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Stories from Two Generations of Gay Men of Living in the Midst HIV-AIDS

Peter Robinson and Paula Geldens

Abstract
In Australia and other western countries, gay men and intravenous drug users were particularly vulnerable to moral judgement and stigma in the early years of the HIV-AIDS epidemic. For most of the final decades of the twentieth century, HIV-AIDS policy and debate in Australia focussed on the initial cohort of gay men who were affected, that is, those born in the late 1940s and 1950s. Since the early 2000s, however, increased rates of HIV infection have shifted focus to men born in more recent decades, the 1980s and 1990s in particular, during which sustained, publicly-funded health messages were commonplace. Our analysis of interviews with 56 gay Australian men who were HIV-negative at the time of interview, focused on the effect of HIV-AIDS on the participants’ sense of self and revealed evidence of three principal narratives: ‘Self-regard’, ‘Sexual self and ‘Self and others’. While we found variations within and between the cohorts, our research showed that HIV-AIDS has had a similar impact on the identities and lived experiences of both generations of Australian gay men.

Key words
HIV/AIDS, social identity, gays and lesbians; health and wellbeing; stigma; sexuality/sexual health; risk, behaviours; relationships
In the early years of the HIV-AIDS epidemic in Australia and other Western countries, gay men and intravenous drug users were particularly vulnerable to the moral judgements of social conservatives, governments, and media. Social conservatives claimed, for example, that sexual nonconformity and illicit drug use caused the disease, giving rise to a persisting stigma that took decades to address and still has implications today. In Sydney, Christian fundamentalists and writers in the socially conservative magazine *Quadrant* demonised gay men and gay sexual practices, arguing that the latter were the cause of the epidemic. The moral panic that HIV-AIDS aroused intensified when in 1984 it was learned that babies in a Queensland hospital had died as a result of receiving a transfusion of infected blood donated by a gay man. National Party politicians Ian Sinclair and Joh Bjelke-Petersen as well as ultra conservative Christians were caught up in the panic, as were mainstream newspapers such as the *Sydney Morning Herald* who publicised extreme views recommending that the person responsible for donating the infected blood be charged with capital punishment.

Distressed as many gay men were by the onset of the disease and the homophobia it released, their response in cities like Sydney and Melbourne was to set up support services, exert pressure on politicians and bureaucrats to develop community health solutions, and insist on being represented on committees that designed public education campaigns. By the end of the 1980s, gay activists and community workers had succeeded in implementing a targeted strategy that provided for the active dissemination of safe-sex practices in gay saunas, clubs, hotels and pubs and were able to show that it was effecting change in gay sexual behaviour.

At the high point of the crisis, Dennis Altman argued that even though HIV-AIDS affected gay sex, it would not alter the “fundamental reality of homosexuality”. While many gay men chose celibacy, monogamy or safe-sex to “protect” themselves from the virus, Altman pointed to an important decoupling of behaviour and identity, writing that “any sense of gay identity [is] quite meaningless if we try to deny it is an identity clearly based upon sexual preference, even if this preference is not always acted upon”.

For most of the final decades of the twentieth century, HIV-AIDS policy and debate in Australia concerned the initial age cohort of gay men who were affected—the so-called “baby-boomer” generation. These men were born in the late 1940s and 1950s and grew to social and sexual maturity in the mid- to late 1960s and early 1970s. They belonged therefore to a generation actively involved in effecting social change through direct public action or the
ballot box.8 Ironically, the HIV-AIDS epidemic struck just as many were enjoying the freedom to express their sexual preference that accompanied increased acceptance of gays and lesbians. This was the time when the conflation of “gay” and HIV-AIDS was at its most influential through public and scientific discourses about “risk groups”.

