
This is an extract from the author's version of *The changing world of gay men*. The extract is Chapter Four: The coming-out stories of the young cohort.

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Chapter Four. The coming-out stories of the young cohort.

‘Dad was a bit cool when I came out but it didn’t change anything.’ Travis, 38.

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Introduction.

In November 1982, the first case of AIDS (acquired immune deficiency syndrome) was diagnosed in Australia. The first reported death was in July 1983. It took medical researchers until 1984 to determine that the disease was caused by a retrovirus that attacked the body’s immune system, the Human Immunodeficiency virus (HIV). Rates of HIV infection peaked in Australia in the mid-1980s, rising from fewer than 500 diagnoses in 1984 to approximately 1,800 in 1985 and 1,600 in 1986, and then again in 1987, after which there was a gradual decline, until in 2000 the annual number of new HIV diagnoses was around 660. The overwhelming majority of deaths from AIDS in Australia has been among gay men.

The men in the young cohort reached maturity in the period that stretches from the mid-1980s to the present. This period corresponds with the outbreak, spread and then containment of the HIV-AIDS epidemic in Australia. How it affected gay men and gay communities and how they responded is the subject of discussion in Part One. Despite the devastation, some positive consequences flowed from the epidemic, such as the growth of a stronger, more diverse homosexual community, a greater willingness by gay men to engage in monogamous relationships, the development in the 1990s of a rights agenda, the birth of ‘queer’ and an increased openness and acceptance of gay men.

Coming out now seems less important than it was in the 1970s and 1980s, though those who do tend to come out earlier. Angus McLaren even refers to reports that, in the late-1990s, there were young gay men who did not understand what the term, ‘the closet’, meant or what it meant to be ‘in the closet’. Some, however, see coming out as ‘heteronormative’. It is possible too that during the 1980s gay men may have delayed coming out because of HIV-AIDS. These themes are discussed in Part Two.

Despite a greater level of acceptance of homosexuality in the West and the fact that, for some gay men, coming out is now less of an ordeal, the majority of men from the young cohort in this thesis still regarded coming out as a major life-course event to be negotiated. Their accounts of coming out are the subject of Part Three, ‘Coming-out stories’. The biggest obstacle they faced was having to tell their family, in particular their parents. Almost none said relations with friends were affected by their coming out. A small group of men reported that their parents received the news well and in a positive spirit. On the whole, though, fear of rejection still caused young men anxiety as they approached the task of coming
out. The importance of their father’s acceptance was a strong theme in the coming-out narratives, as was the fact that, when their parents were frightened or apprehensive, the cause was often a fear that their sons might contract HIV-AIDS.

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Part One. The ‘post-liberation’ period: the mid-1980s until the present.

The outstanding feature of the ‘post-liberation’ period is the AIDS epidemic. It is the context in which the men of the young cohort grew up and into which many came out. Their experience of what it means to be gay was shaped by the context of the epidemic and its effect on other gay men. All the men in the middle and old cohorts were adults in the 1980s and it was among their ranks—particularly the middle cohort, or ‘baby-boomers’—that AIDS took its greatest toll. While the focus of this chapter is on the coming-out stories of the young cohort, a selection of stories from the old and middle cohorts about the epidemic helps explain the historical context.

Infection rates and mortality figures are useful in outlining the extent of the HIV-AIDS epidemic, but they can too often disguise its personal dimension. How did individual gay men respond to it and how were they affected by it? John D’Emilio and Estelle Freedman wrote that, before the discovery of the retrovirus, ‘death and dying became endemic’ in the gay communities in North America, ‘as young men found friends and lovers taken ill, with no prospect of recovery’.vi The experience for gay men in Australia was similar. A man from the middle cohort, for example, describes how his friendship network was affected:

I am 56. I was sexually active in getting off with a lot of different guys in the early 1980s. I was fortunate not to contract HIV. It was pure luck. Most of the guys I knew in my twenties and early thirties died of AIDS. Very few of them are left.

The disease struck down communities and friendship networks of gay men, and men bore witness to friends’ and lovers’ suffering and deaths. In Melbourne, for example, historian John Foster nursed and cared for his Cuban lover, Juan Césedes, until his death on Good Friday 1987. In Take Me to Paris, Johnny, Foster tells the story of their relationship. In this passage from the book, he describes his last night with Juan:

We were at the end now. He dirtied the bed, and when the nurses lifted him into the chair while they changed the linen, his eye fell again on the palm cross on the bed-head, and he instructed me to put it with him in his coffin … Finally when he was quieter than he had been all day and appeared to be drifting off to sleep, I switched out the light. “Come to bed, Johnny”, he whispered. So I took off my shoes and slipped
His friend and colleague, John Rickard, wrote in an Afterword to the 2003 edition of the book that John Foster died within a year of its first publication. At about the time *Take Me to Paris, Johnny* was launched, a man from the young cohort was diagnosed HIV positive. As he tells his story, he was 22 and it was a routine test: ‘I did not suspect that I was positive. That ripped me apart. At that point, I thought it meant death and would be the end of everything. I spent the next five years trying to pull myself together mentally’.

