Working class gay men

Redefining community, restoring identity

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Research Report

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Forward: rethinking gay communities

This report presents the full results of one of a suite of three studies investigating how a range of pre-existing social and cultural factors mediate the development of gay male identity and shape the many forms of gay male social life in London today. These studies aim to problematise monolithic and (we believe) unhelpful social categories such as 'gay community' or 'gay scene' and show how the population of gay men in London is riven with cultural, political and social differences.

It is common to talk simplistically about 'gay men' or 'the gay community'. Commentators have unsuccessfully attempted to undermine such simplistic concepts by asserting that these identities and communities are restricted to White, middle class men. However, we believe that this position on its own is unhelpful because it fails to articulate the broader impact of such sweeping terminology. It serves to obscure the myriad ways of being gay that are not currently being described or represented in health or social policy or interventions for gay men. It implicitly robs anyone who is *not* White and middle class of a gay identity and sociality. It therefore uses the rhetoric of exclusion to ensure that so-called excluded groups are never considered in mainstream health and social policy for gay men because they are somehow not 'properly' gay. In addition, it is reductionist in relation to White middle class gay men. It is always well to be suspicious of any notion of the 'default' group which is considered powerful, wealthy *etc*. Such groups are usually one of two things: an aspirational 'brand' created by marketeers to sell us certain lifestyles (a quick review of the commercial gay media supports this suspicion) or a conceptual construction which everyone else uses as a benchmark to establish their own 'individuality' or 'difference'. In short, we are asserting that, in policy terms, the White middle class 'mainstream' gay community is a useful political fallacy. In short, our representations of gay men and gay sociality remain woefully impoverished and simplistic.

There is one additional over-arching effect of the White middle class fallacy. That is, by speaking the language of inclusion and exclusion, we are condemned to always consider weakness as opposed to strength. There is an implicit assumption in nearly all research and policy work on gay men that to be within the charmed circle of the White middle classes is to be without need. Thus, other experiences of being gay and other groups of gay men are described as automatically disadvantaged and weaker. These three reports will show that there is no paradigmatic gay experience or group. Rather, there are myriad ways of being gay, *all* of which are imbued with strengths and weaknesses.

To this end, we have conducted a suite of qualitative studies into gay men resident in London. One of the others examines the relationship between ethnic minority identity and gay identity and the other investigates the lives of gay migrants in London. This report examines the experiences of blue collar or working class gay men. We aim, with all these studies to change the way that health promoters and policy makers conceive of the gay male population. We want to challenge the construction of the gay male population as having a centre which is privileged – White and middle class – and a periphery of excluded ethnic minorities, migrants, bisexuals and working class men *etc*. Instead, we present a conception of the gay population of London as a composite of a range of different experiences. As fractured, antagonistic and constantly changing. Moreover, the factors which fracture that population, which create the flux and antagonisms are larger social and structural factors such as ethnicity, religion, education, class, income *etc*. To put it simply, *no* gay man is simply gay, he probably also has a class background, an ethnicity, a job, a family, and a religious affiliation or history among other things. It is these differences that animate the gay population of London.

Therefore, in all these reports we talk about things rarely considered in policy-oriented research on gay men. We talk about the importance of biological family and heterosexual forms of sociality for many gay men. We talk of the centrality of spirituality and organised religion. We talk about education and the passage from school to work. We talk about masculinity and health. We talk about nationalism. We talk very little about HIV and AIDS and sexual health. We have a transparent aim in doing so. We are hoping to take gay men's health and social concerns out of the service and policy 'ghetto' that is HIV. We are reasserting a particularly sociological perspective that gay men's health (sexual and otherwise) and the HIV epidemic are fundamentally influenced by broader social factors. In short, if we were to recommend one practice outcome as a result of these studies it would be to produce less community interventions telling gay men what to do (or how to be). Rather, we should be seeking to transform the education of all boys and to increase the capacity of all families to live with and enjoy their gay children; of all services to meet the needs of their gay users and of all communities to capitalise on the presence of their gay members. This is not as socially transformative an agenda as it sounds. We have much to learn from the experiences of working class gay men, gay men from ethnic minorities and gay migrants. Such interventions are, properly speaking, HIV health promotion.

1 Background

It is notoriously difficult to define social class. We might describe class as a state of belonging to a community (living within a specific familial and or other kind of network); as a cultural identity (holding a range of values and traditions) or as a socio-economic status (defined by educational qualifications, occupation and income). Social class is undoubtedly a composite of all three but the relationship between social and cultural identity, community and socio-economic status is complex. It is possible to be wealthy and well educated and still define yourself as working class. Likewise, one can be poor and maintain a middle or upper class identity.

Despite such complexity, class remains an animating social force playing a major role in defining the self as well as being the root of all kinds of social differences and asymmetries. We have said in the *Forward* that we mean to focus on the positive aspects of difference in this report. However, there is a long literature on class and social and material inequality which is worth attending to. In this chapter, we describe this literature and present the methodology for our study.

1.1 HEALTH INEQUALITIES

When we talk of class within a framework of public policy, we generally need to address questions of social and health inequality. In this section, we give an overview on the literature on of health inequality and discuss how health inequality plays out in populations of gay men.

1.1.1 The social stratification of health inequality in the general population

Discourses on health inequalities in the UK most commonly focus on class (Blaxter 1997; Van de Mheen, Stronks & Mackenback 1998; Wilkinson 1999; Coburn 2000; Cattell 2001; Scambler & Higgs 2001; Bailis *et al*. 2001). This focus was largely initiated by the Black Report (Department of Health 1980) which presented a range of explanations for the relationship between health and socio-economic status and called for improvements in educational and health promotion policy and strategies to combat poverty. It also advocated increased funding for research into areas of health most pertinent to the working classes (such as smoking, disability, work-related hazards and alcohol consumption, see Macintyre 1997). Originally commissioned by a Labour Government, the Black Report was completed under Thatcher's neo-conservative administration. It therefore garnered little official support and was effectively shelved. The return of a Labour Government in 1997 gave the concept of health inequality a renewed policy importance at the centre of NHS modernisation. It continues to inform changing health policy (Acheson 1998; Department of Health and Neighbourhood Renewal Unit 2002).

Despite its initial poor reception, the Black Report initiated a series of influential studies into health inequality and socio-economic status (Wilkinson 1986; Whitehead 1987). Quantitative studies demonstrated the existence of socio-economic and geographical health inequalities and qualitative work generated competing interpretations of these inequalities, three of which stand out. The first attributes health inequality to low social cohesion and lack of social capital (Wilkinson 1986; Coburn 2000). The second argues that class distinctions are responsible for the lack of adequate service provision in deprived areas and suggests redistribution of wealth as a part of the solution (Acheson 1998, Muntaner & Lynch 1999; Scambler & Higgs 2001). The third maintains that working class communities have the capacity to develop social networks of support and social resistance, which are rarely utilised at an institutional level (Cattell 2001). In the present study, we support all three theoretical approaches. Health inequality emanates from the breakdown of cohesive working class social structures as well as ingrained deprivation and is probably exacerbated by institutional inability to foster and develop the pre-existing social support networks within working class communities.

1.1.2 Health inequality and gender

The vast majority of gender analyses of health focus on health in women. However, there is a growing literature which demonstrates reduced health outcomes among men. These outcomes are related to the way that men perceive their bodies and construct ideas of health (Courtenay 2000; Toerien & Durham 2001; Baker 2002). While women are traditionally socialised to seek help, discuss their health and obtain information to maintain both their own and their families' health, men tend to demonstrate their masculinity in terms of self-reliance through ignoring pain and disregarding risk (Cameron & Bernardes 1998). Despite increasing awareness of these processes, there is an absence of attention to men's health in new and existing policy, leading to a situation where "'traditional' services, especially primary care... sit back and wait for men to walk through the doors – and then blame them when they fail to appear" (Baker 2002, p 28).

For the purposes of this study, we take a constructivist view of masculinity and class (see Connell *et al.* 1991; Connell 1995; Mac An Gaill 1996; Fine *et al.* 1997; Connell 2000). We investigate the ways in which various masculinities are crafted within, and compounded by, a range of different social structures and situations (for example the family, school, the workplace *etc.*) and how different constructions of masculinity and class interact with developing gay identity. Rather than taking the position that there is a singular structure of hegemonic masculinity, we take the perspective that masculinities (Connell 1995) are continually contested and shaped for different individuals and groups through their own experiences of sexuality, socio-economic hierarchy and ethnicity.

1.1.3 The socio-economic stratification of HIV morbidity and need

Recent research suggests that a range of factors relating to education, occupation and social stratification may be associated with increased HIV risk and morbidity amongst homosexually active men. The annual *Gay Men's Sex Survey* (GMSS: Hickson *et al.* 1999; Weatherburn *et al.* 2000; Hickson *et al.* 2001; Reid *et al.* 2002; Hickson, Weatherburn *et al.* 2003) uses educational qualifications as one indicator of socio-economic status. GMSS data indicates that men with less formal education (usually leaving school at the age of 16) have a higher prevalence of diagnosed HIV infection than men educated to A-level or above. Moreover, although less well educated men are no more likely to engage in anal intercourse (AI) then better educated men, they are less likely to always use a condom when they do. Year after year GMSS data indicate that men with less formal educational qualifications have more unprotected anal intercourse (UAI) with regular partners than better educated men and, despite being less likely to have casual sex, less well educated men are more likely to have casual UAI. Less well educated men are also more likely than men with higher educational qualifications to be involved in HIV sero-discordant unprotected anal intercourse (sdUAI). GMSS also shows that education is associated with elevated HIV prevention need on a number of key indicators, and that less well educated men are less likely to encounter the HIV health promotion interventions available to them. Specifically less well educated men are less likely to attend gay social groups, read the gay press, or go to gay bars or clubs compared with men with higher educational qualifications (Weatherburn *et al.* 1999).

Other research concentrating on occupation supports the hypothesis that HIV need and morbidity is related to socio-economic status among homosexually active men. Weatherburn *et al.* (1999) found that men who were unemployed were less likely to read the gay press and less likely to use gay pubs and clubs compared to men in any kind of employment. Hope & MacArthur (1998) have shown that men who were unemployed or employed in 'blue collar' occupations engaged in more UAI than students and men in 'higher' occupations. Moreover, the proportion of men who have UAI with multiple partners was greater for those who were unemployed or working in 'blue collar' jobs. Studies in France and Germany show a similar relationship between occupation, education and levels of diagnosed HIV infection (Bochow 1998).

The association of this constellation of factors (limited formal educational qualifications, unemployment and manual or low-skill occupations) with elevated need, HIV risk behaviour and infection leads us to hypothesise that HIV morbidity is socially stratified among homosexually active men. However, we should be wary of jumping to easy conclusions about the causes of this morbidity. Our examination of class identity yields clearer results.

It has often been assumed that gay identity is associated with upward class mobility. However, in 2002 (Hickson, Weatherburn *et al.* 2003), just under half of GMSS respondents reported that when they were growing up their parent's were working class with approximately a quarter describing their parents' class as lower middle class. Moreover, there was little evidence to suggest that taking on a gay identity was necessarily associated with an upward change in class identity. More than half of all men reported that their current social class was the same as their parents' when they were growing up. Among the men who said their parents were working class, half said they were currently working class. A third now perceived themselves as lower middle class.

These findings also tell us much about the demographics of working class gay men; their area of residence, age, ethnicity and educational qualifications. Men living in Wales, the north of England and Scotland were most likely to describe themselves as working class while those in the South East of England and London were least likely to. Men in their 20s were most likely to report not knowing or being unsure of their parents' social class, perhaps reflecting a lessening of class consciousness. Identifying as working class increased with age and peaked among men in their 40s. This indicates that working class identity (as with all class identity) is likely to be more salient among older men. Black men were most likely to describe themselves as working class yet, were also most likely to be unsure of or not know their current social class. This may be because many Black men have parents who were originally from countries with less rigid or different class systems than England. Men whose parents were working class had lower educational qualifications than those whose parents were middle or upper class. Moreover, men with low education were most likely to report that they currently identified as working class and least likely to report perceiving themselves as middle or upper class (Hickson, Weatherburn *et al.* 2003).

Working class identified men were less likely to have ever tested for HIV but more likely to test HIV positive when they did so. They also had fewer male sexual partners, were more likely to be monogamous (to have a single partner) and tended to have been in these relationships for the greatest amount of time. Finally, in terms of HIV prevention need, working class men were least likely to encounter discrimination about their sexual practice from family / community. However, they were most likely to encounter discrimination when using public and commercial services and from workmates.

In summary, we can use these findings to construct a picture of working class gay men which challenges many of our assumptions about this group. Working class men constitute a sizeable proportion of the gay male population and tend to retain their class identity even when they take on a gay identity. They are less likely to experience rejection or gay-related discrimination from family or community, but more likely to experience such discrimination at work. They are more likely to be in long-term monogamous relationships, yet are also more likely to test HIV positive (when they test). Finally, they tend to be older and less well educated.

On the available evidence, working class gay men present us with a complex picture. On the one hand, they appear to suffer from increased HIV morbidity and need. On the other, they appear to exist within accepting and strong familial and community networks, while also maintaining long-term monogamous relationships. It is unlikely therefore that increases in morbidity are the result of personal alienation or lack of social capital. However, they are clearly less likely to engage in communuitarian gay activities. The study presented here attempts to elucidate these findings by describing the lives, values and priorities of a sample of working class men as well as the factors mediating their sexual health, their HIV morbidity and their sexual risk.

Using a constructivist approach, we analyse how different sites and institutions (the family, school, the gay scene, the workplace) coalesce to create various ways of being gay and a range of differentially supportive environments within which men live. We examine how experiences such as leaving home or long-term mental health problems influence an individual's capacity to manage his identity and the risks he takes. We identify specific moral universes within which intimate lives are lived and choices regarding HIV and risk are taken.

1.2 METHODS

This report presents the results of a study into the highly complex relationship between socio-economic status, masculinity, gay identity and HIV morbidity. As socio-economic status is a notoriously difficult variable to pin down (being a composite of a range of different variables such as educational qualifications, income, occupation, class identity) we alighted on a range of indicators in order to define a sample for qualitative research. In order to qualify for inclusion in the study, both the respondent and their parents must all have left full-time education aged sixteen or under and be either unemployed or employed in unskilled or semi-skilled occupations. This criteria ensures – with a reasonable degree of certainty – that all the men in our sample come from working class or 'blue collar' backgrounds.

This report is the outcome of one of three linked studies carried out simultaneously. Broadly speaking, a range of methods were used to recruit over one hundred men into all three studies. The same core interview was conducted with all participants with additional questions asked of men in particular groups (such as men with low educational qualifications or men from ethnic minorities). Men could be prospectively or retrospectively assigned to each study sample and the transcripts of certain men were included in more than one analysis and hence appear in more than one report. With this in mind, our methods for this study are described below.

1.2.1   Recruitment

A range of methods were used to recruit men with differing levels of effectiveness. The main methods used were: face-to-face gay commercial scene recruitment; glossy recruitment postcards distributed on the gay scene; selected recruitment from a pre-existing London panel of gay and bisexual men; advertisements in the gay commercial and community press; through the services of HIV prevention and gay community organisations. The most successful recruitment method overall was the use of postcards. Towards the end of fieldwork we weighted the sample to recruit more men living with HIV. We did this through targeted recruitment with the help of London East AIDS Network (LEAN).

1.2.2   Instrument design

A limited reflexive methodology was used in the design and administration of interviews. In the first phase, focus groups were convened to inform the design of a semi-structured interview schedule. Focus group participants (seventeen in all distributed across three focus groups) were recruited through a pre-existing panel and HIV service providers. All participants met the recruitment criteria for the study. Findings of the focus groups informed the design of a semi-structured interview schedule.

Seventy men took part in in-depth, one-to-one semi-structured interviews. The interviews were conducted by three trained interviewers who met regularly to discuss the content of the schedule and de-brief. The schedule was regularly revised as a result of these discussions. Interviews lasted one to two hours. With the consent of respondents, they were audio tape-recorded and fully transcribed.

The interview covered a broad range of topics and followed a broad 'life history' trajectory with special emphasis on the following topic areas: basic demographics; family history; health; education; gay sexuality and coming out; friendship and social networks. In addition, respondents were asked about HIV risk-taking, sexual health and discussed in detail the last 'critical incident' of sexual HIV risk (normally an incident of unprotected anal intercourse). Finally, they were asked about their experiences of, and attitudes toward, HIV prevention.