Today in Australia, at least one other cohort of young adult gay men shows signs of being affected by the disease in the context of increasing diagnoses. The *Annual surveillance report* published by the Kirby Institute showed in 2010–11 that new HIV diagnoses had markedly increased since the late 1990s: “The annual number of new HIV diagnoses has gradually increased over the past 12 years, from 719 diagnoses in 1999” to the current number of 1137.9 The report states that “HIV continue[s] to be transmitted primarily through sexual contact between men”. These new HIV diagnoses are occurring in the context of sustained, publicly-funded health messages that have emphasised the importance of safe sex and more experienced therapeutic systems. Providing an overview of therapeutic developments, Newman *et al* describe the period since the discovery and use in 1996–7 of highly active antiretroviral therapy (HAART) until the second decade of the 2000s as one of increased sense of optimism and future orientation, a reduced sense of there being an HIV-positive community, and a growing individualisation of responsibility.10 During this period, the notion of “risk behaviours” was more actively and widely used, and advances made by the gay liberation movement saw greater legal and cultural tolerance and acceptance of non-heterosexuals and their relationships.11

**Our study**

This paper is based on a sample of 56 men recruited from capital cities, country towns and districts in south-eastern Australia. All interviewees identified as gay and were HIV negative when interviewed between 2001 and 2003. Most were of Anglo-Saxon or Anglo-Celtic descent, the exceptions being three Aboriginal men and a man whose parents emigrated from Europe after World War II. Almost two thirds were university educated and most had middle-class jobs in occupations such as teaching, accountancy, nursing or the public service. Four had working-class jobs in transport or hospitality. The sample was divided into two age-cohorts according to when the men turned 21, a traditionally accepted marker of adulthood (and the age of majority for men in the first cohort).
The first cohort comprised 30 men aged 40–59, half of whom were in their 50s and half in their 40s. Two thirds of the men from this cohort were aged 29 or older in November 1982, the year when the first case of AIDS was diagnosed in Australia. The majority of these men were, therefore, mature adults and likely to have been sexually active at the time of the onset of the HIV-AIDS epidemic in Australia. They were constructing and negotiating their same-sex identities at a time when scientific, medical, and lay people were just beginning to acquire some knowledge of the virus. The second cohort comprised 26 men aged 22–39. Sixteen men from this cohort were in their 30s and ten were in their 20s. In November 1982, almost all of these men were aged 16 or less. In other words, nearly all were either young teenagers or children at the inception of the HIV-AIDS epidemic in Australia and as such were constructing and negotiating their same-sex identities in a world in which the presence of HIV-AIDS was well established.

As part of the research for a book on generations of gay men, participants were asked a set of questions about their social, affective and sexual lives. One of the interview questions was: “What effect has HIV-AIDS had on your sense of self?” The personal narratives the men provided in answer to this question form the basis of this paper—that is, this paper makes use of a narrative framework for understanding processes of identity construction. Those who work with narrative framework “propose a reciprocal relation between narrative and identity development, in which narrative is both constituted by and constitutive of a person’s self-perception”. Some might think it odd that the answer to one question could form the basis for narrative analysis, but because of the momentous effect of the HIV-AIDS epidemic on the lives of gay men from all walks of life, the 56 men whose stories underpin our work for this paper spoke at considerable length about HIV-AIDS in Australia, many recounting intimate details of their social/sexual lives and how they felt the virus had affected their sense of self as gay men living in its midst.

We acknowledge that in seeking to differentiate between self-concept and identity, some authors define self-concept as a relational and cognitive process where identity is among its functional or observable manifestations. In this paper, “identity”, “self-concept” and “sense of self” are used interchangeably in reference to an individual’s description, or idea of self, and the ways in which these descriptions are given meaning in the narratives participants shared during interviews.

The role of story is a core feature of this approach, for, “it is through telling the stories of our lives we build our notions of who we are across the variety of social situations and
interactions [and]...[i]n turn, the way we perceive ourselves to be in these social situations shape the stories we tell”. The range of stories that are available to individuals are constrained and enabled by the context in which their identities are being constituted—in other words, “identities are meaning-making activities where subjects construct identities in the narratives they tell to themselves and to others, in relationships by drawing on the discourses (linguistic and cultural representations) available in their cultural worlds”. In the case of the men whose interviews we analysed for this paper, the stories they told of the effect of HIV-AIDS on their personal identity were shaped by their knowledge of the disease, its effect on their friends and other men like them, and their recollection of how they responded to news of its existence and modes of transmission.