It did not take long before the medical condition of having AIDS was transformed into a moral commentary on the ‘gay life-style’. This suited the political agenda of social conservatives and Christian fundamentalists in Western countries. ‘Promiscuity was targeted by the press’, writes Angus McLaren, and ‘[i]n the public mind AIDS was not simply transmitted, it was “caused” by sex’. As a result, ‘[h]omophobia was let loose’. In such an environment, it was difficult for gay men not to think that they were being punished because their sexual and affective relations deviated from the conventional model of monogamous heterosexuality.

Two men in the sample understood AIDS as a moral punishment. The first man is Jerome, who is from the middle cohort. He refers to his experience of ‘survivor guilt’, which is a common response among men whose friends and acquaintances died and also among those who simply survived the epidemic relatively unscathed, without experiencing death in large numbers or at all. The metaphor of AIDS as punishment helped Jerome comprehend its arbitrary nature.

I am a survivor and I don’t know why I survived and the others didn’t. It has been explained to me a hundred times why it occurs, but I do wonder why it had to happen to gay men and why we were punished. Because I think it is a punishment. Because it changed everything.

Maurice is from the old cohort and his understanding of AIDS is strongly judgmental. He sees a direct link between gay men’s promiscuity and transmission of the virus, while at the same time admitting to his own earlier promiscuity. His explanation for not being HIV positive is that age ‘quietened’ his promiscuity, which he attributes to the fact that God ‘smiled’ on him. By contrast, a man from the middle cohort says that he and his partner gradually became less anxious about AIDS as they acquired more knowledge of HIV and its transmission. Like other interviewees, Neil saw his friends die, but he rejected an Old Testament interpretation for the epidemic.

In the mid-1980s, then, not only did gay men have to suffer the pain of living in an epidemic caused by a mysterious virus that was killing friends and lovers, they also had to endure homophobic
taunts that they had brought it on themselves, and bear the burden of a more deeply stigmatised identity. Men under 30 in the young cohort were aged between seven and eleven in 1985. Nonetheless, the effect of the homophobia released by AIDS was, according to some of them, still in evidence in 2002 when they were interviewed for this thesis. Five interviewees, or less than one fifth of the men from the young cohort, reported anti-homosexual prejudice that associates AIDS with being gay. Their views are represented here by two men in their twenties. They live in different capital cities and share a similar understanding of how AIDS has affected the gay identity. Mark (aged 25) is aware of ‘blatant insults’, such as ‘all gays are AIDS carriers’, while Myles (aged 24) fears that heterosexuals believe ‘all gay people have AIDS and carry the HIV virus’.

Accounts of men in the middle and old cohorts, who were adults during the epidemic, confirm the young men’s experience. One man in his mid-seventies believed HIV-AIDS erased the acceptance gay men had won from average Australians: ‘Most people would have thought it was a poofter’s disease and that poofers brought it to this country’. Lindsay, who is in his sixties, recalls that during the 1980s he felt ‘being gay associated [him] with this dreadful disease’, that ‘people looked at [him] differently because of AIDS’ and that, because of the intense media coverage, he ‘tended to feel tainted by this plague’. A man in his forties said that ‘when AIDS blew up, homosexuals were stigmatised’. He felt the stigma acutely because he was trying to come out to his family and, in the town where he lived, some people adopted a ‘red neck view’ of gay men: ‘They believed that gay equals berserk behaviour, such as rampant sex with hundreds of guys, that all of a sudden gay equals fatal illness’.

Because of the manner of its transmission—through the exchange of blood and semen—AIDS forced gay men to think about how and why they had sex and in so doing created what Jeffrey Weeks calls ‘a moral crisis’ in the gay subculture: ‘AIDS focused attention on just those practices and beliefs which have been central to a coherent gay identity since the 1960s’.

Dennis Altman’s response to this moral crisis was to argue that while AIDS would affect sexual practices, it would not alter what he called the ‘fundamental reality of homosexuality’. And in many ways he was proved right: some gay men hesitated longer before coming out; others chose celibacy, monogamy or ‘safe sex’ as their protection against the virus. Even if they chose to be celibate for the duration of the epidemic, as some did, their identity was still homosexual, for, as Altman argues, ‘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’. Fear of AIDS affected sexual practices among all sexually active people, gay and straight alike, and contributed among other things to their giving greater emphasis to ‘non-penetrative forms of sex’ in their repertoire of safe-sex options.

