone or via the Internet if you have access. You will be asked about your experiences, views, and opinions of what it means to be a gay man. As a gay man myself, I have some insight into these matters, but it is your lived experiences that are important. If you do decide to take part, there are no foreseeable risks to your health and wellbeing.

Do I have to take part? NO. Taking part in this research is on a voluntary basis and there is no compulsion to get involved whatsoever. Even if you do decide to take part now, but change your mind, you can withdraw from the research at any time and you don't have to give me any reason. You can also instruct me to destroy all or part of the information I collect from you at any time throughout the research. Some of the information you tell me may be published in my thesis and in academic journals but I can assure you that nothing will be published that will make it possible to identify you. Whilst the research is in progress, your information will be stored securely in a locked cabinet and once complete, the recordings will be destroyed and the transcripts ammonised.

So I would like to invite you to take part in the research. If you want to be involved, I need you to sign two consent forms, which I will also sign, to show that I am following current ethical guidelines.

Appendix 7 – Consent form

Health & The Gay Community

Your Name…………………………………………………………………………………
Postcode……………………………………………
Email Address…………………………………………………………………………
Your Confidential No__ __ *(all other records will only show this number).*

Contact Details of Supervisor: Dr. Paul Bellaby 0161 295 2800

Consent Form

I confirm that I have read and understand the information sheet telling me the purpose of the research – *Health & the Gay Community.*

I have been made aware that I should not experience any discomfort.

I understand that my agreement to participate in the study is voluntary and that I am free to withdraw from the study at any time, without giving any reason.

I understand that I can withdraw *all* or *part* of information I give **at anytime** prior to publication without any reason.

I understand that if my interview is transcribed, I will be offered a copy to keep.

If interviewed via email, I understand that I will be sent a full copy of what I have said/written over the course of the research.

I understand that I will not be identified from the information I give when published in my research thesis and academic journals.

I confirm that I have received no financial reward for my participation in this study.

Participant's Signature………………………………………………………………………………

Researcher's Signature………………………………………………………………………………

Date…………./……………/…………..

Appendix 8 - Information sheet to group leader and group members to formulise the research relationship

Group leaders

Health & The Gay Community

My name is John Goldring and I am a gay researcher working at the University of Salford. I am asking your permission as group leader of [group name] if I can become a member of this group as part of my research. I am hoping that you and the other members will allow me to get involved with your group for a while to see the types of things you do and the interactions you have from week to week. I will of course be seeking their permission too. I will not be recording the events that take place, other than writing notes after the group has finished. These notes will not include real names so those involved will have their anonymity and privacy protected, as will the groups identity.

The focus of the research is the gay community and health and I am looking at whether such things as having a sense of belonging, trust, and helpfulness between members of the gay community is beneficial to our health. The current interest is partly due to these issues being linked to good and bad health. It is believed by some researchers and policy makers that one way to keep people healthy is through developing supportive communities where people trust one another, help each other out, and where people are concerned about the whole community - rather than just about themselves and their own immediate family and friends. Belonging to, or living in such a community is thought to improve health in a number of ways. Firstly, if you live in such a community you have friends and family around you who can help you if you get sick or have an accident. Secondly, living in supportive community can also shield you from the stresses and strains of daily life – which can be very bad for our health in the long term. There has been a great deal of research here in Britain and the USA on this subject, but none that involves the gay community. I am interested in whether gay men's friendships and relationships are beneficial to our health. Or is this just a straight concept for straight people?

Taking part in the research requires you to do nothing special. All I would like to do is take part in your group and watch how you all get on with each other. I might ask questions to help me understand why certain thing occur or to seek clarification on some issues, but on the whole, I just want to observe the group from within. If you do decide to take part, there are no foreseeable risks to any member

Taking part in this research is on a voluntary basis and there is no compulsion to get involved whatsoever. Even if you or any individual group member decide to take part now, but change your mind, you can either ask me to stop or leave at any time without giving a reason. You can also instruct me to destroy all or part of the information I collect that includes you at any time throughout the research and up to publication. Some of the things I am told and I see may be published in my thesis and in academic journals but I can assure you that nothing will be published that will make it possible to identify you or this group. To safeguard the information I collect during my time with the group, it will be stored securely in a locked cabinet and once complete will be destroyed. So I would like to ask your consent for me to

take part fully in this group. So I would like to invite you to take part in the research. If everything is satisfactory, I would like us both to sign two consent forms, to show that you have been informed about the research and to show that I am following current ethical guidelines.