**Initial observations**

An initial reading of the data suggested that for many of these men, HIV-AIDS had very little effect on their self-concept or how they lived their lives. For example, a man from the first cohort, Patrick said the following when explaining the effect of HIV-AIDS on his sense of self:

Well none except that my partner is HIV positive and so it’s had a big effect on my sense of security … It’s like the calm before the storm. I look around myself now and think, ‘everything in my life is so good, when is it all going to come crashing down?’

Without pausing, he then said that his partner of more than 20 years was HIV positive. This demarcation is intriguing. Bill, also from the first cohort, responded similarly: “Very little … a lot of the people that I know died. The gay group I knew from the early 1970s was just decimated”. Again, while Bill’s peer group had been “decimated”, he said that HIV-AIDS had affected his self-concept only “very little”. Paul, from the second cohort, also appeared to dismiss HIV-AIDS as having any significance for him: “It has not affected me any differently than say cancer … I have got some very dear friends who are positive but [the fact] that it’s AIDS is beside the point. It could be anything”.

Our initial reaction was wonder at how these men appeared to so casually disregard HIV-AIDS as affecting their lives. Reflecting on the fact that a number of interviewees gave similarly casual responses, we wondered if risk and loss had been normalised in these men’s lives and that in the face of large-scale tragedy they had become accustomed to downplaying the virus’s effect. In other words, their casual response was a coping strategy. Another
possible explanation was that these men, individually and collectively, refused to accept the conflation of the gay identity with HIV-AIDS. Deeper exploration revealed that all of these explanations and more held true, and that there were distinctions both within and between the two cohorts.

We identified three principal narratives in the data, which the men drew on to explain how HIV-AIDS affected them, each of which touched on an aspect of their self-identity. These were: self-regard, sexual self and self and others. Self-regard we understood to refer to the effect the virus had on how they viewed themselves as gay men. As the discussion below shows, many interviewees were affected by the media focus and conflation of homosexuality and AIDS. Sexual self referred to the men’s sexual practices and the extent to which they changed them in light of information about the disease’s transmission and in order to minimize personal risk of infection. Self and others referred to their communal experience of the disease, both in terms of the bonding they experienced in the face of a threat to people like them and their loss of friends, lovers, companions.

Self-regard

Our analysis showed that 34 men referred to feelings of fear, vulnerability and stigma when explaining how the presence of the virus affected their self-regard, a greater proportion of whom were from the first cohort. In their stories, they explained feeling frightened of contracting the virus, vulnerable because it appeared to be prevalent among gay men and because in the early days they had no way of knowing whether they had been exposed to it, and feeling stigmatised because of connections media and others made between gay men and the virus. And yet, despite feeling at times intense fear, vulnerability and stigma, the men managed to maintain a relatively positive, optimistic sense of themselves as gay men.

First Cohort

Twenty-one (or more than two-thirds) of men from this cohort, reported feeling frightened, vulnerable, or stigmatised in the face of HIV-AIDS. Slightly more than half of these explicitly mentioned stigma. Many recalled how, as young men in the early 1980s, fear was widespread because neither governments nor scientists knew where the virus came from or how it spread. It was during these early years that risk groups, primarily gay men and
intravenous drug users in Australia, seemed especially vulnerable. One of the men from the first cohort, Lionel, aged 59, said:

Well it scared me shit-less when it happened. It … changed the way I felt about sexual encounters … [But] no, I don’t know that it’s changed my sense of self, except that you feel vulnerable … suddenly you are vulnerable. I guess the other thing that happened is that it brought up a whole lot of anti-gay sentiment in certain sections of the community and the media.

The uncertainties of this period caused profound anxiety. Scott, aged 45, said that HIV-AIDS “cast a shadow” over his life and that, “people talked about five or ten years being the period when you judge whether you are going to be [HIV] positive or not, whether you are going to come down with it”.