In Australia, gay community leaders debated whether sex venues such as saunas should be closed down, but unlike in the United States—where, for example, in October 1984 city officials closed down...
bathhouses in San Francisco—they were able to convince governments that sound policy required that sex venues be kept open, for two reasons. First, they argued that gay men would continue to have sex whether the sex venues were open or closed and that closing them might force gay sex underground once again. Second, sex venues could play a role in educating gay men about safe sex and so perhaps help to change sexual beliefs and practices. As a result, saunas continued to operate throughout the period and are still in business. Initially, however, people kept away from all types of gay venues, partly because the mood in the early days was sombre as gay men and their friends digested the news of the epidemic and its implications, and because few felt like celebrating. One interviewee who is now in his seventies recalled that AIDS caused a marked decline in the ‘beat trade’:

> Beats went off for about nine months. There was hardly anybody on the beats. I think HIV has caused a lot of guys to be very frightened. We have all lost friends through AIDS—people we have known who have died. Not so many now, but in the early days when the scourge was at its worse. It was a shame. There were some lovely people.

While numbers attending sex venues fell at first, they returned as safe-sex programs were introduced and understood.

Slightly more than one third of the men from the young cohort came out in the 1980s. Approximately half of these, or one sixth of the cohort, came out during the worst of the epidemic, that is, in the early- to mid-1980s. Two men tell how AIDS affected their coming out. Joseph (35) came out in the early-1980s, when he was a teenager, and says that at the time ‘there was a lot of hysteria and not much good information’. Moreover, because he was ‘not comfortable talking about [his] sexuality then’, he was not able to gain access to ‘good information’. His solution was to join an AIDS council as a volunteer worker ‘as a way of chasing away the bogey-man’: ‘I wanted to find out about the virus. I wanted to know what was going on and to find a pro-active way of dealing with it so that it did not overwhelm me’. Harry (28) was 15 when he came out in the late 1980s:

> When I came out, I was bombarded with information about safe sex and took on everything I was told. I do not think about it until someone dies or I have a scare with it and think, “Oh, shit, it really is there”.

* By the middle of the 1990s HIV-AIDS was under control in Australia. Even though many men were still dying and would continue to die as Juan Céspedes and John Foster died, rates of new infection had declined from the peaks of 1985 and 1986. The personal legacy of the epidemic in a country like Australia includes not only the premature deaths of many thousands of gay men and the loss of entire
friendship networks but also, as Jeffrey Weeks pointed out in the British context, continuing doubt for people who live with the disease and for gay men in general:

The person living with HIV or AIDS must live with … the uncertainty of diagnosis, of prognosis, of reactions of friends, families, loved ones, of anonymous and fearful or hate-filled others. Everyone must live the uncertainty too: the uncertainty bred of risk, of possible infection, of not knowing, of loss.xx

Scholars are agreed that one of the more notable positive effects of AIDS was to invigorate gay communities in First World countries. In the first instance, communities of gay men drew on their own resources in the form of their labour, time and community leadership and then, in the case of some countries—for example, Australia, Holland and Denmark—they were able to work co-operatively with governments in the formulation of health policy.xxi Networks of gay men, whose engagement with gay culture before the advent of AIDS had focussed on the scene, showed themselves capable of sustained and genuine altruism and, as a result, gay communities that emerged at the beginning of the 1990s in Australia and other Western countries were stronger and showed signs of beginning to transform into more diverse and inclusive social structures.xxii

Not only did AIDS cause gay men to reassess their sexual relations, it also caused them to reassess their affective relations. As a result of this reassessment, which began in the mid-1980s, gay men have shown a willingness to engage in a broader range of relationships. Monogamy became more attractive as McLaren observed: ‘The havoc caused by AIDS having given rise to a nostalgia for family life, an important segment of the gay community increasingly embraced domesticity’.xxiii In the middle cohort and old cohort of this sample are men who admit that monogamy was their principal survival strategy during the epidemic. Barry (aged 62) said bluntly that fear of AIDS probably kept him and his partner together: ‘If that dreadful thing had not been around, I might have looked further afield and might have got involved with other people, but I think it helped keep our relationship on track’. Meanwhile, Richard, who is four years Barry’s junior, said that he would most likely have contracted HIV if he had not been in a ‘fairly monogamous relationship’:

When I think back to the 1970s, when it all started to happen, I was well and truly in the relationship with my partner, and I think that it’s just pure luck that I am not HIV. Before that, I was quite promiscuous. I think that I am very lucky that I don’t have it.