1.2.3   Analysis

Analysis was conducted in three phases. In phase 1, all transcripts were annotated and synopsised. These synopses were used to generate themes which were used to re-analyse the original transcripts. This second phase of analysis was conducted by two researchers working independently. Finally synopses and themes were used to conduct a full thematic analysis conducted by the same two researchers working independently. Various tests and further analyses were conducted to check internal reliability of initial analyses. A separate analysis was conducted of transcripts of the men in the sample with diagnosed HIV.

1.3   SAMPLE DEMOGRAPHICS

Age	Range	21 – 58
	Mean	37.5
	Median	36
Ethnicity	White British	30
	Mixed ethnicity	4
	Black British	2
	White Irish	2

Educational qualifications

left school < 16 years with no qualifications	8
left school @ 16 with no qualifications	6
left school @ 16 with 'O' levels or CSEs	24

HIV testing history

never tested	4
tested negative more than 1 year ago	7
tested negative less than 1 year ago	16
tested positive	11

Strategic Health Authority of residence

North East London	13
North West London	2
North Central London	6
South East London	13
South West London	4

Current employment

unemployed	22
unskilled	5
semi-skilled	11

2 Domestic interiors: the family and gay identity

In this chapter we concentrate on the formative experiences of the men in our sample. Our analysis is based around the social institution of the family. Discourses on family dominated accounts of childhood. A range of narratives arose about the centrality of family not only in terms of identity formation but also in current day-to-day life. The family was the main formative setting where attitudes towards adversity were formed and where men came to develop a sense of their own masculinity. Moreover, the narratives of family life informed the development of a *personal morality*. This very specific sense of a personal morality informed their attitudes towards their own sexuality, their social world, their intimate partnerships and, most importantly, their attitudes towards sexual HIV risk. We examine first, accounts of childhood and constructions of family life, past and present. We then move on to examine the process of coming out and gay socialisation.

2.1 GROWING UP

Without doubt, the family constituted the formative organising theme of the interviews. One central paradox informs the accounts of family life given by these working class men. That is, the difference between their accounts of adversity within the family when they were growing up and their current idealisation of heterosexual family structures. That is, many of the men who had very bad family experiences tend to think of the family as providing the ideal way of life now.

2.1.1 The real family: early adversity

Nearly four fifths of the respondents experienced what we regard as family adversity when they were young. Such adversity took a broad range of forms, and was often multifaceted. Impoverishment, estrangement and bereavement were frequently compounded by ill health, alcohol addiction and physical and emotional abuse.

> **I can never remember [my step-grandfather] having a conversation [...] not only never having a conversation with him, but I can't remember him ever stringing a sentence together. He was always drunk. Because they were from a dockers' family, you know, and kind of… they were very much within that culture and he was either in bed or in the pub! [...] My dad was sort of alcoholic [too], or he is, and he's quite violent [...] Not so much to us, more to my mother, you know?**
> **White British, aged 38, semi-skilled job**

Six respondents ran away or were taken into care because of an unstable family environment. With one exception, the accounts of time spent in care were characterised by fear and violence.

> **What was [the children's home] like?**
> **It was a fucking dump. I mean you know, there were… I don't know. Everyone was really unruly and… there was just no fucking discipline whatsoever. I mean fire alarms going off every two minutes because of people smashing them up, and… doors getting kicked in and… oh God, …it was unreal.**
> **White British, aged 21, unemployed**

The accounts of adversity often (although not always) involved accounts of bad fathering. Hardly any men in this study reported having been loved by, nurtured, provided or cared for by their fathers. Fathers or step-fathers were often involved in negative or abusive relationships with family members. In the case of roughly a third of the sample, fathers were absent through desertion or death.

What happened after you lost your dad?
I remember my grandad saying to me when we came back to live with my nan and grandad…
'you're going to have to be very grown up for your mum now because she's very upset so try
not to make demands on her' and at that point I felt that I lost my childhood because I was
suddenly so aware of everything.
White British, aged 27, unskilled job

For another two, economic pressures forced their fathers to work away from the family home. Others
report deep regret at the lack of an emotionally or financially supportive father.

I went in the pub and I see like five father and sons and they're best friends and that really
made me envious, because why couldn't he be like that with me? Yeah? So… he wasn't
encouraging. He was there. He was always there, but he was too harsh for me to take in. If he
had been a bit softer like my mum's approach I suppose, it would have been a lot better.
White British, aged 44, unemployed

Adversity associated with fathering had a lasting impact. For example, psychological trauma (such as
self-identified lack of esteem, difficulty in maintaining friends and relationships, and mental illness)
proved difficult to overcome. This respondent was describing the affect of a serious incident of
bullying at his school.

… there were these two boys that had, you know been the cause of my pain and [my father]
said: 'What are you doing grassing people to the headmaster? Could you not fight your own
battles?' And that has stayed with me all my life. And… the pain and emotional pain that I felt
from that hasn't… I mean it comes and it goes. And I'm a man in his forties and I still
remember that as if it had happened yesterday.
White British, aged 43, unemployed

This adversity associated with fathers affected respondents' sense of themselves as men and their
notions of masculinity. In many cases, adversity was thought to strengthen an internal sense of
independence and self-reliance. Accounts of childhood were often marked with the imperative for
respondents to grow up early, to become 'little men' while they were still children, either by
providing emotional or financial support to their mothers, or dissociating themselves from family in
order to protect themselves. Thus the option of an early apprenticeship, joining the army or navy or
even being sent to a borstal gave some young men a means of attaining a strong sense of masculine
individuality that was not available to them at home. In this sense of having a toughened or
institutionalised masculine exterior, we see a type of masculinity almost entirely absent from more
stereotypical portrayals of gay masculinity. This respondent talks of his school life prior to joining the
merchant navy.

Why do you think you started going wild [at school]?
[…] They tried to put us through hell. We had to be stronger than other kids really. And, you
know, in a way it was, yeah it was a rebellion. […] My school life was pretty good in a sense like,
while I was at the main school […] I wasn't a bully but like, you know, I demanded respect.
Mixed ethnicity, aged 58, unskilled job

This sense of independence and self-reliance also informed attitudes towards the adversity they
went through as children. Striking here was the extent to which men refused to make a causal
connection between formative adversity and the personal problems they subsequently experienced.
Although they gave poignant accounts of both childhood and adult adversity, what was missing was
any notion that they emerged from childhood necessarily 'damaged' or 'abused'. For many, personal
strength and redemption came from consigning such experiences to history. The capacity for
forgiveness emerged alongside notions of strength of character.

[about his alcoholic and violent father] But in some respect I think he knew no better. You
know, that's the way he was raised and in some respect I think 'well, you can keep on blaming
your past and your childhood a bit too much', you know? But that's all by the by.
White British, aged 38, semi-skilled job

Do you connect [depression and panic attacks] to your childhood?
I could do. But then I think I'd just be making excuses [...] A lot of the panic attacks was probably because of my history of drugs [...] eight and a half years, you know, prescribed diamorphine and there's got to be something…
Yeah. [...] What do you mean by making excuses?
Well it's easy to say because of the abuse I've had, I'm like that, you know [...] But I mean yes, you know, it drove me to drugs and, you know, probably drugs drove me to alcohol. But it's not really my personality. I mean there's a lot of personal things as well. You've got to be a very strong character.
Mixed ethnicity, aged 58, unskilled job

2.1.2   The ideal family: current values

In view of the levels of adversity faced by our respondents during childhood, it is useful to examine both their current experiences of family life and the way in which ideals of family informed their attitudes in other areas of their lives.

Many respondents had lived – or continued to live – with or very near their family of origin well into adulthood. Others had returned to live with family members later in life. Men described their ongoing involvement in daily family routines such as buying food, mediating familial disputes, sharing meals and in some cases being the primary carer for elderly relatives.

> I've always been quite a popular person like in my family. It's always like… that's why I switched the phone off when we came in here, because it would… they phone me. You know like if somebody… if there's some argument between… they phone me and then I'm in the middle, and then I end up sorting out everybody's problems! You know? And it's just like 'why me?'… My aunt came to house in Stratford for me to go shopping with her on Saturday and I was just like… she didn't even ask me. She just came and she said to me 'oh come to Stratford with me'. And I was like 'oh all right then'.
> **Mixed ethnicity, aged 25, unemployed**

Such descriptions of family involvement were generally accompanied by positive accounts of heterosexual familial patterns. Many men had either approximated such domestic arrangements themselves, or expressed a strong desire to do so.

> I would have been quite happy to be a housewife, you know what I mean? [laughs] Everyone was dissing that as an option. I thought 'well this is quite – a nice life'. I looked at my nan and thought 'well, you know, she gets up, she makes breakfast, she goes shopping for the day, has a chat with people, comes home, makes… hasn't got anyone telling her what to do – bunch of flowers off my grandad every Sunday'. Nice!
> **White British, aged 27, unskilled job**

The desire to replicate heterosexual patterns of forming domestic partnerships was echoed in other ways. This respondent talked of his attempts to find a relationship after the death of his long-term partner. What was noteworthy was that he did not consider existing gay-related mechanisms for meeting new partners.

> I felt there was a gap. I wasn't meeting people and I seemed to feel at that time that I had to have a new relationship. And [...] there was nothing, apart from bereavement groups which coped with the bereavement. Like [my partner's] sister's husband died, and she joined a singles club and met a new partner from that. But there seemed to be nothing on the gay scene and that's what I tried to set up, a sort of social group rather than a bereavement group.
> **White British, aged 56, semi-skilled job**

The question of financial stability was central to other men's domestic aspirations.

> I'd love to be in a relationship. I would love to actually […]
>
> ***What would you look for in a long-term relationship?***
> Just being able to go away on holidays now and then. Having a nice home and… not worrying about debts. Not having any debts to start off about worrying about it. Just… getting on happily together, you know?
> White British, aged 27, unemployed

Domestic family therefore played a central symbolic role for the majority of the men especially in relation to personal identity, social position and personal security. Accounts of family were also heavily gendered and were often animated by a sharp distinction between the roles of mothers versus fathers. Overwhelmingly, the respondent's mother was the most important positive influence in his past.

> ***Would you say that there were any people who had quite a big impact on you when you were younger?***
> … my mum [...] taught me everything. She even taught me how to cook and that so it's definitely my mum and nobody else... I mean she taught me everything I needed to know like to start in life...
> White British, aged 38, unemployed

Men who maintained ongoing close adult familial relationships generally did so through their mother. Mothers were also often relied on for nurture or assistance at times of crisis.

> [About the death of his partner] Oh, my mother was marvelous... she was so good. She helped me dress him, he was undressed... And she was very good, very supportive. She stayed with me until another friend came and stayed with me just before the funeral.
> White British, aged 56, semi-skilled job

Questions of the respondent's sexuality were often mobilised in accounts of their relationships with their parents. In the case of mothers, some men felt that homosexuality allowed them a special relationship with their mother because they were unencumbered by families of their own. As a result, together with their male partners or on their own they were able to spend quantities of time with their mothers that may not have been available or desirable to their adult siblings.

2.2 COMING OUT AND SEXUAL IDENTITY FORMATION

This section concerns respondents' first awareness of their own homosexuality, the development of a gay or bisexual identity, their strategies of disclosure and the imperatives which have shaped their intimate lives since.

2.2.1 Early personal responses to feeling 'gay'

The majority of men knew from early childhood of a basic difference to other boys. This was expressed either as an attraction to other boys or men or in terms of an experimentation with traditional gender markers (such as dressing in their mother's clothing). Men reported responding to this feeling of difference in a number of ways. For some, a sense of homosexual attraction was not problematic or undermining.

> Since I was a little kid I looked at boys and girls. I could never understand why the other boys weren't interested in boys. It didn't make sense for me. And you always think you're a little different from anyone else but you can't quite understand it.
> White British, aged 58, semi-skilled job

Some took the opportunity to become sexually active at an early age.

> I was bunking off [school] and doing 'community service' at the local woods.
> White British, aged 30, unemployed

Others, quickly and pragmatically took on a gay identity, finding that this had practical and social advantages. It was possible for this respondent to come out at fifteen years old and maintain his social networks.

> *Are you quite happy that you came out then [while in school]?*
> **Oh I'm glad I did because I think I'd have gone mad like trying to pretend I was straight. You know, having to have a girl on your arm as sort of protection and just... you're not being you at the end of the day, and like, it made me feel a lot more free and easy about going to bars because by the time I was fifteen lots of people were going up to London and... you know, a few of them would see me. 'Oh would you take us to your pubs and see what it is like?' and if I'd been in the closet that just couldn't have happened. I'd have to be through the shadows all night.**
> **White British, aged 27, unskilled job**

Another group of men acknowledged their sexuality, but chose not to be public about it until later.

> **In the past I did get off with girls and stuff, and I just thought 'this is not me'. Like inside myself I was just like 'that's not for me', do you know what I mean?... It was just normal, as far as I was concerned. No one picked up on it. My mum didn't pick up on it and it weren't like I was hiding it either. I just didn't... it wasn't something that I spoke about. It was just normal for us to do that, to be like that.**
> **White British, aged 27, unemployed**

Finally, during adolescence there were some men who felt a deep discomfort with their emerging sense of homosexuality. This was for a range of reasons, but generally concerned a fear of losing social support and contact with family and community.

> **I didn't come to terms with being gay. I didn't have no desire to be. And I can remember thinking to myself, 'Oh, I'll just go and live alone somewhere'. I couldn't face being gay then.**
> **White British, aged 38, semi-skilled job**

2.2.2   Disclosure to family

The question of disclosure to family emerged as a central concern for the men in this study. The family were often the first to know about their son's / brother's homosexuality. Often, the way in which this initial disclosure to family was managed served as a structure within which men disclosed in other areas of their lives. This should not surprise us as we have already seen that family played a central role in the lives of the men in this sample. Two dominant patterns emerged in relation to disclosure to family.

First, roughly one-third of men came out to their family when they were sixteen or younger and three more came out before they were twenty. Often, such disclosure was quite impulsive. That is, these boys did not choose to disclose to their families because they felt an overwhelming personal or political imperative to 'be true to themselves'. Rather, it was simply that their position within the family would become untenable if they were to keep a major part of their lives secret.

> **I didn't have to hide who I was to the people I loved.**
> **White British, aged 25, semi-skilled job**

> **I wanted them to know where they stood.**
> **Black British, aged 26, unemployed**

The imperative to come out in this manner speaks to the particular way in which intimacy is played out within such families and the relative power and independence of a sixteen year old working class boy. The concept of individual privacy might be said to take a different form in families where emotional, personal and sexual crises were often acted out and were common knowledge. We have seen that these men often reported the need to grow-up quickly within their family environment. In such environments, where the period of 'childhood' is relatively short, where children are often privy

to adult emotional problems and extended family forms the core of larger sociality, the need to have your emotional and sexual object choices known (and the need for families to accept that choice) becomes acute.

> We sat down [he and his mum] and we spoke about it, and we spoke for hours. You know we just discussed the health issues and being careful and just...'as long as you're happy' thing. And that was it. And then I told my sister, and then I went to my aunt's house...she knew that I was coming there to talk to her about something. She thought I was on drugs. And there was me, her, her husband and my two cousins there and I said, 'I'm gay'. And she said 'I really thought you were going to tell me you was on crack or something'.
> Mixed ethnicity, aged 25, unemployed

Unlike their middle class counterparts, the men in our sample had (by definition) entered the world of work (or at least 'employment' in its broadest sense) by the time they were sixteen. They therefore enjoyed a degree of autonomy and power within their immediate family. Less financial dependence (or in some cases familial dependence on the respondent) often freed them to assert or disclose their sexuality. We say 'assert' because such accounts often include the presentation of the *fait accompli* to parents (usually mothers).

> Just before my 16th [birthday] because I left home and then I came back after about a year after being in London and brought a guy with me that I'd been going out with back home and I just told her I wanted to sleep in my room with him and she was kind of 'OK' sort of thing.
> White British, aged 33, unemployed

The second (and dominant) pattern in respondents' coming out narratives involved those men who came out later to their families. Here, disclosure took place after men had the opportunity to develop a domestic sphere which often included a male partner. This group of men consolidated the central role of familial and domestic structure into their own pattern of gay identity before sharing this identity with their family of origin. Having a partner and a 'settled' life allowed them to present the family with a scenario that mirrored heterosexual norms. This in turn made it possible to preserve the importance of such norms for the respondents themselves, as well as for family members.