Many of these men referred to a retrospective fear of infection. A sense of not knowing whether they might have contracted the disease as a result of prior sexual practices was palpable and is represented here by an extract from Neil, aged 46, who said that news of the disease had, “frightened the shit out of me”:

It was not that the sort of sex I had done was risky but it did not take much. When it first came out in 1983 and the news became more widespread about how it spread, there was a possibility that because of the few occasions of risky sex in the past I was walking around with it. But once I was over that hurdle, it certainly changed forever my sexual habits.

Neil said that while he was not in the habit of having risky sex, the few occasions when he had were the source of anxiety. It is notable that this remembrance was from the early days of the epidemic before notions of safe sex were known.

Among the stories referring to the stigmatising effect of HIV-AIDS were the following two from men in their late 50s, both of whom reported that the virus had caused many gay men they knew to return to “the closet”, if not in terms of their sexual practices, then certainly in terms of their personal identities. One of these men, Roy, aged 58, explained the public and private effects of stigmatization:

I was 40, fully out and ready to be a very active gay man only to find that everyone had gone back into the closet. I felt as though I had been cast aside … To top it off, I went through a period of depression and I felt as though I had the symptoms of HIV. I started to get the night sweats and … made up my mind that I was HIV positive. I saw
a doctor and he tested me for a number of different things … [Waiting for the results] were the worst three or four days I’ve ever had … When he told me I was clear … I realized that HIV had triggered a psychosomatic exercise with me.

Another man in his late 50s described the initial years of the virus’s onset as a time when feelings of, “threat, menace and contagion … were very strong”.

The stigmatising effect that the conflation of HIV-AIDS and gayness caused in the 1980s was a striking feature of the accounts of three men. An extract from the interview with Kevin, a man in his early 50s, is representative of their views:

I have had … that feeling of belonging to a minority group since HIV-AIDS first was talked about 15 years ago … and the publicity … reminded you that you are in that group … over there of how all people regard gay people as being involved in that activity, and therefore you must be part of that …

To explain the fear, vulnerability or stigma HIV-AIDS caused in the men from this cohort, many drew on memories from the 1980s when HIV-AIDS was first identified and they learned of the threat the disease posed to men like them who had sex with men. The stories they told of feeling afraid, vulnerable or stigmatized related to the fact that medical and scientific communities at the time were unsure of the disease’s mode of transmission, that gay men seemed particularly at risk of infection, and that they did not know to what extent their prior sexual history had put them at risk.

Second Cohort

Thirteen men (or half) of the men from the young cohort referred to feeling frightened, vulnerable or stigmatized when explaining the impact of HIV-AIDS on their self-regard. These men were mostly in their 30s (the older band of this cohort). Interestingly, like those from the first cohort, they emphasised notions of fear or vulnerability rather than making overt references to stigma.

Men who referred to fear or vulnerability fell into two groups. The first group was relatively small, comprising those who made general references—the idea of such a disease was terrifying. For two of these men, both in their 20s, their fear was linked to the image of the “Grim Reaper”. In 1987, an advertising campaign to advise the general public of the risks of HIV-AIDS was shown on television. The advertisements featured a Gothic image of Death
pursuing people of all ages. The most memorable picture was of Death, known ever after in Australia as the Grim Reaper, knocking over random human figures with a bowling ball and so reinforcing the random nature of the virus’s contagion.18 “When I was in high school”, said Ian, aged 28, “the big advertising campaigns scared me to death. I was so scared that I tried not to be gay because I did not want to die”. Born in 1974, Ian would have been 13 when the Grim Reaper campaign was shown on television.

The second, larger group consisted of men who described a more personal impact. One man in his early 20s, for example, was so frozen with fear that he refused to be tested for the HIV antibodies; another, in his 30s, was too frightened to visit a friend dying from AIDS in hospital; and a third, also in his 30s, put off coming out because of the fear engendered in him by HIV-AIDS. For others from this group, immediate proximity to the disease resulted in a palpable sense of fear.