On the edges of gay communities afflicted by the epidemic, there developed in the early 1990s a social movement known as ‘queer’, which began with the establishment in New York of a radical gay group called Queer Nation in late 1990.xxiv Its purpose was to challenge existing gay community organisations and leaderships because in the eyes of the young queers these were ‘overly liberal, complacent, and politically timid’, to do away with the binary distinction between heterosexual and
homosexual, to destabilise ‘any and every identity claim, asserting the irreducibility of difference itself’. Queer came into existence at the same time as less powerful sexual minorities were asking for recognition. But its claim to represent all sexual minorities directly threatened well-established gay community institutions and what Jeffrey Weeks calls, ‘the patterns of lesbian and gay life as they developed during the 1970s and 1980s’. In the end, it did not subvert existing gay and lesbian institutions or the binary distinction between heterosexual and homosexual, possibly because they were too entrenched and the queer movement was too amorphous.

Gay men became more visible as a result of HIV-AIDS because the disease infected and killed more of them than any other category of person in the West. As well, they refused to give in to it or to the homophobia that it gave rise to, they lobbied governments and they simply became more noticeable. How successfully gay activists have been able to fight or contain homophobia is debatable. Dennis Altman, for example, believes homophobia transmutes as soon as homosexuals become more visible. On the other hand, Plummer argues we can measure the growing acceptance of gay men by the expanding volume of stories being told by gay men about their lives: ‘[W]hereas once a silence pervaded film, press and TV, now lesbian and gay issues get regular airings. Most soaps have at least introduced one gay or lesbian character’. More recently, the stories have ‘snowballed’ to include ‘black men, black lesbians, Hispanic lesbians, Hispanic men, Asian men, Jewish women, elderly lesbians, deaf gays and lesbians. And … the coming out of children to their parents, of parents to their children’. And Gilbert Herdt, writing in the 1990s, observed the relative ease with which young gay men were able to incorporate gayness into their lives:

Where early cohorts lived closeted and in fear … and where the … [gay liberation] cohort is now besiegued frontally with the death and grief of AIDS, today’s youth—witness to these preceding life-styles—are in response developing an alternative cultural reality and future life course. Many … now assume the possibility of achieving unprecedented gay life goals and open social relationships at home, school, and work.

But, as many of the stories of the young men in this sample show, while coming out may now be less fraught than in was in 1959, 1974 or 1982, it is still an important life event for young gay men to negotiate when they are sure that the time and audience are right.

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Part Two. Coming out in the post-liberation period.

Several public narratives of coming out co-exist in this period. There is a strong argument that coming out is now less important than it was in the 1970s and 1980s. Ken Plummer, for example, believes that, while
it has been of signal importance to millions of individuals, its importance may be diminishing. Some theorists call on young gay people to resist coming out because it is ‘heteronormative’, arguing that by doing so gay people acknowledge the existence of a sexual hierarchy where heterosexual desire is assumed to be ‘natural’ and right and all other sexualities are regarded as in some way deficient. Then there are scholars who argue that gay men may have delayed coming out because of the effect that AIDS had on the homosexual identity. And, finally, there is research to show that people are coming out earlier.

One of the earliest writers on the subject of coming out, Barry Dank, estimated that more than 80 per cent of the men he interviewed in the late 1960s had come out by the time they were 24. A decade after Dank, and recognising the effect that social context has had on the lives of homosexuals, Ken Plummer wrote that the time of coming out is unpredictable. ‘Many will find it occurring during their first heterosexual marriage’, Plummer continued: ‘some may find it taking place in mid adolescence, and others can move through it in their retirement’. He noted that among North American men in the 1970s it tended to occur between the late teenage years and the early thirties. Gilbert Herdt concurs that coming out represents ‘a lifelong social and developmental change’ for gay people, their friends and family, and even their neighbours, but overall the age at which they come out is dropping.

North American research suggests that between the 1970s and the late 1990s the age at which young gays and lesbians came out fell by 10 years. The reason Herdt observes, is ‘[t]he growing visibility of the lesbian and gay movement … has made it increasingly possible for people to … “come out” at younger ages’. As John Gagnon writes, the gay and lesbian community offers ‘new attractions to wider audiences’, with the important consequence that young people ‘now know about gay and lesbian possibilities at an earlier age and … are better informed about the content of these life-styles’. In a study he conducted with Andrew Boxer of young people in Chicago between 1987 and 1988, Herdt found that 16 was the average age at which young males and females came out. They found evidence of ‘same gender attraction’ in people as young as 10. This makes coming out, ‘for the first time in history a matter of adolescent development’. Angus McLaren suggests it can be related to the ‘speeding up and standardization of life-course events’ in Western countries, by which he means that people participate in social practices at an earlier age with each new generation: ‘There emerged in the twentieth century a “right time” (usually earlier with each generation) to reach sexual maturity, to lose one’s virginity, to marry, to have children, and, for gay people, to come out.