Information sheet to group members

Health & The Gay Community
My name is John Goldring and I am a gay researcher working at the University of Salford. I have asked permission from [group leader] if I can become a member of this group as part of my research. As it is also your group, I feel it right to also ask your permission. I am hoping that you will allow me to get involved with your group for a while to see the types of things you do and the interactions you have from week to week. I will not be recording the events that take place, other than writing notes after the group has finished. These notes will not include real names so those involved will have their anonymity and privacy protected.

The focus of the research is the gay community and health and I am looking at whether such things as having a sense of belonging, trust, and helpfulness between members of the gay community is beneficial to our health. The current interest is partly due to these issues being linked to good and bad health. It is believed by some researchers and policy makers that one way to keep people healthy is through developing supportive communities where people trust one another, help each other out, and where people are concerned about the whole community - rather than just about themselves and their own immediate family and friends. Belonging to, or living in such a community is thought to improve health in a number of ways. Firstly, if you live in such a community you have friends and family around you who can help you if you get sick or have an accident. Secondly, living in supportive community can also shield you from the stresses and strains of daily life – which can be very bad for our health in the long term. There has been a great deal of research here in Britain and the USA on this subject, but none that involves the gay community. I am interested in whether gay men's friendships and relationships are beneficial to our health. Or is this just a straight concept for straight people?

Taking part in the research requires you to do nothing special. All I would like to do is take part in your group and watch how you all get on with each other. I might ask questions to help me understand why certain thing occur or to seek clarification on some issues, but on the whole, I just want to observe you all from within. If you do decide to take part, there are no foreseeable risks.

Taking part in this research is on a voluntary basis and there is no compulsion to get involved whatsoever. Even if you do decide to take part now, but change your mind, you can either ask me to stop or leave at any time and you don't have to give me any reason. You can also instruct me to destroy all or part of the information I collect that includes you at any time throughout the research and up to publication. Some of the things you do and tell me may be published in my thesis and in academic journals but I can assure you that nothing will be

published that will make it possible to identify you or this group. To safeguard the information I collect during my time with you, it will be stored securely in a locked cabinet and once complete will be destroyed. So I would like to seek your written consent for me to take part in your group activities. If you do not wish to give me your written consent, in favour of giving me oral consent, then this will be fine and I will make a list of those who give me their oral consent

Appendix 9 – Debriefing sheet

Health & The Gay Community

Many thanks for taking part in my research. Below are some help-line telephone numbers which I am giving to everyone who takes part in the research should they need them at some stage in the future. I have also included the contact detail of my supervisor and myself should you need to speak to us.

The confidential number I gave you at the beginning of the research can be found on this sheet. I have included it should you wish to withdraw any or all or the information you have given me. But just to restate what I said earlier, any information you have given me will be kept in the strictest of confidence and disguised if used in the research. Once again, thank you for taking part in this research.

Helpline contact numbers

❑ **Lesbian & Gay Foundation HELPLINE** - 0161 235 8000

Helpline operates between 6pm and 10pm on a daily basis. Their trained volunteer operators provide a free and confidential helpline service to any member of the community who needs help.

❑ **Lesbian & Gay Switchboard** – 020 7837 7324

London's Lesbian and Gay Switchboard offer confidential help and advice 24 hours a day.

❑ **The Lesbian & Gay Foundation**: 0161 235 8000 www.lgfoundation.org.uk

The LGF provides a unique range of support, information & advice services for the whole community. Several of these require referrals via the helpline. The services include:

✓ **Icebreakers -** a support group that offers a relaxed atmosphere for gay or bisexual men who are new to Manchester or who are just coming out.

✓ **Options** - a group aimed at men who have strong sexual feelings for other men, but are either coming out of marriage or are in long-term relationships with women.