More than any other disease in recent times, HIV-AIDS stigmatizes people it infects or who are at risk of infection. Most of the men from the second cohort who experienced HIV-AIDS as stigmatizing referred to its conflation with gayness; as one man said, “the stereotype is that all gay people must have AIDS or carry the virus”. All who held this view were in their 20s. Angus, who was in his early 20s, described his coming out in 1997 in the following terms:

[T]here was already a perception in the community that gay equals HIV. It would have been worse if I had come out five years earlier, because then not only was there a perception in the community but people were talking about it. I remember in Year 10 Science we had sex education, and the one time HIV was brought up was in respect to gay sex, otherwise it wasn’t talked about at all. The one time I get to be talked about as a gay man at school, it’s to do with HIV. The only picture I ever got in the country of the gay man was to do with the virus.

Angus’s recollection is important because it highlights impact of sex education had on teenagers in Australian schools and the detrimental effect it has had on many gay and lesbian students.19 The conflation of HIV-AIDS and homosexuality in the experiences of interviewees was reflected also in the experience of another man Angus’s age who said that, until he looked into it, the message he drew from AIDS campaigns was that all gay men would contract the virus and die. An unseen effect of the early AIDS campaigns could have been, therefore, to stigmatize gay men. All the men in their 20s who referred to the
stigmatizing effect of HIV-AIDS said, however, that once they contacted local gay self-help
groups or sexual health services they gained better information about the virus and how to
minimise risk through safe-sex practices.

When the men from this cohort referred to the feelings of fear, vulnerability, and
stigma the presence of HIV-AIDS caused in them, they drew on one principal public
narrative, which was the public health narrative that the Australian government disseminated
in the late 1980s by way of the Grim Reaper advertisements. The purpose of the Grim Reaper
advertisements was to alert the general public to the threat the virus posed to sexually
adventurous (or “promiscuous”) people. These advertisements had two interconnected
consequences according to the stories these men recounted. The Grim Reaper campaign
frightened them because of its unintended consequence of reinforcing insinuations and
inferences circulating in tabloid media that conflated being gay and having HIV-AIDS.20
Regardless of their sexual history, the men who spoke of feeling frightened, vulnerable or
stigmatized on learning of HIV-AIDS said that it was amplified in the context of public
narratives that linked homosexuality with the virus.

**Sexual self**

As many scholars have argued, HIV-AIDS not only caused gay men to reconsider their
sexual practices, it also made many of them think more seriously about their affective
relations and develop more varied relationships.21 One example of gay men’s adaptation to a
changed sexual reality included, “the widespread formal and informal institution of “jack-off”
groups and parties . . . evidently sustains a cultural identity that confidently refuses the
crude anti-sex messages that make up so much official government-sponsored AIDS
“education”.22 Our research showed that 28 men reported adopting changed sexual practices,
including monogamy, celibacy, and selective participation in casual sex, to reduce the risk of
contracting HIV. These accounts highlight the ways in which gay men changed their sexual
practices in the face of the threat of the virus.

**First Cohort**

Fifteen men (or half) of those from the older cohort referred to feeling compelled to change
their sexual behaviour in order to protect themselves from risk of infection. Eleven men
referred to practising safe sex and four to monogamy.
One of the 11 who made reference to practicing safe sex, Lionel, aged 59, noted that before AIDS, overseas holidays, especially to the United States, had been “big sexual adventures”. By the 1980s this had changed and instead he found himself, “taking more interest in museums and going to bed early”. Another man Lionel’s age said that AIDS ended the “sexual play” that had been a feature of the relatively carefree spirit of the 1970s. Among 40-year-olds who described the effect of HIV-AIDS on their sexual practices, Trevor said it was not “worth going out and getting a one-night stand and fucking your brains out”; Glen said he practised only safe sex; and Ivan observed, “It probably prevented me from dipping my toe too deeply”.

Monogamy was adopted by four men as a means of protecting themselves from HIV. Here their views are represented by the accounts of Richard, aged 58, and Bill, aged 52. Richard said that he was “fortunate” that he and his partner chosen to pursue a monogamous relationship:

I’m not HIV and there was little likelihood that I would ever be HIV, especially since I met [my partner], because it’s been a fairly monogamous relationship. But had he not come along, I could easily be HIV . . . and I think that I am very lucky that I don’t have it. He . . . came along at a particular time . . . I [had been] quite promiscuous [in the 1970s] and was shooting up drugs too, which is another thing. I was very fortunate that it didn’t happen later. Because . . . [I] could easily have . . . carried on as usual.