> So I started mentioning his name a bit more [to parents]. So then we went and bought, we shared a flat in [place name] in North London and... when we moved house... then I think the family came down to see us.
> White British, aged 44, unemployed

In all these cases, disclosure involved the presence or the assertion of a partner, even when it took place in negative circumstances.

> I moved out of the house for my mum, and I moved in with Rod. And one day I went over for Sunday dinner and she had a row with me. Because the fact that... me and my mum love each other that much we fight with each other. She turned round and said 'Maybe there's something more to this relationship with Rod than you're making out'. I said 'Well, you're right there' and I just slammed the door.
> White British, aged 35, unemployed

Some men never directly came out to their families, but chose not to hide their sexuality. Their families were allowed to discern the fact that they were gay, but were not told directly.

> Mum came in. 'Your friend Alan's still here?' I said 'no he's gone home now – he said thanks for letting him stop over'. She said 'No, that's alright'. And she just started grinning at me.
> White British, aged 32, semi-skilled job

We would not like to give the impression that coming out to family was an easy transition for all of our respondents. One-third of respondents reported that family relationships had broken down since coming out. In these cases, both parents and sometimes siblings reacted negatively when the respondent first came out. There were also instances where other traumatic experiences had

occurred within the family setting, and for these reasons in addition to familial homophobia, the respondent decided to relinquish or at least diminish family contact.

> Well my mother just didn't want to know, she didn't want to know... She just dismissed me off and every time I tried to contact her she wasn't very welcoming or anything so I thought, 'Right, get on with it. I really don't need you to be a part of my life if you want to be like that'.
> White British, aged 29, unskilled job

Other men reported major conflicts. This respondent came out after he had married and had children.

> I was being deceitful to her [wife] because I was seeing him and had been seeing him for a couple of months behind her back. Then it reached a point where I thought 'I can't continue doing this'. We had children, you know – I was a father. But I thought 'I have to be true to myself'.
> White British, aged 43, unemployed

For some men therefore, disclosure was highly disruptive and often damaging. What coming out disrupted in a very fundamental way however, was the sense of self within a heterosexual family structure. The men who found coming out disruptive reported other extenuating circumstances (usually the religious beliefs or particular ethnicity of their families). They also reported a greater dependence on gay community structures. The following respondent came from a fundamentalist Christian background and therefore his coming out was necessarily mediated by the faith of his parents. Joining a gay-oriented Christian church and HIV voluntary work facilitated his coming out.

> So doing the two [joining church and volunteering] at the same time was probably my coming out process to myself and to others and that sort of gave me a lot of the confidence.
> White British, aged 43, semi-skilled job

While there existed strategies of disclosure and ways in which gay intimate relationships might be inserted into working class families, the immediate response of family to such disclosures was by no means always positive. Quite the opposite. Only three men reported spontaneous and genuine support from family members on disclosure. For the bulk of men, a positive and supportive family environment was something that has been fostered over time. This process was generally successful with between a half and two-thirds of our sample reporting strong ongoing relations with family members. Despite wavering at the time of disclosure, these bonds strengthened with continuing contact, meeting partners and increasing normalisation. Many families not only incorporate, but often celebrate their son's/ brother's gay partnerships and friendships. However, as we have already described such acceptance takes place within the normative, gendered atmosphere of the heterosexual family structure. Describing the family impact of a trip abroad with his partner and his mother, one respondent said:

> We had interconnecting rooms, me and my boyfriend in one room in bed and... like twenty years ago that would have never happened. I mean she's so liberal now she's not, she's like... and she could see that I was in love and that I was happy, and that I was contented and that we were getting on. And I think once they [siblings] saw that, it made them different again. I think before they sort of like put it down to sex almost, you know? And always 'Well who are you, Arthur or Martha?' and all that sort of shit, you know? 'Do you take it or give it?' and all them sort of... but when I had a boyfriend that didn't... that seemed to stop and it was like, because he was very straight acting as well and we could go out and we used to go out in straight pubs, and go to my brother's stag party and things like that – because we didn't look gay. Maybe if he'd been camp they might not have been so open with him, but because it wasn't... I think they thought of us as friends more than anything. But yeah, once I had a boyfriend then it was easy.
> White British, aged 35, unemployed

We identified patterns in the way disclosure was managed and gay members integrated into the family. Overwhelmingly, the respondent's mother (or another female family member) was instrumental in controlling disclosure over time. Crucially fathers or step-fathers were often not told

immediately and sometimes never told at all. Respondents often reported negative reactions from their fathers who often expressed discomfort and sometimes disgust. It was clear that the mother's propensity to demonstrate either immediate or gradual support enabled the development of a new, yet sustainable family bond after a son's disclosure.

> Initially through gritted teeth. They never showed that to me, but it was, 'Well, yes we have to accept this because there's nothing we can do about it, therefore we are in the situation and we will help you make the best of it'. Now, it's completely different. My mum is happier because she turned around and said, 'no girl would be good enough, I'm happier'.
> **White British, aged 25, semi-skilled job**

Maternal acceptance often happened in spite of paternal disapproval and in a couple of cases provided some of the impetus for the break up of parents' relationships.

2.3 DISCUSSION

For working class men, heterosexual family structures provide – in very fundamental ways – the template for the organisation of male homosexual intimacy. Although as many men in our sample had open or triadic relationships as had monogamous 'marriages', the heterosexual family structure was seen very much as the ideal. What was missing from our accounts was the desire to engage in innovative or alternative intimate relationships. The aspiration of the majority was a monogamous, companionate relationship. The heterosexual familial structure therefore plays an important regulatory or moral role in the lives of working class men. This will be seen more clearly when we move onto analyses of sex, intimacy and risk.

The nature of the family and the roles played within it were, perhaps unsurprisingly, highly gendered. That is, the ideal of family was imagined as essentially feminine and nurturing. This was often at odds with the highly 'masculine' sense of self developed as a result of the need to become independent and provide. The sense of self which was eventually developed was intrinsically homosexual. It involved a rejection of heterosexual ideals of masculinity which were often seen as destructive. Again, gender role was mobilised in very singular ways as a result of familial socialisation and went on to play a vital part in moral regulation.

In spite of our stress of ideals of heterosexual family sociality as moral regulators, the extent to which these working class men were actually closely enmeshed within their family structures was noteworthy. Closeness to family, usually mothers, but also siblings and extended family was often taken for granted and sometimes prized. We will see later how such men carved out roles for themselves which were at the centre of their extended families, which provides us with very different ways of both imagining and being gay.

Our analysis also allows insights into the way that social class mediates the formation of gay identity and the way in which gay intimate relationships form, grow and are managed. The ways in which working class family structures change to accommodate the introduction of a gay male family member were distinctive. A number of points bear drawing out.

Despite familial adversity, a strong imperative for the men we interviewed (and, we assume, their families) was the preservation of the broadly heterosexual family structure (this is despite the frequent breakdowns of such structures within the families of the men we interviewed). Men's descriptions of coming out to family members were noteworthy to the extent that they always contained echoes of the self as it was framed within the heterosexual family structure. What was missing from the vast majority of the coming out narratives were imperatives of individual self-actualisation or self-determination. Rather, these narratives were infused with a sense of the self within broader pre-existing familial and social frameworks. Thus, the men did not come out in order to be true to themselves or to transform their lives. On the contrary, they came out to preserve the family structure within which they existed. A number of factors have led us to this conclusion.

The moment of coming out was often simultaneous with the introduction of a male partner. We infer from this that within such families, the moment where personal or intimate expression became significant was the moment when the family structure was changed by the formation of new partnerships. The ethos within such families was not one of individual self-expression (from say, the development of an abiding interest or hobby, career success or excelling at school), but rather the need to preserve familial social and economic structures. The identity of individuals was more rooted to familial and gender identity than we might find in other family structures with different economic and social imperatives. Acceptance of homosexuality, on the part of the respondents themselves and their family members, was often dependent on its ability to shore up family cohesion as opposed to dismantling it. Therefore, gay men were potentially more able to find acceptance if their homosocial and homosexual lives were structured so that they maintained their capacity to remain productive within a family structure.

The distinguishing factor of all of these accounts of disclosure was that they did not disrupt the family structure. This would appear to be associated with three factors: the nature of intimacy within the family, the particular position of boys within the family and finally the strong imperative to preserve the structure of the family. Therefore, class does mediate gay identity development and coming out, but not in the ways we might expect. Not only is it possible to be gay and working class, but there are elements to working class culture which facilitate a particular form of gay sociality, as well as sexual and intimate expression.

3 Learning to labour: education and work

Many studies have described school as an environment where different forms of masculinity are constructed, experimented with and resisted (Mac An Gaill 1996; Epstein & Johnson 1998). Often researchers talk of the very limited constructions of masculinity available to working class males through their school experiences. They tend to be taught to be less self-sufficient and less self-actualising than their middle class counterparts. Moreover, other studies have revealed difficulties with the traditional male working class transitions from education to work (see Willis 1977).

In this section, we examine the working class mens' experiences of school and work. Specifically, we look first at how education influenced the development of their gay identity and how they managed their emerging sexual identity at school. We move on to examine the transition from school to work and finally look at how sexual identity is managed at work. At this point, it is worth noting that this sample encompasses a wide age range. The eldest respondent would have left school in about 1960 whilst the youngest did so in 1996. This will influence their experiences of school and their expectations of work. These differences will be drawn out in the following analysis.

3.1 SCHOOL

We know that parents' experience of education often informs how their children fare at school (Young 1971; Bourdieu & Passeron 1977). Our respondents recalled that their parents held a range of attitudes towards their education and these had a substantial impact on how they felt about school. Older men reported their parents desiring them to leave school as early as possible, whereas younger men's parents were often willing for them to continue education.

However, no matter what parents' expectations were, in the majority of households there simply were not the resources to support children in school. A number of obstacles to home support were reported. Some said that their parents did not have the ability to partake in their education because of their own limited educational background.

> *What was your mum's attitude towards your education?*
> I don't think she really had one. I really don't [...] It was just like up to me to find my own ways and do what I'm doing really. She never checked nothing. She never made sure this was done. She never went through nothing with me. She never discussed anything with me. It was just 'whatever the teachers tell you, do it'.
> White British, aged 27, unemployed

Others reported a lack of emotional stability at home.

> *Why weren't you getting enough attention at home?*
> I don't really know to be quite honest. I mean, me and my mother never really got on anyway and then once my father died and that, that caused a lot more problems because I found that he was always the one that would listen and understand. You know, even if I'd been naughty or whatever it's, 'Alright it's going to happen. Let's sort of sit down and not throw a few slaps and let's try and find out what it's about' [...] Whereas with my mother, you know, I didn't get nothing like that from her.
> White British, aged 29, unskilled job

Overall, men shared common attitudes as to the purpose of education. Education was seen as a process of the acquisition of skills necessary to work rather than as an end in itself.

> I actually left school because I was working. I was doing full-time work while I was at school and no-one knew that I was under sixteen. It all come up and it was all OK, but it was like 'keep it quiet' kind of thing.
> **White British, aged 27, unemployed**

We conclude that, for most men, their emerging homosexuality had little to do with their early termination of education. Moving into employment at sixteen was seen as a natural progression and the majority were not personally invested in education. In general, studiousness or striving to excel at school was not expected of such boys.

However, this is not to say that their emerging sexuality did have a detrimental affect on their experiences of school. Like other gay adults, many respondents reported a sense of being somehow 'different' or 'outside' at school. The sense of being an outsider took many forms and led to many different behaviours. Often their sense of being different was marked by a certain quietness or hesitancy which was associated with effeminacy. The results of such an identification could lead to anything from mild or generally unproblematic name-calling to severe homophobic bullying.

> I don't know why… how I got through [school] because… I was bullied all the time […] They hated me. But when we went… They made sure I got the dirtiest in rugby. They laughed at me in football. They did… they made my world hell in any kind of sport. They said… they called me in the playground and everything. They picked on me. They pushed me. They shoved me. They punched me.
> *[…] What were they picking on?*
> I haven't actually consciously tried to change this part of me because I believe I am me, and if you don't like it, it's tough. The best thing I can do in life is to be me. I was a very effeminate little boy. Very effeminate little boy's voice.
> **White British, aged 35, unemployed**

Homophobic bullying was related more to being different than being gay *per se*. That is, quiet, non-boyish behaviour was equated with effeminacy which was, in turn, equated with homosexuality. However, bullying might also be based on ethnic identity or his physical appearance (weight, height *etc*.). What was most striking however, was how bullying was dealt with by parents and teachers. Overwhelmingly, the cause of the bullying was traced back to the respondent himself. That is, rather than his environment being questioned, the respondent was analysed, pathologised, blamed and punished for being different.

> I was always getting into trouble because of it! They always thought that I was the one that was causing the problems, that was why everybody else was picking on me! Which was their way of getting out of it, I suppose. And they don't care. [laughs] Funny, isn't it?
> **White British, aged 27, unemployed**

In a few cases, outside help was sought. However the attention of child psychologists and social workers was often seen by respondents as interrogative and punitive rather than supportive.

> I had a tiny breakdown really. I was just fed up about things. Fed up with what was happening and couldn't tell anybody about it. I was to petrified of the kids sort of doing it. I just came home one day and said to my mother 'why can't I leave school' and that was it basically... So they thought that I was affected that way. So I had lots of child psychologists. It was quite terrifying for a nine year old/ten year old child.
> **White British, aged 30, unemployed**

Boys got little outside help or support to address the bullying they suffered, and most developed their own responses. Such responses were necessarily limited given the highly normative and restrictive school atmosphere. When studiousness, quietness or hesitancy were not prized, a common response was to eschew academic capability or to engage in disruptive or 'boyish behaviour' themselves.

> I just started to get a bit more mischievous [...] just doing silly naughty things to make people laugh, you know, a bit of a lad [...] Setting off fire extinguishers, being horrible to the teachers and...
>
> *And academically – what were you like academically then?*
>
> I was alright but I lapsed because I concentrated more on just being a laugh. You know, I had the brain to do everything and could get the grades but I let myself down....
>
> *[...] Why do you think you were wayward? What happened to you?*
>
> I don't know. I don't know, I suppose because, you know, I started to probably think that I was gay and it was quite difficult, you know, when you are at school in an all boys school, trying to fit in.
>
> **White British, aged 29, unskilled job**

Others became withdrawn, truanted or simply refused to attend school.

> Well I mean I was always petrified that they were going to take me back to school. I didn't want to be at school kind of thing and I was always petrified they were going to do that to me and it made me actually a nervous wreck as a child. So basically I just stayed in my bedroom most of that time, very dark.
>
> **White British, aged 30, unemployed**

The relatively low value placed on education by families and the low expectation of teachers in this respect made the response of simply dropping-out of conventional schools more available. For some, being sent to a special school or a borstal was interpreted as a positive move.

> ... And they put me in what they called an approved school [...] It's like... what do we call it, a detention centre now [...] One step down from borstal [...] And actually I think that I developed a lot of my personality living there. In the sense that like all of a sudden I was with black people, brown people, white people, all sexualities you know, really it was and it helped me [...] Well I went into the merchant navy from there [...]
>
> **Mixed ethnicity, aged 58, unskilled job**

Two others simply ran away.

> I got kicked out of school the one day and that was on the Thursday or... It only took me about three days for me to get hold of like 30 quid and that was it, I was gone. [...] I came up to London, up to London, streets paved with gold.
>
> **White British, aged 33, unemployed**

In complete contrast three younger men chose to come out at school. Their resulting experiences differed enormously depending on their family's attitude. One boy was suspended as a result.

> I got on with other boys sort of up until I came out and then when I came out it was just all the childish remarks, you know, just... You know? And people flattering themselves, you know, thinking that I fancied them and all that. It just really pissed me off. And I got suspended from school right, for supposedly eyeing other lads up [...] I was having a maths exam, and this lad was waiting for me outside to beat the shit out of me. So I just headed down the fields. The teacher came and said 'what the hell's going on here?' And anyway the year head called me into his office and said that 'you've been eyeing this lad up', you know? I completely denied it but then his mate said that I had. And so it was my word against theirs. Bearing in mind that I was already out as well, you know? So yeah, they just suspended me.
>
> **White British, aged 21, unemployed**

The other two had the support of families. This man describes his experiences after he came out at a school in the east end of London. After coming out, he says:

> I just kept getting people come up to me from other… 'are you gay? Is that right what I've heard, are you queer?' And then slowly it sort of worked out that I made a lot of friends because, you know, to a lot of the in-crowd I was something quite exotic. But I sort of thought 'well sod you, you didn't want to know me before – you're not going to know me now'. So I made friends with two girls, one was a lesbian and one wasn't but she was sort of the ugly duckling in the class. And the three of us used to hang out together and sod the rest!
> **White British, aged 27, unskilled job**

There is an expanding literature on homophobic bullying in the UK (Mason & Palmer 1996; Rivers 2000; Rivers & D'Augelli 2001; Warwick & Douglas 2001). Our findings indicate that bullying associated with sexuality is common among boys from working class backgrounds. However, their class identity mediates their experiences of and the results of such bullying. Clearly, a predominant culture of self-reliance and the relative disempowerment of parents in relation to school means that such boys are generally left to cope with bullying alone. There was little sense of parents and teachers working in partnership to support boys, despite the cause and source of bullying being known. The fact that working class boys were expected to leave school at aged sixteen, generally meant that bullying reached a natural end. However, the fact that homophobic bullying blights the experiences of any child is totally unacceptable.