✓ **Face 2 Face Counselling** – a free and fully confidential counselling service.

✓ **40 Plus Gay Men's Group -** A social/support group for gay or bisexual men over 40.

✓ **Relationship counselling -** This is a new project set up in collaboration with Relate. Working towards setting up a dedicated counselling service for LGBT couples.

❑ **CAFFMOS** - http://members.aol.com/Caffmos/

Caffmos offer a range of services for the over 60s. You need to join before accessing them but membership is free.

❑ **The Albert Kennedy Trust** - 0161 228 3308

AKT is an organisation that helps place gay teenagers with gay foster parents.

❑ **George House Trust** - 0161 274 4499

GHT offers a range of services to people with HIV.

❑ **Lesbian & Gay Youth Manchester** - 0161 274 4664

LGYM is a youth group for 14 - 25 year old lesbians, gays and bisexuals living in the City of Manchester.

❑ **Manchester Parents Group** – www.manpg.freeserve.co.uk/index.htm

MPG is a voluntary organisation which supports families and friends of lesbians, gays and bisexuals.

- ❑ **Prostate Cancer Charity -** http://www.prostate-cancer.org.uk/
- ❑ **NHS Direct – 0845 46 47**
- ❑ **Testicular Cancer** http://www.testicularcancer.co.uk/
- ❑ **The Samaritans – 08457 90 90 90**
- ❑ **Citizen Advice Bureau – 0161 834 9163**
- ❑ **Victim Support – 0845 30 30 900**
- ❑ **GUM**
  - ❑ **Jarman Clinic – 0161 291 4939**
  - ❑ **MRI – 0161 276 5200**
- ❑ **Body Positive – 0161 237 9717**
- ❑ **George House Trust – 0161 274 4499**
- ❑ **MHAF – (sexual health for black people) 0161 226 9145**
- ❑ **Age Concern 0800 027 57 87**

If there are any groups or contact details you wish me to find or include, please contact me

and I will do my best.

Appendix 10 - Risk reduction strategies.

Face your car in a position which allows a quick get away
Never visit alone if known history of violence
When inside the person's house, try and position oneself nearest to the exit
Never provoke a confrontation
When knocking on front door, never stand on top step when they answer
Leave times and places of where going and estimated time of getting back
Remember that your personal safety is more important than the job
Remember the 3 Vs of visiting: Vet - Verify – Vigilance
And **********IF IN DOUBT – GET OUT***************

Appendix 11 – Key events shaping the lives and experiences of gay men in Manchester and the UK

Below are some of the key social, political and legal events that might have helped shape the lives of different generations of men in the sample. The list can be viewed as highlighting several different points. The first is the political and legal reforms that have been on going since the 1967 reforms. There is also how the laws have been enforced and interpreted by the police and courts. Then there is the local and social changes seen in the rise of gay groups, clubs and bars here in Manchester. Shadowing the above are the campaign and support groups that have sprang up both locally and nationally. Some of the key events have a national feel to them, but many are unique to Manchester. For this purpose, the reader will be informed when the events are specific or occurred in Manchester.

- 1957 - The Wolfenden Report recommended that consensual homosexual behaviour between adults over 21 should be decriminalised, except in the armed forces.
- 1958 - Foundation of the Homosexual Law Reform Society (HLRS)
- 1960 - The Homosexual Law Reform Society held its first public meeting in London where over 1000 people attended.
- 1965 – Licensee of the Union, a bar in Manchester frequented by 'homosexuals' was imprisoned for one year for having 'outraged public decency' by 'exploiting abnormality' (Hindle 1994: 32).
- 1966 – Public meeting held in Manchester 'Society and its Homosexuals: Why the Law Must Change'
- **1967 – Sexual Offences Bill** - The new Act implemented the Wolfenden proposals and put the age of consent at 21 years old. It also introduced new privacy restrictions which meant that no act could take place while a third person was likely to be present. The way the authorities translated the notion of 'private' and 'public' was disproportionately punitive against gay men
- 1967 – Rouge (later to become the Queens Club) was the first openly gay club to be opened after the law reforms.
- 1970 - First gay demonstration in the UK took place in Highbury Fields in Islington.
- 1972 - Gay News, UK's first gay newspaper, founded.
- 1972 - First UK Pride carnival and march through London
- 1972 – Napoleon's 21 Club opened in what is now the Gay Village in Manchester
- 1974 – London Gay Switchboard launched (later to become the Lesbian and Gay Switchboard and offered 24 hour support helpline)
- 1975 – Manchester Lesbian and Gay Switchboard was established offering telephone support to lesbian and gay people
- 1976 – Under homophobic Chief Constable of Greater Manchester Police (GMP), James Anderton began his clampdown on many aspects of the gay lifestyle (Hindle 1994: 33)
- 1978 – GMP, under Chief Constable James Anderton, attempted but failed to bring a prosecution against Napoleons nightclub in Manchester for 'Licentious Dancing' where men could be seen dancing together by passers by
- 1979 - Gay Life, the first ever gay TV series was commissioned for British TV