While he did not state explicitly that his use of intravenous drugs was at the behest of his partner, it can be inferred that there was a connection. Like others in this cohort, Bill and his friends had enjoyed relatively unrestrained sex lives in the 1970s, all of which changed with the arrival of HIV-AIDS: “Many of the people I had known who had been … free spirits tended to couple up very quickly and … became pairs of people as a security blanket”.

The men from this cohort curbed their sexual practices by using the strategies that were available and informally circulating in gay communities at the time. Avoiding risk and committing to monogamous relationships (or at least acknowledging them as safety mechanisms) was the direct result, for many, of the advent of HIV-AIDS. This was especially so during the initial four- to five-year period of unknowing when neither scientists nor health officials were sure of its means of transmission.

Second Cohort
Eleven or slightly less than half of the men in the younger cohort referred to the importance of safe sex, including sexual relations with men who were not HIV positive as their way of avoiding the risk of HIV infection. Two further men spoke of monogamy as their means of coping with the threat of the virus. In other words, the participants either continued to have sexually adventurous encounters or withdrew from them altogether. If they continued having them, they did so on the basis of safe-sex principles.23

When reflecting on the effect of HIV on his sexual practices, Drew, aged 39, recalled a time before HIV-AIDS was detected in Australia. “I remember pre-AIDS”, he said, “and things were so much easier: You didn’t have to take precautions; it didn’t matter what you did”. Allowing for an understandable degree of hyperbole in Drew’s reminiscences, because it probably did matter what he and his partner(s) did if they wanted to avoid getting sexually transmitted infections, a time of seemingly “easy sex” was readily contrasted with the serious-minded approach now required to avoid contracting the disease:

There was a group of maybe 30 that used to hang out in the gardens at night. Everyone was sleeping with everyone and it wasn’t a huge issue then but now you just can’t do that anymore. It is not worth the risk. It’s impacted a lot but it is easy to take precautions to make sure that it is not going to affect you.

Drew’s account was significant for other reasons. It showed a willingness and ability to change his sex life to suit the new circumstances and suggests a willingness and ability also to respond to the government’s sexual health campaign.

One of the three Aboriginal participants in this sample, Vincent, aged 30, explained safe sex as his means of “taking charge” of his sex life and his identity as a gay man:

When I started having sex in 1994–5, you were told, ‘condoms, condoms, condoms’. There was a bit of fear about it but I made a conscious choice that I was not going to let that fear control my sexuality but that I would always have safe sex.

Like Vincent, other younger men referred to safe sex as mandatory practice from the moment they became sexually mature and being, in the words of Harry aged 28, “bombarded when I first came out with information about safe sex”.

Two other young men said that instead of mandatorily adopting safe sex in response to the threat posed by HIV-AIDS, they simply did what they preferred doing, which was to maintain a monogamous relationship. Mick, aged 33, was in a monogamous relationship
when interviewed, which he said was preferable to his previous relationship with a man who
preferring an ‘open’ relationship:

He wanted to play up outside but then come home to a relationship. To me that was
very frightening because I … [did] not know who he was mucking around with and
what they could have passed on to me.

Travis, aged 38, also stopped having casual sex once he began a relationship with his partner.
In his view, the virus did not affect his sexual self because he had had only one relationship:
“we have a monogamous relationship [so] it has not affected us in any way”. For these two
men, monogamous relationships protected them from the disease’s threat not because they
had been ‘converted’ by the public health message but because it was how they liked to
conduct their intimate relationships.

From among the young men who said the virus caused them to adopt safe-sex
practices, only one man reported any experience of immediate, personal loss—a friend’s
death. This could mean that the men’s willingness to follow safe-sex guidelines was more
likely to be a consequence of the public sexual health campaigns disseminated during their
teenage or younger years. This suggests that unlike the men from the older cohort, for whom
being diagnosed HIV positive often meant contracting AIDS and dying, the young men from
this sample were practising safe sex as a result of their learned experience about how to
continue living their lives as sexual beings in the midst of an epidemic that was spread via
certain forms of sexual activity.