3.2 EMPLOYMENT

We move on to analyse the world of work. We look first at the transition from school to work. We also examine men's attitudes towards their own jobs and how their involvement in a 'blue collar' occupation or their state of unemployment impacts on their gay identity and sociality.

For a sample who left school at sixteen or under, the initial and most obvious question concerned the circumstances in which individuals terminated their education. While all the men in this group left school when they did because it was the norm, their experience of leaving school was affected by the gradual breakdown of traditional routes of transition from school to work for working class men. Older men generally left school to enter secure apprenticeships or the armed services. Often family or community connections secured these positions and they came with a strong sense of continuity. The following respondent left school in the early 1970s.

> … I mean if I'd passed all my exams I could have gone into like Higher National Diplomas – HNDs, you know, and then technical services and things… Because I think I was quite good at school at technical drawing.
>
> *So what made you decide to leave school at 14 then?*
> Well the chance of an apprenticeship came up.
>
> *The chance of an apprenticeship?*
> Working at my dad's factory… So I was leaving school to go into an engineering apprenticeship.
> **White British, aged 44, unemployed**

For younger men, the transition was more difficult. Secure male working class positions had disappeared by the mid 1980s when this respondent left school. He found work through a mixture of government intervention and his own initiative, but the job bore little relation to his father's occupation.

> I was like 15 and nine months. […] it was just like two more months schooling… But I did work experience, as you do, just in a Spar Supermarket, which was like five minutes walk from my parents' house. So I did my two weeks work experience, and then the guy took me on and I didn't go back to school.
> **White British, aged 34, semi-skilled job**

For men who left school in the mid-1990s, some form of ongoing training was important. All reported seeking further qualifications, some with the support of their families.

And then you said since then that you've gone back[...] to further education for a while?
It was a chance offered me through the job I was in and I did go. It was a management qualification. In fact, it was a GNVQ Advanced. It seemed to have more onus, more responsibility than just direct academic A Level because it was more a university style set up, 'Turn up, fine. Don't, whatever. Your responsibility.'
White British, aged 25, semi-skilled job

Therefore, although the pattern of leaving school at sixteen remains the same and is still essentially class bound, the experience of the individual changes over time in relation to broader historical and economic processes as does the role of family and community. The stability of masculine family-related working class roles has disappeared and the individual is expected to be more enterprising in defining his own role. Moreover, the decision to leave school becomes more onerous. It is no longer a smooth transition, but one where the individual is expected to continue with training and learning after he commences work.

It should not be surprising that the accounts of the men in our sample mirrored those of heterosexual men from working class backgrounds. That is, the loss of traditional manufacturing jobs, the breakdown of ongoing relationships between large-scale employers and local working class communities. Such radical changes in the nature of the labour market have heavily affected work patterns of working class families with more women involved in full and part-time work and a period of crisis in men's employment followed by the need for men to be more enterprising and flexible in how they define and seek work. In this context, we were interested to know how their (emerging) sexual identity mediated their experiences of work (if at all).

The employment trajectories of the men in our sample followed a familiar pattern. Most left school and entered directly into low-skilled factory or retail work. Some of these were immediately enrolled in apprenticeships and training schemes, and several stayed on after the training was complete. However, only two men now work in the same field as that which they entered after leaving education. Therefore, the dominant employment narrative for most of these respondents (particularly in their earliest productive years) was one of frequent employment change, punctuated by periods of unemployment.

The factors which led to current unemployment were various. Whilst some men were forced out of employment by redundancy or seasonal patterns; others made conscious decisions to change jobs, either because they were not happy with working conditions, they found better opportunities elsewhere, or they found they quickly became dissatisfied with the routines of their jobs.

Well I was interested in gardening, and I just wanted to do that. But unfortunately I sort of realised that it was one of the most boring jobs going. Cause all I was doing morning noon and night, mowing lawns, pulling out weeds. And ah, no way [...] I had a radio right, and I would listen from nine [or] ten in the morning, and the boss came around... the foreman these days... 'I don't like you listening to the radio' And I thought, I'm working here, all on my own, and that's all I've got. Up yours. And I went.
White British, aged 56, unskilled job

A smaller number of men quit their jobs because they had made plans to move on, relocate, or travel which ultimately never came to fruition. In each of these cases, the respondents had not sought to regain employment, despite the evaporation of their original reasons for stopping.

When was your last paying job?
Paid job? I must have been about a year ago when I working at a bingo club, yeah. Because I was living with somebody at that time, and we were going to go to Manchester to do… sort of relocate to Manchester. And it didn't work out. You know, and the move didn't work out. So we decided to sort of stay in London.
White British, aged 44, unemployed

The final category of men were those who were medically retired (although not all were collecting

Disability Living Allowance). The majority of these men have HIV and had not worked for a number of years due to the strains that full-time employment would impose on their physical and / or mental health.

> I don't think I could cope with [a job] now with being HIV positive.
> *Have you had many illnesses, physical illnesses?*
> No [but] I think it's because I'm not working [laugh]. Because every time I mention it someone has said, 'Well you've got to take into consideration the fact that if you go back to work...' I mean plus the fact that the amount of stress I've been under just lately I wouldn't like to hold a job down as well so I've got the feeling that being off work is better.
> Black British, aged 41, unemployed

The overall picture of employment for the majority of men is that employment has been tenuous, changeable and for the most part unskilled or semi-skilled. Moreover, many had worked (or continued to work) in demanding, low paid environments. The incentives to change jobs with relative frequency or to put other considerations (such as the area of the country in which one lived, one's capacity to travel, a partnership *etc*.) above one's job were clearly present. In the absence of an abiding sense of personal career development, any self-worth or identity derived from work is lessened. Men worked to live rather than lived to work.

When we look more closely at the meanings that men attached to work, a number of themes emerge. Employment was often viewed as a means of gaining a basic income. Men often attributed this notion to their upbringing and familial expectations. While many now reject this view of employment, work continues to be a necessity of survival and often there is little sense of personal development to be gained from work. A respondent who has worked at the same bank for 22 years says:

> It's not my bag at all... To me it's just a job to earn money.
> White British, aged 38, semi-skilled job

As employment had little or no role in defining identity, its social capacity was also limited. Men saw little incentive to socialise with co-workers or share details of their personal lives.

> I haven't been there long enough to establish a relationship with anyone who worked with me to be in a position to say 'by the way, I'm gay'... it's none of their business.
> White British, aged 34, semi-skilled job

Allied to the notion of work as a necessity was the idea that work was demeaning. Some men talked of work they did as being 'below' them, or as 'boring'. A few men reflected on being stuck in jobs that they disliked, but felt that they had no obvious alternatives.

> No clear vision of what it is that I want, you know? No experience to... to help you decide on a career or a profession or... and no qualifications either. Do you know what I mean?
> White British, aged 34, semi-skilled job

The men who saw work as demeaning or oppressive tended to construct discourses around changing jobs or careers. Some took active steps to remove themselves from jobs they saw as demeaning. Men talked of escaping pre-determined trajectories, of gaining confidence and personal enterprise.

> Then I applied for and got a job as a supervisor, just running a small department. Then I went on a management training course and did some management training... so I started to supervise and manage... and I ended up running a department of nearly sixty staff there. So I suppose that was the time when I developed some confidence and skills that I could actually... that I actually had the abilities to do far more than was ever recognised.
> White British, aged 43, semi-skilled job

Others adhered to an idealised notion of work as having the potential to liberate them. Thus, they aspired to more 'meaningful' work which was contrasted with the perceived drudgery of their current administrative, factory or retail job.

> In that sense I don't want to end up the same as my family... I don't mind council flats and stuff, but I really want to break out of that… that cycle, you know? And DJing and that's the only way I could probably earn that kind of money, that I'm qualified to do, because I've got no qualifications or anything.
> **White British, aged 27, unemployed**

Of key importance was the way that work was experienced compared to the way it was conceptualised. Most experienced work as a basic necessity in order to gain sufficient income to live rather than a source of fulfilment or personal development. A handful of men had made changes in order to get work that they saw as more fulfilling or meaningful. Some had found employment in the caring professions after a protracted periods in jobs in which they had little interest.

> I mean, I love the elderly. I mean I get on with people with learning disabilities, you know, very easily. And it's lovely to be able to work for them, you know. And you're working... like the money's shit really, and in this country, you know, nursing... we're exploited. But yeah, these people, they're a challenge to me, you know... And at the end of the day I used to go home and think 'Oh yes', you know, 'I've made their life a little bit easier'.
> **Mixed ethnicity, aged 58, unskilled job**

Since work was not highly valued personally, men did not see a need to work beyond the need to secure a basic income. The majority who were unemployed talked of being satisfied to live either on benefits or a limited personal income in the long-term.

The interaction between gay identity, sociality and work was tenuous. Gay identity affected the choice of job for only a small minority. One other man chose to become an HIV outreach worker after a spell in the army and another felt that his sexuality meant that he was oriented towards more 'feminine' secretarial roles. However, for the most part, the connection between occupation and sexuality was more complex.

There were very few accounts of problems encountered in work because of sexuality. The overwhelming majority who were employed at the time of interview had either disclosed their sexuality to workmates or intended to do so. Two men talked about serious difficulties they had encountered concerning their sexuality while others talked about colleagues joking about their sexuality, yet they did not consider such behaviour problematic and generally laughed along in order to diffuse the development of more serious homophobia.

> *Were there ever any problems or issues about being out at work?*
> Only from one guy [...] Most people knew in the company [...] even from Director level [and] never had a problem with it. Only had hassle from this one guy, just verbal abuse a couple of times. Until I told him where to go in no uncertain terms. And that really was only because one Christmas we were all a bit drunk and I told him I fancied him [laugh]. And he was totally straight. It was quite funny. Because he turned round… he was sitting next to me as well and he just turned round and he said I don't know whether to run out of the room, hit you or what. And I just replied well if you hit me you'll find I'll hit you back [laugh]. But after that day obviously… it was [...] not a problem whatsoever.
> **White British, aged 38, semi-skilled job**

It is important to note however, the high level of unemployment in our sample. It was here that more serious problems emerged. Lack of money made it difficult for men who were unemployed or on low incomes to sustain a social life with other gay men. In these cases, unemployment was bound up with a loss of self-confidence as well as a general feeling that life was meaningless and chaotic. Of particular importance was being able to maintain a stable domestic life.

> I think that [home] is a big thing as well, because that reflects on your everyday life. You want it to be somewhere you feel comfortable and feel like you can bring people home and not have a problem. Which at the moment that's not good enough.
> **White British, aged 35, unemployed**

3.3 DISCUSSION

Whereas emerging sexuality was unlikely to affect the duration of these men's education, it did affect the quality of it. There were many accounts of homophobic bullying at school from both other pupils and teachers. Schools generally lacked the will or capacity to respond to such bullying. This was exacerbated by a general culture of 'rough justice' among both schools and families. Thus boys were left to deal with the problem entirely alone. For these boys, enterprising behaviour which was self-protective came in the form of engaging with the dominant forms of masculinity made available to them within their school environment. Such engagement was normally detrimental in other ways however. Enterprise, in this case, consisted of engaging in ultra-masculine and disruptive behaviour, eschewing personal academic capacity, truancy and social withdrawal. We conclude that in the school environment their sexuality placed them at a disadvantage compared to other boys.

Moreover, the educational environment encouraged a range of behaviours which were not helpful in dealing with their sexuality in later life. It has been much debated that the current education system serves boys badly. Education, as experienced by the men in our sample, prepared them for a very narrow life trajectory of unskilled or semi-skilled jobs within highly gendered environments. This left them particularly vulnerable when the social structures which supported such a future changed. Moreover, without the benefit of a fixed heterosexual familial identity, gay identity and social structures may have had little to offer in making them less vulnerable.

Whereas, sexuality was unlikely to affect the age at which they left school, it did undermine their chances of gaining a good education and being well prepared for the world of work. We conclude therefore, that in terms of education, being gay remains a major liability for working class boys and men. It is difficult to comment on the extent to which these experiences at school contribute to the instability of their current working life and the high levels of unemployment observed. For men of all classes, traditional patterns of employment have changed and the effect of those changes is different for different classes.

The question is whether gay sexuality and sociality has the capacity to make individuals more or less adaptable to uncertainty. The answer lies in the capacity of work to sustain an economically secure and appropriate intimate life. Unlike their heterosexual counterparts, the men in our sample were, on the whole, free of child-rearing responsibilities and often had primary male partners (who have a greater earning capacity than women). Such increased earning capacity and decreased domestic expenditure should theoretically lead to increased personal wealth and flexibility in terms of occupational choices (like their middle class counterparts). However, most were unemployed or worked in moderately-paid jobs which they did not value. Unemployment was, for some, an exercise in choice (a choice less open to them if they had children). For others, it was experienced as a major obstacle to establishing domestic security and long-term relationships.

Establishing a gay, intimate or domestic life is generally achieved through adapting to dominant legal, fiscal and cultural structures geared towards supporting heterosexual economic and social reproduction. For middle class gay men, enterprising behaviours in this respect lie in the acquisition of educational qualifications which, in turn, lead to high earning (and / or personally rewarding) jobs. Thus, we might expect a middle class gay couple (and latterly lesbians) to be at least as wealthy, fulfilled and successful as their heterosexual counterparts. Moreover, the values embraced by middle class gay cultures support such personal development, self-actualisation and wealth creation. We have neither observed nor do we recommend the reification of such a (highly conservative) value system for the consumption of working class gay men. Instead, we conclude that the modes of adaptation, the enterprising behaviours which are appropriate for this group are neither well understood nor often represented in mainstream narratives of gay identity. That is, among working class men, to be gay remains a liability in terms of matching a life of work to a fulfilling intimate life.

4 The moral universe: gay sociality and HIV risk

We have seen how pervasive notions of family are in informing the values of working class gay men and how both education and employment can leave such men ill-equipped to adapt to the challenges of their lives. We move on now to look at how these factors and values shape the development of a specifically working class gay identity and sociality. In this chapter, we examine gay social interaction and then the framing and negotiation of HIV risk.

4.1 GAY IDENTITY AND SOCIALITY

We have seen that coming out often occurred within the context of their family. However, gay sociality embraced a diversity of social and cultural networks. The interaction of these contexts allowed men considerable flexibility in the definition and expression of their social role and identity.

Taking on a gay identity allowed men to subvert the dominant heterosexual norms in their lives in ways which maintained the all important familial structures. Often, within the family, a gay identity allowed them to establish more flexible domestic or intimate arrangements. Also a gay identity allowed them to move beyond their immediate family or community and into more diverse social networks.

> I've just got lots of friends who are very open-minded, straight and gay and I think I probably might not have linked up with them, so in a way I've connected with some very quite unusual, interesting [...] people.
> Mixed ethnicity, aged 43, unemployed

Men could extend or experiment with their masculine identity. The means of expressing divergent forms of masculinity could be quite literal.

> I want to be able to like buff my nails, and I want to be able to grow them to a certain length. There are just certain little things that you can't do because you're a man! I can!
> Mixed ethnicity, aged 25, unemployed

Extending the masculine role allowed many to inhabit a range of social spaces unavailable to their heterosexual male counterparts. For example, some men felt that the experience of coming out allowed them privileged access to the emotional lives of a range of people: gay and straight, male and female.

> I think a lot of people don't see me as a threat... I mean some of, there's a couple of young straight guys, they'll come and tell you 'Hey I'm having these problems with my girlfriend, have you any ideas about how to get round it?' And yeah, it's really nice!
> White British, aged 44, unemployed

For some men, the ability to form close friendships with heterosexual women was especially valued. Men reported being seen neither as a threat nor as a likely sexual partner.