- 1980 - Male homosexuality decriminalised in Scotland.
- Early 1980s saw the beginnings of the AIDS crisis which was very much associated with being gay causing a considerable 'moral panic' and a media and public backlash against gay men who were perceived as 'AIDS carriers'.
- 1981 – 3rd July, New York Times carries first AIDS story reporting 'Rare Cancer Seen in 41 Homosexuals'
- 1982 - Terry Higgins dies age 37 year old. He is thought to be one of the first people in Britain to die with AIDS.
- 1982, Terrence Higgins Trust became the first charity in the UK set up in response to the HIV epidemic.
- 1982 - Male homosexuality decriminalised in Northern Ireland with the passing of law reform in the House of Commons.
- 1984 – GMP, under James Anderton, raid and close Napoleon's club in Manchester, but only for the evening as it reopened the day after.
- 1984 - Gay Times began publication.
- 1984 – Manchester City Council set up the Police Monitoring Unit
- 1985 – Six volunteers set up Manchester's 'AIDSline'
- 1985 – Manchester City Council appoint seven equal opportunity offices, two of which were responsible for gay issues
- 1986 – Manchester Parents Group formed by three mothers of gay sons to support families and friends of gay people.
- 1987 – GMP Chief Constable James Anderton accuses Manchester's gay population of 'swirling around in a human cesspit of their own making' when referring to the AIDS crisis.
- 1987 - Pink Paper founded.
- 1987 – Manchester City Council provided £178,000 to build the Gay Centre on Sidney Street against much media criticism. It would later become the Lesbian and Gay Centre due to technical issues preventing a similar scheme for lesbian space from being built.
- 1988 – Sidney Street Gay Centre opens and offers support and a drop in centre to Manchester's gay community. It also houses Manchester Gay Switchboard
- 1988 - Section 28 of the Local Government Bill became law and prohibited local authorities in England and Wales from "promoting" homosexuality and the 'acceptability of homosexuality as a pretended family relationship' (Weeks, Heaphy et al. 2001: 4).
- 1988 – Demonstrations against Section 28 with around 15,000 to 20,000 protesters in Manchester.
- 1989 – Stonewall, a London based group was set up in response to Section 28
- 1989 - 16 year old Albert Kennedy ran away from a Salford Children's home and later fell to his death from the top of a Manchester car park while running from 'queerbashers'.
- 1990 - Direct action group Outrage! was set up after the murder in London of gay actor Michael Boothe.
- 1990 - Albert Kennedy Trust (AKT) was formed to provide foster care for lesbian and gay youngsters