**Self and others**

One of the more remarkable effects of AIDS was to invigorate gay communities in Western
countries in the mid- to late-1990s. Gay community leaders and ordinary men and women
came together to lobby and care for men who had the virus. In countries like Australia, these
communities worked with government departments to help frame health policy. Many gay
men, whose connection with gay culture before the advent of AIDS was chiefly in the form
of pleasure-seeking activities, responded altruistically for the good of others like them:

AIDS provided a powerful and renewed source of strength to gay identity and gay
institutions because, at least temporarily, it made any divisions in the community
relatively less important, since the common life-and-death struggle took precedence
over almost all differences.
Our analysis revealed a third narrative regarding the impact of living in the midst of the epidemic. This narrative concerned the effect of personal loss, of friends and lovers who died of AIDS and how many of them turned this into a positive experience compelling them and other survivors to help strengthen local gay communities across the country.

**First Cohort**

This narrative combines two slightly contradictory responses: grief at the loss of friends or lovers from the disease, together with a willingness to “pitch in” to help preserve and in some cases rebuild the gay community. The “pitching in” of some gay men whose friends or lovers died from AIDS included lobbying governments, organising themselves to raise the consciousness of other people, gay and straight alike. This is best expressed in an extract from the transcript from a 50-year-old man, Des, who worked in health:

> It really has not had a lot of effect on me personally except the … loss of close friends who … died … of HIV, and the violent reaction that the community had against gay men [in the early years]. But then politically … it was [possibly] the best thing to happen. Sometimes when something drastic happens, it is like opening a wound … [T]he … gay community united … stood up and said, ‘We are not the devil. We are not what you perceive us to be. We are a loving, caring, and giving community like everyone else and we demand respect’.

When recounting the sense of loss experienced as a result of the HIV-AIDS epidemic in Australia, more than half the men from this cohort recalled deaths of friends, partners or acquaintances. The deaths of friends and partners had profound effects: Jerome (aged 49), remembered visiting hospital “three of four times a week every week for long periods” and Scott (aged 45), who was travelling in Europe and the US when the epidemic began, recalled, “when I came back from overseas … so many people I had known … were no longer there”.

Given what scholars have observed about this generation’s involvement in building a stronger gay community during and after the worst of the epidemic, only four men from the first cohort referred to this in their interviews. The first man was Noel, aged 58 and he said that HIV-AIDS “had a positive impact on the gay rights movement”. The second man, Des, aged 50, said that his memory of what happened in Sydney in the 1980s was that, “the gay community united in solidarity”. Two other men explained their contribution to gay politics and strengthening the community in accounts of their care work then, and in the case of one
that still does, for PLWHA. Trevor (aged 49) said that he and his partner “looked after people who have been dying with AIDS”:

> We’ve been making up hampers to help people with AIDS. We buy socks and tee shirts and food for them at Christmas time. It’s usually 20 people that we contribute towards making up hampers [for]. We spend … close to a thousand dollars on these hampers … It’s the only way we can really help in the gay community.

As a generation, these men lost many friends, lovers, and acquaintances to the virus in the early years when no one knew for certain how it was transmitted and then continued to lose still more when this knowledge was more certain. It is notable that the narratives they drew on evoked profound grief and deep-seated pride and community.

*Second Cohort*

While none of the men from the young cohort referred to the experiences of solidarity shared in by members of the first cohort, loss marked these men’s lives just as deeply. Joseph (aged 35), reflected:

> When friends have died or been really ill and I have been dealing with … with HIV prevention at work, I have almost felt that my life was defined by the virus, that it was part of who I was, even though I am not [an HIV-] positive person.

Robert, aged 38, was so frightened by the idea of the disease that he could not see a friend in hospital who was dying: “he was demented and I did not have the courage to do it”. Despite this, and despite being exposed to the disease in the twelve months before his interview and undertaking the post-exposure prophylaxis treatment and speaking to counsellors at the time Robert still began his narrative account with the sentence, “In some ways, I have not really confronted the question of HIV-AIDS”. What Robert could have meant by this is that HIV-AIDS was so present in his life he had not had time to weigh up or assess its effect. For him, it was something that was just there, was ever present: at the end of his answer to this question, he said: “it is a fact of life, like a lot of other risks we take. People drive cars and a lot of people die from car accidents”.