> I suppose most of them [close friends] are actually women now. Don't ask me why, but I get on a lot better with women! [laughs] I suppose it must be my feminine side!
> White British, aged 35, unemployed

The implication was that had they been heterosexual, or remained in the closet, such social opportunities would not have been available. Thus the primary benefit of gay identity and sociality was that it allowed greater variation in terms of social and intimate life.

Thus, what constitutes a 'gay lifestyle' comes into question. Embracing gay identity consisted crucially in widening one's social circle to include interaction with others from a range of backgrounds rather than adopting a specific gay lifestyle (and interacting solely with other gay men). Indeed, interacting with such a diverse range of people implied a rejection of specific gay lifestyles. That is, the forms of association which resulted from overly commodified or politicised gay cultures were seen as constricting and limited. This is not to say that notions of 'gay community' did not hold a currency for these men. Many valued being among others who had similar experiences of coming out. Moreover, for many men, a gay identity had the capacity both to accommodate their current familial social structures and to broaden their own identity and facilitate increased social intermixing and mobility. In addition, they rejected any notion that gay community or gay scene would provide an 'alternative' way of life or a redemptive socialisation. Rather it consists of maintaining and conserving familial, social and class bonds within a much broader society.

However, it would be misleading to stress the advantages of gay identity and sociality without pointing to the many drawbacks highlighted. Just over a quarter of the respondents reported that living as an openly gay man resulted in negative life outcomes. For them being gay deprived them of familial, social and romantic security. In almost all these specific cases, respondents had faced negative responses to their very first disclosure of homosexuality from which they never recovered.

> … I always feel that I was very mixed up about who and what I was, but [family] weren't! And they made it quite clear that they thought I was gay! [...] Nasty remarks passed back from people in my mother's family, you know [...] I never forget it. I always go over it. And people at family do's are just a nightmare because I always remember what people have said or what are they saying.
> White British, aged 38, semi-skilled job

While some felt that they might have had closer bonds within their family of origin if they had not been gay, others felt that being gay had meant that they were not able to 'settle down' and have a family of their own.

> I think [if I hadn't been gay] I'd probably have a partner by now and we'd have a small child probably... which I say I do want actually, another partner with a child at some stage. That would be an advantage of being straight.
> White British, aged 32, unemployed

We can see the central importance of social diversity (in terms of gender and sexuality) in the men's statements regarding limited gay sociality. Specifically, mainstream 'gay lifestyles' were criticised as affording little opportunity for the social and emotional stability that was valued.

> As a gay man it's a single lifestyle. There's no proper connections around me and so in a way being gay has had an effect on me mentally. The loneliness, more than anything else. Just not being in a stable relationship or getting to know anyone and their families the way straight people do.
> White British, aged 34, semi-skilled job

Although being gay allowed them to inhabit a wider range of social spaces, men were circumspect when it came to inhabiting specifically gay spaces. Being gay was perceived merely as an aspect of their life; an insufficiently strong identity category to comprise an entire sense of self.

> Gay's a very big thing. It doesn't change me, I'm changing it... It used to run my life but now I'm just running it.
> White British, aged 30, unemployed

Related to this was a distinct rejection of any sort of gay identity politics. Gay political identity was seen as divisive or posturing. It was preferable to participate in social settings where gay identity was simply one aspect of a broader spectrum.

> I just want to be an everyday person like anyone else, you know? Going around, minding my business, whatever, yeah? So I don't want to be important just because I am gay. I just want to be one of the boys or one of the girls or whatever!
> **White British, aged 32, semi-skilled job**

There were common themes in the way men inhabited the commercial gay scene. Of key importance was the commodification they perceived as central to the gay scene. Men tended to concentrate on the financial aspects of such commodification. That is, London's West End scene was rejected mainly because it was expensive and poor value for money. It was used selectively and occasionally as men were particularly concerned about not being 'ripped off'. Allied to this was the desire to be known or recognised within gay social networks (that is not to be sexually or corporeally commodified). For these reasons, the local predominated over the global in respect of scene venues. Local gay venues were valued because they were more intimate, less anonymous and the entertainment was not solely based around sex, alcohol or other recreational drugs. Men talked about the sense of security that they felt in such venues as well as the fun that they had.

> I prefer more country... not country but more suburban-type scenes like in Greenwich. It's much more relaxed and people are there just to have a good time.
> **White British, aged 25, semi-skilled job**

Hence, while three-quarters of the men in the sample regularly used the gay scene, the dominant characteristics of their account included a sense of control over the scene rather than either a sense of thrall on the one hand or personal disillusionment on the other.

> [Clubbing is] an occasional treat. I mean it doesn't... it doesn't hold much sway any more for me. The music's too loud, there's not enough diversity... I like the atmosphere in gay pubs. There's never hostility that I've ever come across.
> **White British, aged 27, unskilled job**

4.2 SEXUAL AND HIV RISK

In this section we examine the sexual HIV risk practices of the working class men. After categorising those practices, we look in detail at the circumstances surrounding HIV sexual risk-taking and the meanings men attach to such risks.

The table below presents the sexual risk behaviours engaged in by men in our sample in the last 12 months. Overall, roughly a quarter each engaged in no anal intercourse (NAI) and protected anal intercourse only (PAI) and just over half engaged in any unprotected anal intercourse (UAI).

No AI	Protected AI only	UAI
8 (21%)	11 (29%)	19 (50%)
4 of whom were HIV+	2 of whom were HIV+	5 of whom were HIV+

The ways in which men assessed and managed HIV risk varied as did the meanings they ascribed to anal intercourse and risk. However, two dominant and inter-dependent themes emerged throughout our analysis. The first was the relationship between intimacy and risk. The second was the moral universe which we have described in previous sections. The twin themes of intimacy and morality animated discussion on sex, HIV and risk. The following three sections draw out these themes amongst men who had no anal intercourse (NAI); protected anal intercourse only (PAI) and finally any unprotected anal intercourse (UAI).

4.2.1   No anal intercourse

Two men in this group did not engage in anal intercourse (AI) simply because they did not enjoy it. When we asked them to discuss the meanings of anal intercourse, questions of intimacy were mobilised.

> **The intimacy's far more important to me, right now, definitely. That means much more to me than the actual sexual act. Yeah, that's the cherry on the cake. You're not... somebody who's compatible and the actual act of having sex is good but, I think the level of... I think human intimacy's beautiful. I love seeing it when it's... you know, whether it's a man and a woman or two girls or two men or... You know, when you see people that are being really close and intimate with each other, without being sexual, it can bring a lump to my throat. I think it's beautiful.**
> **White British, aged 43, unemployed**

The remaining six avoided AI because of concerns about HIV transmission, regarding even protected AI (PAI) as a high-risk activity. What was notable about this group was their refusal to countenance any kind of risk assessment.

> **I can't relax enough to enjoy it because there's a thing going in my mind that OK, he might have 25 carrier bags on the thing but there's a chance there. It's that kind of thing.**
> **White British, aged 33, unemployed**

Although these men were averse to assessing risk, they were not necessarily averse to engaging in UAI. That is, they could envision times when they might engage in UAI. However, a decision to do so would be informed by questions of intimacy and morality rather than assessments of risk. UAI might be considered within the confines of a trusting long-term relationship.

> **Well I would like it to be more intimate. I would like a bit of quality. I don't want it to be the way it used to be, you know what I mean? I'd like to get to know the person.**
> **White British, aged 43, unemployed**

Intimacy was more important than knowledge. That is, for these men, that they trust and perhaps love their partner was considered more important than whether they knew he shared their HIV status. The image of love and intimacy as shared within a primary relationship had such a strong hold on the imagination that sex and HIV risk were both subservient to it. That is, rather than desiring a boyfriend in order to be able to engage in UAI, they desire a partner with whom they can share romance, passion and intimacy and the potential of having AI is incorporated into that vision, but does not necessarily dominate it. Moreover, being in such a relationship would signify security in itself. For example, the following respondent constructed being single as an intrinsically risky state. Because he did not have regular sexual contact with men, he feared that the moment he did, he would be overwhelmed with passion and more likely to take risks.

> **I think I was again caught up in the heat of the moment. I don't have a man in my life. I don't have physical contact with a man very often, so it was overwhelming for me... and I need to work on how I can do all... my... how to prevent my passion overwhelming a situation which doesn't put me in danger.**
> **Black British, aged 26, unemployed**

4.2.2   Protected anal intercourse only

The eleven men who always used condoms for anal intercourse did so in order to prevent HIV transmission, either to themselves if they thought they were not infected or to others if they knew themselves to be infected. A similar refusal to countenance risk reduction was observed. For these men, engaging in unprotected anal intercourse was an act that carried more risk than they were willing to take.

> ... if I were attempt it (UAI) I would probably just lose my erection.
> White British, aged 43, semi-skilled job

Questions of morality re-emerge in discourses around condom use and risk avoidance. For some, a disavowal of risk was associated with personal responsibility. That is, a sense of blame or fault was ascribed to the action of not wearing a condom.

> I don't like to take risks when it comes to things like that, you know? As far as I'm concerned if I don't break a condom or whatever, you know, or I take drugs and I don't wear a condom, you know, well it's my own fault if I get AIDS.
> *So you always wear a condom for fucking?*
> Yeah. I mean I have done it once or twice without, but then again, had I got AIDS I wouldn't have expected any sympathy whatsoever.
> White British, aged 21, unemployed

The themes of intimacy and morality emerge again in men's perceptions of their partners and their strategies around partner selection. Some had very different sexual practices with regular partners as opposed to casuals.

> Well there've never been boyfriends where it's been that kind of closeness so… I would have loved to be able to… fuck someone without, or them do it to me without, but as far as things go I'm not… I am not putting myself in that risk. And I will not [...] That's probably why I haven't got a boyfriend [...] This AIDS thing does scare me [...] The majority of them guys I probably meet up with have got something wrong with them but, it's not something that you actually ask.
> *So do you have any strategies around oral sex?*
> Yeah.
> *What are some of those rules?*
> Well I won't let somebody that I don't know, like come in my mouth [...] sexually it's a very personal thing…
> White British, aged 27, unemployed

For others, risk practices were not based on strategies or rules, but on assessments about the potential risk of both casual and regular partners through the use of what we might call 'morality markers'. These were indicators about a partner's character. Partners could be considered 'safer' if they appeared sensible or concerned about sexual safety.

> To be honest the last person I did have sex with, he was very concerned like... when it was going on he said 'is the condom still on?' And that kind of... I thought 'well this guy is...'
> *It reassured you?*
> Yeah, I wouldn't take more risks because of that but I thought 'ah well this guy's pretty safe' because I've met people that have no concerns like that.
> White British, aged 38, semi-skilled job

Men often made decisions based on a partner's demeanor or appearance.

> *Are there rules you have about who you have sex with?*
> Of course. I don't... of course, it wouldn't just be anyone. I mean I... I wouldn't say... I am very picky. I do take people by their character. I think I'm a pretty good judge of character.
> *[...] What kinds of things do you spot that makes you think that?*
> They look a bit scruffy. I don't mean they could be scruffy, but I don't go for that scruffy... just how I see them. Say for instance I go into a cottage and there's somebody there that will just... go there, yeah. Then obviously I wouldn't go there, you know?
> *So you'll stay away from people who look like they're just having sex?*
> Yeah, I'd wait until the British Telecom man comes in [laughs] I'll be waiting for the gas man.
> White British, aged 27, unemployed

Often decisions were based around a prospective partner's perceived promiscuity.

> Well if I see someone who I think is very promiscuous then I won't go anywhere near them, people that hang around toilets... I won't go anywhere near, like when I go to G.A.Y. you know, when you go to the toilets you've got guys standing there not they're the sort of guys... I make note of those and steer clear of them cause I'm not having ...
>
> *A mental snapshot sort of thing.*
>
> Well cause the thing is, I wouldn't mind so much but some guys go with about five people one after the other and I'm not having anyone touch me. And it's like if a man, you know if a woman, if her partner stuck it in two other vaginas you know and then went straight to her, I don't think she would let him. If she's got sense anyhow!
>
> **Mixed ethnicity, aged 43, unemployed**

The question of moral character continues when men offer reasons for this type of decision making. Men often said that it would be unrealistic to request or expect a reliable disclosure of HIV status from their partner. They were unsure that if they asked, they would receive a dependable answer.

> It's a very, see unfortunately, it's very thorny, cause the thing is like if someone is [positive] they are not likely to tell you cause they're frightened that you're not going to have sex with them, and treat them like a leper and they're also frightened that you're gonna communicate the information to someone else.
>
> **Mixed ethnicity, aged 43, unemployed**

Two men in the group were exceptions to this rule saying that they would consider engaging in UAI within a strict 'negotiated safety' framework (Kippax *et al.* 1993).

> *Are there any circumstances you can see in which you would fuck without a condom?*
>
> Oh yeah, if I was sort of like with my partner, you know, I was seeing him on a regular basis, and you know – I'd been with him for about three months or something. I'd then suggest to him that we both get tested together and get our results together, so that we'd know beyond a shadow of a doubt whether there was any risk involved in that.
>
> **White British, aged 21, unemployed**

4.2.3   Any unprotected anal intercourse

Our analysis of UAI reveals the same patterns we have observed in the previous sections. We asked the 19 men who reported any UAI in the previous year to discuss in detail their last incident of UAI. We concentrated on their thoughts and feelings before, during and after the event, covering factors such as alcohol or drug use as well as the kinds of risk assessments made at the time. We are interested here in the capacity of such collections of factors, assessments and strategies to impede or facilitate HIV exposure.

Of the nineteen accounts of UAI we collected, nine took place with regular long-term partners and the remaining ten occurred between casual or one-off partners. We asked the men what they know of their own and their partner's HIV status. These are presented in the table below.

Accounts of UAI with regular partner	No.	Accounts of UAI with casual partner	No.
Respondent Positive / Partner Positive	1	Respondent Positive / Partner Positive	2
Respondent Positive / Partner Negative	1	Respondent Positive / Partner unknown	2
Respondent Negative / Partner unknown	3	Respondent Negative / Partner unknown	6
Respondent Negative / Partner Negative	2		
Respondent unknown / Partner Negative	1		
Respondent unknown / Partner unknown	1		

The majority of status unknown UAI occurred within the context of casual encounters. In view of the high testing rate among the sample, we were prompted to explore what constitutes 'knowledge' of one's own or one's partners HIV status. In the remainder of this analysis, we deal first with knowledge and UAI with long-term regular partners before moving on to examine casual partners.

Regular partners

When men discussed UAI with their long-term regular partners, the themes of intimacy and morality emerged again. Men frequently talked about how their partner's HIV status impacted on their decisions to engage in UAI. However, this was often without the benefit of a test result. Such 'knowledge' was based on details of the partner's social and sexual interactions. That is, a partner was judged to be quiet, dependable or in some senses too timid to have sex with other partners. The following respondent refers to his boyfriend.

> *And do you and he have the same HIV status?*
> Yes. The nice thing about my friend is, he has only ever been with three people in his whole life and I am one of them, and I know the other ones.
>
> *And did you always not use condoms with your current partner?*
> Yeah. We used them for about two years once we went back together again. But Ray said, 'Oh' he said 'I don't like these things' and I didn't sort of like them either. So we made an agreement that if we ever did go with anyone that we either use condoms or we don't do it at all.
>
> *And as far as you know he doesn't really... have sex with other people?*
> He is so quiet. He very rarely will go anywhere on his own.
>
> *Right. Do you live with him?*
> No, I don't, no.
>
> *OK.*
> But he's one of those, you know what he's doing. You know from the way he's looking exactly what he's doing.
> White British, aged 56, unskilled job

This raises interesting questions about how actual test results are used within relationships. We found that such tests were used, often not to establish whether the partners remained free of HIV, but rather to maintain what might be described as the internal moral balance of the relationship. That is, an assertion that a partner needs to test is an assertion that the partner has overstepped a boundary, that their moral character has been brought into question and can only be re-established with the aid of a test result. Thus, decisions of whether or not to engage in UAI, the use of condoms and the HIV testing are overlaid with considerations of personal sexual morality.