- 1990 – Origins of Manchester's Mardi Gras festive starts which goes on to be one of the UK's biggest gay events in later years
- 1990 - World Health Organisation removed homosexuality from their list of mental disorders
- 1991 – Anderton left GMP: Wilmot arrived and within six months held meeting with gay community
- 1992 - London hosted the first Europride.
- 1992 - Isle of Man decriminalised homosexuality.
- 1992 – Manchester AIDSline becomes George House Trust (GHT) supporting people living with the HIV virus
- 1993 - Stonewall launched first challenge to European Court of Human Rights on the age of consent with Hugo Grennhalgh, Will Parry and Ralph Wild.
- 1993 – Lesbian and gay Police liaison group setup to improve relations between the gay communities and GMP
- **1994 - Criminal Justice and Public Order Act reduced the age of consent from 21 to 18 years old.**
- 1994 - The last time the 'Portsmouth Defence' was successfully used when David Hunt was convicted of manslaughter after stabbing Al Francisco Delamotta to death claiming that he had made 'homosexual advances' towards him.
- 1994 – Healthy Gay Manchester formed
- 1994 – Greater Manchester Police, under Chief Constable David Wilmot, raid the gay club 'the Mineshaft'. 45 police offices, including the Tactical Aid Group raid the club and arrest 13 men for public order and indecency offences. Two of the men were arrested for kissing which the police construed as indecency. 10 of the men received cautions, one was charged with Gross Indecency and two were released without charge.
- 1994 – Relations between the gay community and the police in Manchester deteriorate as 500 protest in Sackville Park in the Gay Village over the heavy handedness of GMP
- 1995 - Gay Times went on sale in John Menzies chain of high street stores.
- 1995 – First National Advisory Group on Lesbian and Gay Hate Crimes held in Manchester Town Hall
- 1996 Chief Constable of David Wilmott launches 'Action on Hate Crime' at Manchester Town Hall to encourage lesbian and gay people to report their experiences of hate crimes
- 1996 - The number of deaths from AIDS/HIV starts to fall as predicted by the epidemiologist (Rofes 1998).
- 1996 – Healthy Gay Manchester provide free condoms and lube 'Gay Men's Safer Sex Packs' in gay venues throughout Manchester
- 1998 – House of Commons reduce age of consent to 16 years old but was subsequently defeated by the House of Lords.
- 1998 – Seven men from Bolton, Greater Manchester, are charge with Gross Indecency after a video was found of them having group sex

- 1999 – Nail bomber David Copeland targeted London's gay community by exploding his device in the Admiral Duncan pub killing three and injuring many others
- 2000 – Manchester's Lesbian & Gay Foundation was formed out of Healthy Gay Manchester, and Manchester Lesbian and Gay Switchboard
- **2001 - Age of consent finally reduced from 18 to 16 years old on the 8th January 2001.**
- 2001 - Same sex acts were no longer treated as criminal offences in the armed forces.
- 2001 – Statue of Alan Turing erect in Sackville Park in Manchester's Gay Village
- 2003 - Repeal of section 28 in England and Wales
- 2003 – Manchester hosts EuroPride
- 2004 – Greater Manchester Police establish the Respect Board to address diversity issues
- 2004 – Greater Manchester Police, along with officers from Licensing Department and officers from the department of Work and Pensions (nine officials), 'visit' Legends (a gay club formally known as the Mineshaft) upon allegations of 'inappropriate behaviour' being received anonymously from a member of the public. No arrests were made or actions taken.
- 2004 - The Sexual Offences Act 2003 came into force and anti-gay sexual offences of Gross Indecency and buggery were deleted from the statutes
- 2005 – Gay couples are for the first time allowed to form civil partnerships
- 2005 – Falcon, a men only gay bar raided by Greater Manchester Police and officers from the Licensing department

These historical and symbolic events may have set the tone that characterises each generation (much like the 'Baby Boomers' and Rock 'n' Roll did for some). The political and social climates continue to change though the events listed above acted as the catalyst for further reforms. For example, the change in the law in 1967 was a result of the Wolfenden report. What events brought about the Wolfenden report? It was around this time that the Gay Rights Movement begun with such groups as the Campaign for Homosexual Equality. They are of course connected. Only for the purpose of presentation are they classified as standalone events as they are part of an ongoing process.

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[i] Pornography on the web - Another issue that needed addressing was the possibility of accessing what some might consider obscene images on the web. Some of these, while not illegal, were against university policy and forbidden to be viewed other than for the purposes of research. The necessary permission from the university was therefore obtained with the understanding that no illegal site will be accessed.

[ii] By going through this ethical procedure, the university covers both the researcher and the participants against possible harm and indemnifies the researcher against any legal claims for damages. University ethical approval was gained in May 2003.