On the basis of what is known about the period, it makes sense that more men from the older cohort (twice as many) spoke of both loss and solidarity. 27 This was the generation who were young adults at the time the disease broke out in the West, were the ones who
experienced losses in the greatest number and at a time of fear and unknowing. It was also they who formed working parties, set up local telephone counselling services, and fought on the front line.

Conclusion

Our research suggests that the HIV-AIDS epidemic has been a seriously traumatic event in the lives of more than one generation of gay men. It has marked the generation of men born in the late 1940s and 1950s who had come of age when the epidemic broke in the West and had been sexually active before its means of transmission were known. As well, as we argue in this paper, the epidemic has shaped the identity of a later cohort of gay men because by its existence it forced them to consider who they are and how they shall conduct themselves, sexually and in other ways.

In relation to the first narrative, self-regard, while the cohort of older men recalled increasing stigma as a feature of the early years of the epidemic, they said that their chief fear then related to mode of AIDS transmission—that is, the fear that arose from not knowing which sexual practices involved risk and which did not, and whether their sexual history meant they were at risk. The men from the younger cohort explained that if they were frightened or felt vulnerable it was mostly in regard to their present-day sexual practice and whether they forgot the safe-sex rules ‘in the heat of the moment’. Their experience of stigma seemed to be a relic of the initial homophobia that flared up when news of HIV-AIDS became public in Australia in the mid- to late-1980s. These men grew up in a time when levels of HIV-AIDS awareness were relatively high, and yet as one participant in his 20s explained, sex education classes in Australian schools acted to conflate homosexuality and HIV-AIDS.

The second principal narrative, sexual self, was used similarly by both age cohorts. The men generally spoke of the central role that safe-sex practices played if they had casual sexual encounters and until they were certain of their partner’s HIV status. A small group from each cohort explained how they used monogamy to protect themselves from the disease.

The third principal narrative, self and others, revealed one difference between the age cohorts. Nearly all the men from the older cohort who used the narrative to explain the effect the virus had on them and their friendships networks had experienced friends or partners’ deaths, whereas only a handful of men from the younger cohort had experienced anything
similar. The fact that only a small number of the younger men had any experience of death as a result of AIDS could explain why the disease was more terrifying for them than it was for men from the older cohort. The older men had real experiences to compare while, for the younger men, HIV-AIDS was more abstract and for this reason they had little against which to measure their fear. We found that gay community solidarity was fairly uniform by cohort, the one exception being that the men from the older cohort showed more evidence of having engaged or engaging more practically.

Having focused on the effect of HIV-AIDS on two age cohorts of gay men, which revealed principal narratives of self-regard, sexual self, and self and others, we conclude that while the contexts differed in which the men were constructing and negotiating their same-sex identities and enacting their affective and sexual lives, the differences between how the virus affected the two age cohorts was largely a matter of degree. Accounts of fear, vulnerability, stigma, changed sexual practices and affective relations, loss and solidarity were pervasive within and across the stories shared by these two age cohorts of HIV-negative, gay, Australian men.

8 Robinson, _Changing World._
9 Kirby Institute, _HIV, Viral Hepatitis and Sexually Transmissible Infections in Australia Annual Surveillance Report_ (Sydney: Kirby Institute, University of New South Wales, 2012) 7.
12 Dowsett, _Practicing Desire._


15 Halverson, “InsideOut,” 72


17 Sendziuk, Learning to Trust.

18 For more on the campaign, see Sendziuk, Learning to Trust.


23 For further insight into strategies adopted in the face of the disease, see Robinson, Changing World and Watney “The Possibilities of Permutation”.


26 Padgug and Oppenheimer, “Riding the Tiger,” 258.

27 D’Emilio and Freedman Intimate Matters; Dowsett, Practicing Desire; McLaren Twentieth Century Sexuality; Padgug and Oppenheimer, “Riding the Tiger”.