> ... Well the last boyfriend I had, he loved cottaging [...] but I just hated it. I really, really hate it. [...] I just hate people doing it.
>
> *[...] Do you know if you both have the same HIV status?*
> I know that we are both clear – definitely.
>
> *Is that because he's been tested or because...*
> I made him go for one.
>
> *Why did you do that?*
> It's peace of my mind [...] To be safe and to make sure that I haven't caught anything from him.
>
> *[...] when you are fucking with him together you don't use condoms?*
> Yes, normally.
>
> *And have you come to that through a discussion or an agreement?*
> No. Well at first, when [...] when we started a relationship we just didn't bother because like there was only like just me and him. And then when I found out that he started doing cottaging then I turned around and said, 'Well we've got to start using condoms because otherwise like if I catch something I'll knock your head off', kind of thing. So he like stopped the cottaging and then when we split-up like a couple of years ago he started cottaging again and I turned around and told him the exact same thing, 'If I do come up and I catch something...', I'll like take his head off. And every now and again we'll use a condom. If he [...] says, 'I've been with so and so', then I turn around and say, 'Well we will be using condoms', until like the next day and then we go and have a check so...
> White British, aged 38, unemployed

The use of an HIV test as a way of re-establishing the moral balance within a relationship emerges again in the following case. The respondent's displeasure at his partner's having ejaculated inside him was expressed entirely in terms of an emotional and intimate boundary that was crossed.

> … And then all of a sudden I said to him 'you've come, haven't you?' And he went 'no'. And he started laughing. So like obviously that was… run in the bathroom and… and I thought to myself… and obviously I had to do what I had to do. And I thought 'oh my God, he's cum inside me' So I run the bath and I went back in the… 'you came inside me Paul, and I don't find that… that's just not funny at all'. I wasn't amused about it at all. But he was like 'well you know I'm all right and everything'. I said 'but that's not the point', I said like, 'you've just… you've just like crossed the barrier – you know like you really have, and it's just not the one'. I mean like nobody had ever cum inside me since like my relationship for four years like without a condom on obviously. But I was like 'no you don't… you're not allowed to do that!'
> **Mixed ethnicity, aged 25, unemployed**

He later took an STI and HIV test (which were negative) and used the result as a way of both scaring and affirming his partner's difference in terms of standards of sexual morality.

> … like when I got my results back, I said 'Paul, I want to talk to you', and he said… Like he didn't know. He was like 'what's wrong?' So I said 'I think you'd better come to my house'. And I thought to myself 'no, I'm going to worry you for a little while because I want to know if you just like fuck with every… like anybody'. So he came down and I said to him 'you give me something'. I said to him 'Paul, you gave me something' and he was like 'well what?' I was like 'I don't know – I have to go back to the clinic'. So he said to me 'I couldn't have given you anything because I didn't have anything'. 'So how would you know that you didn't have anything?' and he said 'because I went to the clinic'. So I said to him 'why are you going to the clinic?' and he goes 'well because I slept with…' He slept with this guy named Clive and Clive has gonorrhoea.
> **Mixed ethnicity, aged 25, unemployed**

The risk of infection with HIV (or other STIs) generated a discussion about the sexual morality of the respondent, his partner and another man. Finally, the narrative resolved itself with the respondent being caught out by his partner and trust within the partnership being restored.

> Because Clive wanted to sleep with me, and Paul said to me 'I hope you're not going to sleep with him'. So I said 'I'm not' […] I could tell that he [Clive] just wanted sex. And I wasn't about that. I wanted more from it than just sex. […] I said to him 'anyway why are you so concerned? Why are you so worried about me sleeping with him for?' And he said 'just don't sleep with him'. Like just… So I was like… So he said to me 'look, he's got… gonorrhoea.' So I went 'ugh'. I was like 'ugh'. I didn't really know much about it. So I said to him… I said, 'is that why you went [to the GUM clinic]?' So he said 'yeah', […] So I said 'so yous lot must have unprotected sex then?' So he said 'not necessarily'. He said 'we could just have had oral sex'. So I said 'look, I want to know if you've had unprotected sex' […] So he said no, he didn't. He said it was through oral sex. But I didn't know that you could get gonorrhoea in your throat as well so… He said no, he said 'I didn't have it, but he had to have the swabs. And I said to him […]'well there's no point in me even trying to like to continue with like saying what I was going to say'. And he said 'did you feel that you was going to worry me?' So I said yeah.
> **Mixed ethnicity, aged 25, unemployed**

The role of the test therefore was to restore the moral balance of a relationship rather than keeping it free of HIV and other STIs.

We found only one case where what has been called 'negotiated safety' (Kippax *et al*. 1993) might be said to have been properly deployed in a regular relationship. This was where both partners were HIV positive and in a monogamous relationship (perhaps the least problematic and easily applied form of negotiated safety involving relatively few hard decisions, risks or indeed clinical tests).

Casual partners

A similar tendency to assess the social or moral attributes of partners as surrogate markers for negative HIV status was observed in the case of unprotected anal intercourse (UAI) with casual partners. This respondent talked about the demeanor and looks of a partner.

Had either of you said anything to each other before or during..?
No, about doing it without a condom?

What was different about that situation?
Well he was a nice decent person. I liked him. He was like quite wealthy, and he was very much me. And… because it's what he wanted more than what I wanted.

[...] How did you get that sense of what he wanted?
Well it was obvious that he didn't want me to wear a condom.

He didn't say anything?
He might have done. I can't remember. But I mean like it wasn't my choice, and maybe it wasn't his choice. But I mean like he was happy for me to do it, and I was… I just did it. So I mean… because I liked him and…

[...] Was the possibility of contracting HIV something you'd consciously thought through with him in advance?
Well yes, yeah, yeah, yeah. You know, within a few seconds you just thought 'he's a decent chap… he doesn't look like he's got HIV and…'

So do you think things through in that way and size people up?
Well you do, yes. You would, you would. As I say, you do know what you're doing. You do know what you're doing.

[...] Are there other things you might take into account in terms of risk?
Yeah, probably.

What kinds of things would you use as strategies?
Yeah, I know what you're saying. I mean I… when you go cruising there's all different types of people. And there's a lot of riff-raff, if you know what I mean? And then there's the professional people, do you know what I mean? There's the people that are there every night of the week and there's the people that you see once in a blue moon. So someone who was there every night of the week [...] you'd avoid. And then somebody who looks decent and well spoken and well presented, you think 'well they're not a high risk category'. Yes, so you do…

So there's a better chance that you might fuck that person without a condom?
Yes, yeah, yeah.
White British, aged 34, semi-skilled job

Respondents referred in general conversation to making distinctions along social or moral lines between sexual partners.

And so do you try to gauge how healthy they are?
Well… subconsciously and unconsciously – if obviously they looked ill I wouldn't do it.

Is there anything else you think about when you're trying to assess whether someone is..?
I don't think so. Obviously if I knew that they were very promiscuous I wouldn't do it I don't think, either. If they were male tarts or something! [laughs] Or, you know, rent boys or whatever.
White British, aged 32, unemployed

Men who were diagnosed with HIV who reported UAI with casual partners experienced a range of feelings and assessments similar to those we have reported elsewhere (Keogh *et al*. 1999). In one account the respondent was insertive and made decisions around the possibility that his partner was also infected based on the partner's behaviour or demeanor. The concern was not to pass on HIV and therefore he concluded that this partner was also likely to be infected.

Actually I feel a bit bad about it because I shouldn't have... I should have put the condom on first. I didn't actually approach the subject that's what the problem was. [...] This might be a bit ignorant I suppose but then again I think they themselves should know. [...] I've come to the stage now where there's enough information out there so it's like [...] I do say to myself, 'I should know better'. But then I think, 'Well if they want to take that risk then that's it'.

OK, was it full fucking or did you just put it in for a while?
No I just put it in for a while. It wasn't full fucking.

OK, and was that conscious on your part?
It was conscious on my part yes.

[...] What do you think his status was?
I was hoping positive [...] Because I wouldn't feel so bad afterwards.
Black British, aged 41, unemployed

4.3 DISCUSSION

Men reported a wide range of sexual HIV risk behaviours from being risk averse and not engaging in any anal intercourse, to engaging in unprotected anal intercourse in a range of contexts. The question of *whether* or not working class men are risk-takers is not very helpful. What is in question here is *how* they take risks. That is, the social and cultural considerations which inform the way that they construct and manage the risk of HIV exposure.

The dual themes of personal intimacy and personal morality emerged repeatedly. They operated, in different ways, within the accounts of men who did not engage in any anal intercourse through to those who engaged in regular UAI. This is entirely in accord with our findings that the domestic, familial world predominates within the discourses of many of the working class men. When we consider the nature of HIV risk, we must start with the question, precisely *what* are men standing to lose when they take risks with HIV exposure and transmission? What men in this group were standing to lose was not only their negative HIV status (if they knew or believed themselves to be negative), but also a sense of themselves as moral agents existing within a specific moral universe.

We see this in the context of both regular *and* casual relationships. In regular partnerships, discourses about the sexual propriety of both the respondent and his partner were conflated with notions of infection / non-infection. In casual encounters, moral markers served to distance the respondent from those behaviours and environments which he defined as risky, while associating him with those he regarded as safe and sensible.

Therefore, the imperative to maintain a sense of a moral self, acting within a certain moral universe, can support diverse decisions – from not engaging in AI to multiple UAI partners. Any risk reduction strategies we were able to identify (such as partner selection, negotiated safety, strategic positioning *etc*.) were mediated by considerations of morality and intimacy. That is, what we (health promoters and researchers) interpret as risk reduction strategies, were not being applied solely on the grounds of HIV epidemiology or knowledge, but were infused with cultural and moral meaning.

The epidemiological consequences of our findings are clearer though. It is tempting to use these and other findings (Keogh *et al*. 1999; Henderson *et al*. 2001) to conclude that risk reduction strategies are highly mediated and never take place in the near laboratory conditions we might sometimes like to imagine. Whether or not this is the case, for this particular group of men, the moral universe within which they operate and the imperatives which are important to them, are particularly unsuited to the epidemiological considerations which homosexually active men must take into consideration if they are going to successfully negotiate *HIV* risk. That is, although men are using risk reduction strategies, the times when those strategies might be said to be even approaching efficacy are negligible. Partner selection, negotiated safety and even strategic positioning as strategies merely echo the social and cultural judgements that men make. That is, the symbolic meaning of HIV status is far more important than its actuality.

As health promoters, it is beholden on us to work with men where they are at. The moral universe inhabited by many of the working class men is anathema to the liberal communitarian tenets within which much health promotion is based. Therefore, the strategies upheld by health promotion are not translating successfully into actions for these men. We must emphasise that we are not reporting the social and moral judgements made by these men in order to show that they are somehow illiberal or socially unacceptable. That is not what is wrong with them. What is wrong with them, from our perspective as health promoters, is that they are epidemiologically and clinically unsound.

5 Positive dimensions: living with HIV

We conducted a separate analysis of the eleven men in our sample who had diagnosed HIV infection, both to examine their experiences of life with HIV and to compare these to other populations of people with HIV. We present this analysis under a range of headings starting with their motivations for HIV testing and ending with attitudes towards treatment technologies.

5.1 HIV TESTING AND DIAGNOSIS

None of the respondents had taken the HIV test as a result of a specific incident of risk. Instead, with one exception, the test was motivated by ill-health or "the presence of symptoms". Two respondents also talked about having a bad feeling or premonition that they might be infected.

> **The reason why I went to the hospital was, [...] it was a week and a half when I'd had kind of long depression for about three weeks and then there was a week where I wasn't actually ill but I didn't want to sing, I didn't want to go anywhere, didn't want to do anything.**
> **White British, aged 34, semi-skilled job**

While another two went as the result of a friend or partners' urging.

> ***What started happening then?***
> **[a friend] started dragging me to the hospital with her and trying to get me involved and... I think she thought that there was probably a good chance that I was positive through my lifestyle. She probably just cared enough about me to try and force me to find out or to deal with it or whatever.**
> **White British, aged 37, unemployed**

Therefore, positive respondents tended to test at a critical moment rather than either testing regularly or testing as a result of a specific incident of risk.

The most common reactions to a positive test result were feelings of responsibility or self-blame. Respondents tended to frame an HIV positive test result as an affirmation of personal culpability rather than as a diagnosis of an illness or a personal misfortune. For some, such feelings were expressed in terms of feeling dirty.

> **And… I got the diagnosis [...] that was really, really upsetting. I felt dirty and ashamed and… every time I got a moment to myself I'd cry and cry and cry.**
> **White British, aged 35, unemployed**

Others spoke of their lives being stalled for quite some time.

> **So then I spent probably a year coming to terms with me being positive [...] Just [felt] that the world was caving in and I was doing to die tomorrow.**
> **White British, aged 34, semi-skilled job**

For two men however, the feeling of personal responsibility allowed them to move on with their lives again.

> **I could not cope. I became an extremely angry person. I couldn't get anybody... Nobody could go near me, nobody would speak to me because I would have bitten their head off. But now I think I've managed to learn from all that and generally accept things have happened, accept I made mistakes, didn't make the right decisions but stopped beating myself up for them. Such is life.**
> **White British, aged 25, semi-skilled job**

After HIV diagnosis, the most important question for the majority of men was how they were going to tell their immediate family. The majority told a mother or sister first who filtered the information to the rest of the family.

> So… so when I tested positive I turned round to her and said to her [...] I said to my mum 'you're going to have to tell my dad in case something happens to me in the future'. It was more or less telling her exactly what was going to happen in the future, wasn't it?
> White British, aged 35, unemployed

5.2 SOCIALISATION AND HIV POSITIVE IDENTITY FORMATION

We asked men about their sources of social support and how they conducted their social lives. Like other groups of people living with HIV (Anderson *et al.* 2000), the main imperative on diagnosis was to preserve the structures which they had found supportive up until then. Informal social structures were valued above formal services. However, this sample differed from other groups in the centrality that family played in their informal support. Of key importance to the majority of respondents were strategies of disclosure to immediate and extended family.

> *How did they respond?*
> Tears obviously at first. Mum and dad. I told them in a hospital and they were concerned obviously at the time. [...] My sister, brother-in-law and niece I told once I was well enough. Once I came out of hospital. So they knew about two months after I was diagnosed. I specifically told mum and dad that they're not to be told until I was well. Because basically I wanted to tell them. I said I don't care who knows but the people who learn and find out I'm HIV, it must come from me.
> White British, aged 38, semi-skilled job

Those with partners talked about their initial reactions. Central to such accounts was the notion of the faithful versus the hopeless partner. This man indicts his ex-partner for being frightened after he was diagnosed. This was one of the reasons the relationship broke up.

> He didn't help me, my partner.
> *How did he respond? [...]*
> I went to the dentist to have a tooth out and he wouldn't kiss me.
> *So he was pretty scared was he?*
> Yes.
> Black British, aged 41, unemployed

In contrast, the following respondent admires his partner's faithfulness, even though his own diagnosis indicates that he (the respondent) was unfaithful within a supposedly monogamous relationship.

> *Who do you think has got you through the last […] year?*
> I'd have to say [partner] to an extent anyway. Because he has been very supportive. He's been very supportive and he could quite easily have walked out on me basically. I mean he did find it hard, when I was diagnosed, to accept things. Because we'd always said that we'd had safe sex beforehand. So when he realised I obviously had at some time... he was a bit shattered. And that's understandable. And we had quite a few chats in the hospital. When I was well enough to talk things over and he went through a bit of a nightmare situation himself. He did go to counselling at THT for a short while as well. But, you know, he decided to stay with me because of his love for me. And, you know, he's said even recently that he tries not to think too much about my status because if things did go wrong, and especially if he lost me basically, you know, he'd want to jump off a bridge anyway. He didn't want to be around if I'm not around sort of thing. And he's besotted with me. God knows why!
> White British, aged 38, semi-skilled job

Although institutional HIV positive support structures were used (we recruited many of our positive respondents from such services), they were often not seen as the most helpful form of support.

> Shall I tell you what I think? I have been to some of these centres and some of them are right old miserable buggers, I can tell you. I'm perky compared to a large minority of them [...] But I don't feel like part of the HIV community. I try not to think about… I try not to make it part of my life. I try to be like any ordinary person.
> White British, aged 35, unemployed

Like other people with HIV (Anderson *et al.* 2000), the men in our sample were eager to preserve a sense of 'life as normal'. They talked of relying on how they felt (as in the absence or presence of symptoms, rather than their overall HIV status or their blood counts) as an indicator of their prospects and general health.

> I feel [very well] and that has been absolutely reinforced by my consultant… 'you're doing remarkably well' he says, 'better than I ever expected'.
> *And is that reinforced for you by your CD4 count and those kinds of things?*
> I don't listen to the numbers [...] Absolutely not [...] it's about how I feel in myself. That's the most important thing.
> White British, aged 43, unemployed

The exception to this was within the context of employment. For one respondent it was important that all his colleagues knew about his HIV status. This was in order to preserve his work environment as much as possible. The response of colleagues has been, on the whole, supportive.

> Basically [my manager] said to me, [...] that if someone had something like that they should tell their immediate work colleagues [...] So basically after I came back to work after my illness for two and a half months… and funnily enough my boss visited me in hospital as well. I spoke with him first and then we just called the other members in a department meeting and I chaired it so to speak. And I told 'em what had happened and why I was off ill. And that it wasn't just pneumonia. You know. It was HIV and that. And they were all fully supportive and some even say to me are you taking your bleedin' pills. So I get on very well.
> White British, aged 38, semi-skilled job

However, the majority of respondents had seen HIV diagnosis as a trigger for major changes in their working life. For many, it was an opportunity to leave jobs in which they had found little reward.

> I hated the job. The last post office I was at was very homophobic [...] I didn't actually get beaten up but I got threatened. I thought, you know, I just couldn't cope with it. I thought... it stressed me out.
> Black British, aged 41, unemployed

5.3 SERVICE USE

We have reported elsewhere that people with HIV use services opportunistically and idiosyncratically (Anderson *et al.* 2000; Weatherburn *et al.* 2002). That is, services, friends, families, partners *etc*. are used flexibly to meet whatever need they can, in the best way possible. Therefore, the way a service is used might bear little relationship to the aims and objectives of service providers. The working class men in this sample were similar in this respect.

All but two of the respondents had accessed specific positive gay men's support services or drop-ins. The majority response was one of alienation from such groups. Groups were seen to be too cliquey or unfocussed.

> But the basic drop-in I went to which was an open sort of session, they were just like big groups of queens that have all been shagging at [a club] the night before. At that time I didn't want to sit with queens... muscle mary's talking about who they had the night before.
> White British, aged 34, semi-skilled job

Services were more likely to be valued if they had a specific practical function. In the case of drop-in, this might be providing meals or information-based events such as benefits advice.

> [Agency] did meals and [I was] not feeling energetic most of the time. And I just used to go
> there a couple of days a week and have a meal. They helped me with my benefits [...] any
> advice I wanted it was all in one place.
> White British, aged 34, semi-skilled job

Even when groups focused on psycho-social interventions, skills were valued over self-development. The following respondent refers to an assertiveness skills course.

> I started that recently but I didn't finish it. It was going in a direction I didn't need to go in. It was
> trying to say that we all have relationships that we want to resolve. Well no, I'm quite happy with
> relationships the way they are [...] The first part of it was extremely useful. Sometimes you can
> respond very emotionally to things. If something has gone wrong I will take it on. I can take it
> quite personally. I don't generally now. I deal with things much more rationally...
> White British, aged 25, semi-skilled job

Five men had accessed psychological interventions as a result of their HIV diagnosis. Yet, their use of these services tended not to arise from living with HIV, but broader life issues, such as the adversity they had suffered as children. Often however, using such services were not immediately rewarding. Men reported feeling disconnected from their therapist – it was common for them to talk about having to 'make up' stories to fill their sessions.

> It was just I'd had the breakdown. I was put in front of a psychiatrist and I really was telling
> him what he wanted to hear. So I knew obviously from that I had to be doing... I had to do
> something for me but just that wasn't... He particularly wasn't for me.
> White British, aged 25, semi-skilled job

Practical, solution-focused approaches were valued much more highly than the idea of self-improvement or actualisation. The same respondent continues:

> I think she [therapist] realized that part of it was I was very isolated so she was pointing out a
> lot of things like groups [...] I could go to just even if all I did was sit there in the corner. I was
> mixing with people because I'd been signed off and I thought... I had no point to my day. I was
> getting up and sitting on the sofa. I had nothing to do in my day so it was like being treated
> as part of the redundant heap [...] She helped me deal a lot with the anger and the panic
> situations but also in terms of... I think she knew I had a lot of go in me.
> White British, aged 25, semi-skilled job

With the exception of one respondent who found it too technical, the positive press was highly valued source of information about benefits, treatments and general news.

> [The HIV-positive press] sometimes challenge the way I think about things. They're very
> informative. I think Positive Nation is a fabulous magazine. I really do. I think it's brilliant. I get
> it all the time, you know? It's a magazine I'll sit and read and go back to it again and… you
> know? Look up reference to it and stuff, you know?
> White British, aged 43, unemployed

5.4 TREATMENTS AND TECHNOLOGIES

The men varied in terms of their experiences of, and attitudes towards, anti-HIV treatments. A major difference emerged between those who had been recently diagnosed and those who had been living with diagnosed HIV for some years.

The opinions of treatment technologies of the five men who had been diagnosed less than three years was informed by their attitudes to health generally. That is, they saw little need to engage with treatments which would maintain their health in the long-term because, for them, an asymptomatic body was a healthy body. Regardless of blood counts, if they felt healthy and were symptom free, they saw little reason to think about anti-HIV treatments or even regular check-ups. That could wait until they became physically ill.

> [friends would advise] 'You've got to do your blood'. And I was like, 'Yes, yes', and never do anything.
>
> *Why has that changed?*
> Probably about 18 months ago I woke up quite ill one day and I was like shocked and I ended up in Barts for about a week [...] It probably scared me enough to kick me up the arse.
>
> *So you started going for the appointments and that?*
> Yes now I'm trying to be more responsible whereas before I just used to... As I said earlier, keep me head in the sand sort of thing. If it weren't broke then I'd leave it alone.
> White British, aged 37, unemployed

The men who were recently diagnosed also experienced more difficulties managing conflicts between different services and different medical conditions. For example, for one respondent, the question of whether to take anti-HIV treatments was mediated by his diabetes. Since his primary care practitioner treated his diabetes and a hospital out-patients clinic treated his HIV, he had difficulty finding information about the inter-relationship of his conditions. In the absence of help he decided to discontinue anti-HIV treatments because he was unsure about how hazardous the side effects were and how they might be exacerbated by his diabetes.

> I was diagnosed diabetic when I tried taking combination therapy last year. It was going fine for three months but then I found out that my pancreas had grown large [...] And I was getting these bad stomach pains. So anyway I was kind of... I saw the emergency doctor at St. Thomas' and they said, 'Well your pancreas is only slightly enlarged'. [laugh] Because I had a go at the woman and I said, 'Slightly enlarged. It isn't to worry about?' I said. So I was kind of taking this medication and I was getting these bad stomach aches so I thought I can't carry on so I stopped it. I stopped it and I went back to the emergency doctor a week after and they said, 'Well it was only slightly and it's gone back down now'. So then I found out I was diabetic shortly after and when I mentioned this to my [GP] nurse and she said, 'If you had been taking that [HIV] medication like the hospital suggested you might be dead by now'.
>
> *This was the nurse at the GP practice?*
> Yes. And I thought well it's alright doctors going on about, 'Oh it's only causing slight problems or slight side effects', but it's not them that's got to live with it. So it's put me off going on medication now.
> Black British, aged 41, unemployed

Another respondent experienced a number of HIV-related conditions which coincided with starting anti-HIV treatments. These symptoms could not be described as side affects of therapy but, he clearly associated them and decided to discontinue treatments.

> I'm not on combination [...] the year that I actually started combination therapy, I had salmonella, kidney stones and shingles all in the same year and it kind of happened to coincide with me taking combination and starting work [...] So at the end of the day I just thought I've got to stop one thing and I just put everything down to combination therapy.
> White British, aged 34, semi-skilled job

In complete contrast, three men who had lived with HIV for between ten and twenty years were highly educated about health technologies, being knowledgeable both about their different anti-HIV treatment options and the various drug trials that were running. This knowledge was gained mostly through personal experience.

> It's generally accepted that your best chance of achieving undetectable viral load is your first combination. So if you... I've been taking drugs for twelve years, so my therapy is very unlikely to achieve undetectable viral load, and I didn't stay on it for that long, so that and then duo-therapy would have drastically reduced my chances of achieving an undetectable viral load with any future combination. I don't really understand why I've never responded well to protease inhibitors, because I don't have any resistant virus.
> White British, aged 36, unemployed

These men persisted with anti-HIV treatments despite their side effects. Indeed, they tended to be as – or more – knowledgeable about side effects than their clinicians. They were also more willing to change treatment providers if they were unsatisfied.

> Yes. And I've also come up with ideas for the HIV clinic which I go to in relation to… for example, currently I've started a new combination a few weeks ago and I'm feeling extremely spaced out. And I've been very, very wobbly, hence the walking stick. And my ideas around this, based on the timing of the drugs, is that one of the drugs is boosting the levels of one of the other drugs and initially when I walked in they thought I'd had a stroke and I was going 'no, no, it's not neurological, it's the medication and…' and they took on board that I knew what I was talking about and…
> **White British, aged 36, unemployed**

The men who had been diagnosed for more than ten years were comfortable challenging medical orthodoxy, determining their own HIV treatment options and working in partnership with their health providers.

> See, what I do is I empower myself with the knowledge and I approach them and get their opinion. I take away… I'm the one that's responsible for my care. I don't put my care in… As far as I'm concerned a doctor's just a tool with regards to my HIV care.
> **White British, aged 35, unemployed**

5.5 DISCUSSION

Throughout this report we have seen that domestic, familial structures are central to lives of working class gay men. It should not surprise us therefore that family was again at the centre of the accounts given by the men with diagnosed HIV. The question of disclosing an HIV diagnosis to family members and the capacity to manage HIV disease within the context of the family animated much of the discussion regarding the social affects of an HIV diagnosis. In this respect alone, they differed from other groups of people living with HIV.

Research has shown that for many people, an HIV diagnosis presents an opportunity (or a challenge) to appraise one's life and make changes (Anderson *et al.* 2000). These men tended to preserve the structures within which they found social and emotional support (their families and their domestic partnerships) and question those which they found did not offer them this support or which they perceived as detrimental to their lives. The moral imperatives we have seen in previous chapters come into play again. That is, discourses of faithfulness or faithlessness dominate the accounts of intimate relationships after HIV diagnosis.

Of key importance also was the decision whether to continue working. We have seen already that work was seen in highly utilitarian manner. That is, the benefits of working were purely economic. When the quality and length of life came into question many men found it attractive to jettison their jobs in order to take advantage of benefits and concentrate on other more rewarding areas of their lives. Thus work was not seen as having the health benefits of increasing self-esteem or maintaining mental health, but rather as a straightforward drain on precious time and energy.

Like other people with HIV (Anderson & Weatherburn 1998), most working class men clearly had the capacity to manage their health and to play an active role in the clinical management of their HIV infection. However, this capacity came with long experience of living with HIV. In this sense, it emerged through trial and error, through illnesses experienced *etc*. On diagnosis, most working class men were unused to thinking of their health as requiring monitoring or that medical diagnostic techniques could be employed in the maintenance of their health. Moreover, they were unused to the notion of preventative health interventions.

6 Conclusions and recommendations

In this report, we have attempted to articulate the unique experiences of a large and important section of the gay male population. It is often tempting to describe divergent social identities as the source of personal discord, unhappiness or need. However, although being gay and working class can sometimes limit an individual's capacity for self-fulfillment, it can also facilitate ways of living which can lead to great personal happiness. In short, being gay and working class was a source of strength and a source of weakness; a challenge and an opportunity for the men in our sample.

Despite early negative experiences, the biological family emerged as the template for intimate life. Even though the respondents lived within a range of intimate relationships, their desire for domestic – as opposed to individual – fulfillment took precedence over other desires. The majority of respondents were still closely enmeshed with their families in relationships of mutual dependency and support. However, this was not at the expense of the respondent's gay identity. Men were often able to assert their sexuality within their biological family. Many families not only accommodated their son's sexuality, but were radically transformed as a result. These men's experiences undermine traditional distinctions between families of choice and biological families (Weeks *et al*. 2001). For them, being gay is not something which is opposed to their own background, it is framed within their specific and personal experience of family and community.

Ideals associated with the family played a strong morally regulatory role in the social and sexual lives of the men in our sample. This moral sense emerged in their attitudes towards their relationships, sex and HIV risk. It informed the accounts of men irrespective of their sexual practice. Discourses around sexual probity were conflated with notions of infection and non-infection, sexual risk and safety. The need to maintain a sense of a moral self supported diverse decisions – from not engaging in any anal intercourse to multiple unprotected anal intercourse partners. The sexual health risk-reduction strategies developed as a result were often epidemiologically unsound and many were insufficient to prevent HIV exposure.

The family also emerged as the core support network around which lives were rebuilt after an HIV diagnosis. Disclosure to family and management of the disease within (or with the aid of) family arose as a central theme in accounts of living with HIV. Moreover, the family as a blueprint for intimate life persevered through major life changes associated with managing HIV infection, such as giving up work.

Gay sexuality had an adverse effect on the education of the men in the sample. Although being gay did not necessarily affect the duration of their education, it certainly affected its quality. It was common for them to have experienced homophobic bullying at school. The social conditions which structured the relationship between family and school, as well as the way these men were treated as boys meant that the range of available responses to bullying was limited. Moreover, the ways in which these boys had been educated (the adaptive or normative behaviours taught at school) left them ill-equipped for adult life as gay men. We conclude therefore, that in terms of education, being gay remains a major liability for working class boys and men. In addition, the relative economic advantages which a gay adult life should bring (all male households with no dependents) did not seem to pertain to men in this sample. Much of the sample were unemployed or worked in jobs which paid poorly and which they did not value.

6.1 GAY IDENTITIES? GAY VALUES?

In describing how gay identity and gay community is mediated by social class, formal education and socio-economic status, we hope that we have described a way of thinking about 'being gay' that has been absent from both research and sexual health promotion activity. As a part of our exploration into working class gay men's experience we have found areas of critical need. The relative power that a working class gay man holds within the world is tenuous and restricted to limited spheres – his family and his intimate relationships. The factors which serve to disempower him are legion and include: woefully inadequate attention to his sexual health needs in educational settings; the breakdown of traditional working class masculine roles and structures; and the failure of politicised gay health promotion to recognise or engage with his system of values *etc*. The problems that these gay men face are those that working class men face generally. The way that these problems translate into sexual health need and morbidity will, however, be different for a gay man than for his heterosexual counterpart.

Yet we have also found areas of strength. There are lessons to be learnt from the ways that certain working class men manage conflicting areas of their lives: crafting ways of being gay and preserving values and communities they hold dear. We have found also that the value systems or moral universes that support such lifestyles are often at odds with the values and imperatives espoused within politicised health promotion discourses, rooted in self-empowerment. In short, there are gay men and gay communities that live outside the frame of meaning which currently dominates the gay health promotion paradigm. To these men, health promotion imperatives have little or no meaning precisely because they are generated from a world-view which is both narrow and completely alien to them. Therefore, the capacity of working class gay men to resist the negative consequences of exclusion will not be increased by fostering a gay identity or by belonging to what we normally understand as 'the gay community'. Instead, they find ways of accommodating their sexual identity that minimises conflict with other important areas of their lives.

Of key importance here is the so-called 'moral universe' within which working class men negotiate intimacy, sexuality and ultimately sexual HIV risk. Politically, gay community discourses tend to denigrate such systems of values and morals as anti-liberationist, conservative or mimicking heterosexual values. One major question which this study poses is: can we meaningfully talk about 'gay' values? If a significant group of gay men embrace a set of values which prizes their position within their biological family and local community rather than a sense of being an individual self-actualised gay man; are these values not also 'gay' values? That is, whatever a significant group of gay men aspire to, and identify as, become their gay aspirations and gay identities. The lives of the men in this sample render our traditional understandings of the social distinctions between gay and straight redundant.

This report firmly indicts the limited nature of current HIV health promotion practice in the UK which operates within a narrowly defined construction of gay men and a limited 'gay rights' agenda at the expense of larger structural determinants of sexual health and HIV morbidity. In short, we need to think outside the 'gay box' and the interventions we plan must be for future generations of gay men as much as for those who are homosexually active today. Therefore, for example, our interventions must be seeking to change the environment of sexual repression and bullying in schools not just for pre-gay boys, but for all boys. If we take a constructivist view of the formation and development of masculinities, then we can intervene to ensure that boys can experiment with or resist paradigms of masculinity they find repressive or limiting. Continuing with the education example, this report shows that health promotion for gay men must have a stake in the way all boys are taught today.

Similarly, health promotion for working class gay men, young or old, must engage with their biological families and communities of origin in addition to seeking to strengthen a tenuous 'gay community' or family of choice. Therefore, we should intervene within local communities to ensure that there are structures in place to support gay men within their communities of origin and choice. We cannot continue to operate with an assumption that in order to be supported, to be gay, or to

benefit from a gay health promotion activity an individual must leave the environment of his workplace, his community or his family. We must be actively intervening in schools, in families, in the workplace and in communities to help them support and nurture their gay members. This involves the active assertion that gay men exist within all communities and all social spheres suffering different levels of adversity and all have a right to be supported to live out their sexuality however they choose.

6.2 ENGAGING WITH SOCIAL EXCLUSION POLICY

The research presented here confirms that much of the lived experience of working class gay men is rooted in the family and the local community. Within such networks of support, notions of self-discovery and re-invention of personal identity are not only incomprehensible, but unwanted and unnecessary. Therefore, efforts made on the part of gay and HIV agencies to improve working class gay men's access to self-improvement or empowerment-focussed interventions will probably be wasted, because most men will not relate to this system of thought. We therefore propose that agencies need to look outside of the service and policy 'ghetto' within which we currently reside, to new opportunities and means of tackling the sexual health needs of working class gay men. This should not be taken as a recommendation to find new sources of money to produce more of the type of written or therapeutic interventions that are already relatively common (Devlin *et al.* 2003) and which for many gay men have been proven to be beneficial. Nor is it a recommendation to undertake existing interventions in new venues or media outlets that might be more commonly used by working class gay men.

The latest version of *Making it Count,* the planning framework to reduce the incidence of HIV infection during sex between men (Hickson, Nutland *et al.* 2003) emphasises the role of interventions which contribute to meeting the HIV prevention needs of: the communities within which gay men live; the public bodies which provide education, health and social services to gay men within those communities; and the policy makers, researchers and commissioners who shape those services. Similarly, the accompanying *Field Guide* for health promotion activity with homosexually active men (Devlin *et al.* 2003) describes a range of interventions for supporting and developing infrastructure which include community, service and policy interventions. This report recommends a range of interventions under these headings. That is, in addition to interventions with gay men, agencies should be seeking to intervene in a range of policy and infrastructure areas. This involves working with constituencies with which such agencies have little or no experience. It will also require the development of completely new types of intervention. Such a strategy should involve active engagement with the raft of existing policy and interventions proliferating around the notion of social exclusion. Many of the areas of need identified in this report overlap with those that the New Labour Government has placed at the centre of its new social exclusion policies: class, family adversity, poverty, health inequality, unemployment and low educational attainment. It is important therefore to interrogate these social exclusion discourses to see how they can be exploited in relation to gay men and (sexual) health.

Exclusion discourse as employed by the Government is primarily directed by the activities of the Social Exclusion Unit (SEU). The SEU produces research on a range of topics directly selected by the Prime Minister which in turn is converted into widely publicised policy primarily targeted at the most deprived areas in Britain. Some of the most familiar initiatives include: the Neighbourhood Renewal Fund, New Deal for Communities, Education and Health Action Zones, Sure Start, Our Healthier Nation and the Working Families Tax Credit. This report shows ways of exploiting such policy. For example, the significant interplay between dominant notions of masculinity and sexuality which contribute to the exclusion of some gay men is not taken into account by the social exclusion paradigm that dominates contemporary policy. Among the men researched in this study, this exclusion is further compounded by adverse educational and economic conditions. Therefore we need to challenge the flaws in the social exclusion paradigm while simultaneously ensuring that a

proportion of the vast amount of spending taking place under its auspices is used to tackle the inequities that face working class gay men. Although social exclusion policy has been criticised (Lister 1998; Levitas 1998; Coburn 2000; Kleinman 2000), we see little reason why the government's focus on tackling social exclusion through prevention and reintegration should not include those specific areas of working class gay men's lives which situate them in positions of higher need when it comes to HIV and sexual health.

It is possible to operate within current social exclusion frameworks in order to intervene in structures which facilitate sexual health morbidity among gay men. The aim of such interventions should be:

➜ **To increase the capacity of families to support their gay sons, brothers and partners.**

➜ **To increase the capacity of schools to teach boys more enterprising strategies around organising their intimate, economic and work life as well as challenging the dominant forms of masculinity and sexuality available to them.**

➜ **To support adult gay men to take advantage of the social latitude which a gay identity grants them to change their lives for the better. This might be remedial action in the case of an education system which did not serve them (for example, vocational or other educational opportunities) or an employment system which is hostile to their sexual identity (such as retraining opportunities and interventions with employers' organisations) or a gay community service system which does not recognise or support their values and priorities.**

We have identified the following policy and service areas in which agencies could and should be seeking to intervene.

● **Health Action Zones (HAZ)**
There are four HAZ in London: including Brent; Lambeth, Southwark & Lewisham; Camden and Islington and City and East London. Gay representation should be increased in the consultative mechanisms of these HAZ. It is necessary to establish how they are identifying the general and sexual health needs of the gay men who live in these areas. Moreover, gay / HIV agencies should be collaborating actively with Healthy Living Centres operating within these HAZs in order to meet the sexual health needs of boys, gay youths and gay men.

● **Education Action Zones (EAZ)**
These mirror HAZ in London. Again gay representation should be increased within EAZ planning and policy frameworks. EAZ provide the opportunity to focus on schools in the most multi-deprived areas as sites for targeted work among boys. At both policy and practical levels, our agencies need to make schools aware of the impact that homophobia has on the educational attainment of boys from working class backgrounds. For example, this type of work could take place in partnership with local truancy initiatives.

● **National Skills Strategy / National Skills Alliance**
The National Skills Strategy aims to ensure that individuals have the skills they need to be both employable and personally fulfilled. It focuses on increasing the effectiveness of existing initiatives. Gay men's HIV and sexual health agencies should increase their own involvement in such initiatives (for example, by becoming partners within the National Skills Alliance). They should also increase their capacity to provide educational services. Such services might include, facilitating access to free tuition for Level Two qualifications as well as increasing individual access to Adult Learning Grants.

● **National Healthy School Standard**
This is a means of influencing the local implementation of the Personal, Social and Health Education (PSHE) and Citizenship curricula. It is also a way in which service providers can advocate for the ways in which their own services can support Healthy Schools initiatives. In

addition, gay men's HIV and sexual health agencies should have input into training days for existing teachers as well as contributing to teacher training programmes. This work should include the development and provision of toolkits and resource packs around gay identity and sexual health. Greater input and coordination with the Wired for Health website (a widely used resource for students, teachers and specialists alike) is a prerequisite for this work.

- **Local Public Service Agreements (LPSAs)**
  These are means of securing central government funding for local service provision. Local Authority executives have been advised to seek funding within their LPSA agreement for at least one health inequality target (out the available 12 targets they can put on their application – one of the twelve must be about health and social services). Those particularly being urged to do so are areas among the 20% most deprived in England. Gay men's HIV and sexual health agencies in those areas should find out about the targets that have been selected in local LPSAs and consider if any of them are applicable to gay men.

- **Neighbourhood Renewal Unit**
  Local Strategic Partnerships have been set up within the 88 most deprived Local Authorities in the country. Such provision makes available Neighbourhood Renewal funds which can be used by community groups for any interventions that tackle deprivation. There are numerous ways to ensure that some of this funding is being used to improve quality of health among working class (gay) men. For example, provision of support services for parents of lesbian and gay teenagers.

It is no longer sufficient to carry out health and social interventions solely within the traditional models of gay community or gay political or social aspiration. It is necessary to intervene where gay men are rather than where we might want them to be.

References

Acheson D (1998) *Independent inquiry into inequalities in health report.* London, The Stationary Office.

Anderson W, Weatherburn P (1998) *The impact of combination therapy on the lives of people with HIV.* London, Sigma Research.

Anderson W, Weatherburn P, Keogh P, Henderson L (2000) *Proceeding with care: phase 3 of an on-going study of the impact of combination therapies on the needs of people with HIV.* London, Sigma Research.
✍ www.sigmaresearch.org.uk/downloads/report00a.pdf

Bailis D, Segall A, Mahon MJ, Chipperfield JG, Dunn EM (2001) Perceived control in relation to socioeconomic and behavioural resources for health. *Social Science and Medicine,* 52(11): 1661-1676.

Baker P (2002) *Getting it sorted: a new policy for men's health.* London, Men's Health Forum.

Benzeval M, Taylor J, Judge K (2000) Evidence on the relationship between low income and poor health: is the government doing enough? *Fiscal Studies,* 21(3): 375-399.

Bochow M (1998) The prevalence of HIV among gay men in France and Germany as a function of socio-economic status. *AIDS in Europe: new challenges for social and behavioural sciences,* Conference Synthesis Session No.11, Paris.

Bourdieu P, Passeron JC (1977) *Reproduction in education society and culture.* London, Sage Publications.

Blaxter M (1997) Whose fault is it? people's own conceptions of the reasons for health inequalities. *Social Science and Medicine,* 44(6): 747-756.

Cameron E, Bernardes J (1998) Gender and disadvantage in health: men's health for a change. *Sociology of Health and Illness,* 20(5): 673-693.

Cattell V (2001) Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science and Medicine,* 52(10): 1501-1516.

Coburn, David (2000) Income inequality, social cohesion and the health status of populations: the role of neo-liberalism. *Social Science and Medicine,* 51(1): 135-146.

Connell RW, Dowsett G, Rodden PW, Davis MD *et al.* (1991) Social class, gay men and AIDS prevention. *Australian Journal of Public Health,* 15(3): 178-89.

Connell RW (1995) *Masculinities.* Cambridge, Polity Press.

Connell RW (2000) *The men and the boys.* Cambridge, Polity Press.

Courtenay WH (2000) Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science and Medicine,* 50(10): 1385-1401.

Department of Health and Neighbourhood Renewal Unit (2002) *Health and neighbourhood renewal.* London, Department of Health.
✍ www.doh.gov.uk/healthinequalities/healthandneighbourhood.pdf

Department of Health and Social Security (1980) *Inequalities in health: report of a research working group.* London, Department of Health and Social Security.

Devlin W, Keogh P, Nutland W, Weatherburn P (2003) *The Field Guide: Applying Making it Count to health promotion activity with homosexually active men.* London, Terrence Higgins Trust.
☞ www.tht.org.uk/gaymen/fieldguide.pdf

Epstein D, Johnson R (1998) *Schooling sexualities.* Buckingham, Open University Press.

Fine M, Weis L, Addelston J, Marusza J (1997) (In)secure times: constructing white working-class masculinities in the late 20th century. *Gender and Society,* 11(1): 52-68.

Henderson L, Keogh P, Weatherburn P, Reid D (2001) *Managing uncertainty: risk and unprotected anal intercourse among gay men who do not know their HIV status.* London, Sigma Research.
☞ www.sigmaresearch.org.uk/downloads/report01d.pdf

Hickson F, Weatherburn P, Reid D, Henderson L, Stephens M (1999) *Evidence for change: findings from the National Gay Men's Sex Survey 1998.* London, Sigma Research.
☞ www.sigmaresearch.org.uk/downloads/report99g.pdf

Hickson F, Reid D, Weatherburn P, Stephens M, Brown D (2001) *Time for more: findings from the National Gay Men's Sex Survey 2000.* London, Sigma Research.
☞ www.sigmaresearch.org.uk/downloads/report01c.pdf

Hickson F, Weatherburn P, Reid D, Stephens M (2003) *Out and about: findings from the United Kingdom Gay Men's Sex Survey, 2002.* London, Sigma Research.
☞ www.sigmaresearch.org.uk/downloads/report03f.pdf

Hickson F, Nutland W, Weatherburn P, Burnell C, Keogh M, Doyle T, Watson R, Gault A (2003) *Making it Count: a collaborative framework to reduce the incidence of HIV infection during sex between men.* London, Sigma Research.
☞ www.sigmaresearch.org.uk/downloads/report03e.pdf

Hope VD, MacArthur C (1998) Safer sex and social class: findings from a study of men using the 'gay scene' in the West Midlands region of the UK. *AIDS Care,* 10(1): 81-88.

Keogh P, Weatherburn P, Stephens M. (1999) *Relative safety: risk and unprotected anal intercourse among gay men diagnosed with HIV.* London, Sigma Research.
☞ www.sigmaresearch.org.uk/downloads/report99e.pdf

Kippax S, Crawford J, Davis M, Rodden P, Dowsett GW (1993) Sustaining safe sex: a longitudinal study of a sample of homosexual men. *AIDS*, 7(2): 257-263.

Kleinman M (2000) Include me out? The new politics of place and poverty. *Policy Studies,* 21(1): 49-61.

Levitas R (1998) *The inclusive society? Social exclusion and New Labour.* Basingstoke, Macmillan Publishing.

Lister R (1998) Fighting social exclusion: with one hand tied behind our back. *New Economy,* 5(1): 14-18.

Mac An Ghaill M (1996) What about the boys? Schooling, class and crisis masculinity. *Sociological Review,* 44(3): 381-397.

Macintyre S (1997) The Black Report and beyond: what are the issues? *Social Science and Medicine,* 44 (6): 723-745.

Mason A, Palmer A (1996) *Queer bashing: a national survey of hate crimes against lesbians and gay men.* London, Stonewall.

Muntaner C, Lynch J (1999) Income inequality, social cohesion and class relations: a critique of Wilkinson's neo-Durkheimian research program. *International Journal of Health Services,* 29(1): 59-81.

Powell M, Exworthy M (2001) Joined up solutions to address health inequalities: analysing policy, process and resource streams. *Public Money and Management,* 21(1): 21-26.

Reid D, Weatherburn P, Hickson F, Stephens M (2002) *Know the score: findings from the National Gay Men's Sex Survey 2001.* London, Sigma Research
✐ www.sigmaresearch.org.uk/downloads/report02d.pdf

Rivers I (2000) Sexual bullying. In PK Smith (Ed.) *Bullying. Don't suffer in silence: an anti-bullying pack for schools,* London, Department for Education and Employment, The Stationary Office: 15.

Rivers I, D'Augelli AR (2001) The victimization of lesbian, gay, and bisexual youths: Implications for intervention. In AR D'Augelli and CJ Patterson (Eds.) *Lesbian, gay and bisexual identities and youth: psychological perspectives.* New York, Oxford University Press: 199-223.

Scambler G, Higgs P (2001) The dog that didn't bark: taking class seriously in the health inequalities debate. *Social Science and Medicine,* 52(1): 157-160.

Toerien M, Durrheim K (2001) Power through knowledge: ignorance and the 'real man'. *Feminism & Psychology,* 11(1): 35-54.

Warwick I, Douglas N (2001) *Safe for all: a best practice guide to prevent homophobic bullying in secondary schools.* London, Institute of Education, University of London.

Weatherburn P, Davies P, Hickson F, Hartley M (1999) *A class apart: the social stratification of HIV infection among homosexually active men.* London, Sigma Research.
✐ www.sigmaresearch.org.uk/downloads/report99f.pdf

Weatherburn P, Stephens M, Reid D, Hickson F, Henderson L, Brown D (2000) *Vital statistics: findings from the National Gay Men's Sex Survey, 1999.* London, Sigma Research.
✐ www.sigmaresearch.org.uk/downloads/report00b.pdf

Weatherburn P, Anderson W, Reid D, Henderson L (2002) *What do you need? Findings from a national survey of people living with HIV.* London, Sigma Research.
✐ www.sigmaresearch.org.uk/downloads/report02c.pdf

Weeks J, Heaphy B, Donovan C (2001) *Same sex intimacies: families of choice and other life experiments.* London, Routledge.

Whitehead M (1987) *The health divide: inequalities in health in the 1980s.* London, Health Education Authority.

Wilkinson RG (1999) Income inequality, social cohesion, and health: clarifying the theory – a reply to Muntaner and Lynch. *International Journal of Health Services,* 29 (3): 525-543.

Wilkinson RG (Ed.) (1986) *Class and health: research and longitudinal data.* London, Tavistock.

Willis P (1977) *Learning to labour: how working class kids get working class jobs.* Farnborough, Saxon House.

Van de Mheen HD, Stronks K, Mackenback JP (1998) A lifecourse perspective on socioeconomic inequalities in health: the influence of childhood socio-economic conditions and selection processes. *Sociology of Health and Illness,* 20(5): 754-777.

Young M (Ed.) (1971) *Knowledge and control: new directions for the sociology of education.* London, Collier-Macmillan.