Most of the men in the young cohort came out either as teenagers (12 interviewees) or in their twenties (10 interviewees). The exceptions are three men who tell of coming out as children, one man who came out in his thirties, and one who says that he has not and will not come out because he ‘cannot relate to the gay community’. Two men do not say when they came out, a man in his early twenties and
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one in his late thirties, and it is impossible to infer when they came out from what they say in their transcripts. No one said that he had not come out because of its heteronormativity. One man said that he regarded coming out as a ‘baby-boomer’ concept but nonetheless recounted an extensive story of his own coming out. The experiences of the men in the young cohort strongly support the pattern observed in the United States, that people are coming out earlier than preceding generations of gay men.

Those who date their coming out from when they were children are of some interest. One man explained that he and a classmate were ‘outed’ by the rest of the children in Grade Six and, ‘they gay bashed the pair of us at the traffic lights after school’. Adam is now in his twenties. He is an intelligent, sensitive and articulate man, who is enrolled in a university course as a mature age student. This homophobic attack forced him to come out when he was 11 years-old. He explains: ‘They labelled our relationship for me and after the bashing I felt that I had no choice but to say that this is what I am. I did not want to hide or let other people tell us what we could or could not be’. His account may be influenced by the narratives of discrimination and homophobia he encountered when he was at secondary school and as a young adult at university. It is possible also that he has reconstructed a signal life event while his self-identity as a gay person formed and as he told the story of his coming out to other gay people and empathetic straights. This is not to say that he has invented the story; rather, it acknowledges the important part that ontological narrative plays in the formation of our identity. Adam strongly believes that what he experienced as an 11 year-old was a ‘gay bashing’ and that this event precipitated his coming out at a relatively early age. He did not say how he experienced being gay at 11.

Harry, like Adam is a man in his twenties. He says that he ‘always knew’ that he was gay and that he was having sex with boys his own age when he was four or five years old. Harry says that, after these experiences, ‘the feelings and the sex’ went away until he was 13 or 14. Then he experienced something similar to Adam’s ‘gay bashing’. His classmates suspected that he was homosexual and started calling him ‘poofter’ and thus began what he describes as ‘a hard few years and one or two traumas as well’. The term, ‘poofter’ is a fairly general term of abuse among males of all ages in Australia. Teenagers will often use it without understanding its meaning. For young gay men, however, its meaning is painfully clear and is not as easily shaken off. When a dominant group labels an outsider, especially a male whose perceived deviancy is sexual, the person may carry the hurt ever after.

For Harry, the occasion when he was labelled ‘poofter’ marked the beginning of not one month or one term of abuse, but the beginning of, in his words, ‘a hard few years’. The homophobia that he experienced caused him eventually to rebel against his tormentors. He came out, he says, because, ‘I got tired of all the crap’. At this point in his gay career Harry told some friends that he was gay, began to meet other gay people and, in his words, ‘to feel a bit more comfortable about who I was and who I was with’. This stage in Harry’s coming out is significant for the sociability and sense of belonging that seems
to have accompanied it. Several scholars have written about the importance in the coming-out process of the neophyte’s social interaction with, and acceptance by, other homosexuals who are out. If his coming out began when he was four or five—which is unlikely given what we know about childhood sexuality and how we understand coming out—and then went into abeyance until he was a teenager, realisation was forced on him by the homophobic labelling he received in secondary school.

The third man who says that he came out when he was a child is Jason. Jason is in his thirties and says that, like Harry, he ‘always knew’ he was gay. His sexual awakening occurred when he was in Grade Five or Six in primary school. He says that he and his best friend used to ‘play around’. Their sexual relationship came to an end when Jason’s friend moved to another town. Jason’s sexual career then followed a similar pattern to Harry’s, that is, there was a period of inactivity until he reached puberty. Jason is emphatic, however, that he did not know what gay was or what it meant until he was 14. As he tells the story, there was an occasion when the teenager who was then his best friend ‘found himself a male lover who was much older’, and this friend and his older lover introduced Jason to gay clubs and bars. This was his first ‘identifying experience’. He was 16.

Harry and Jason believe that the sexual experiences they remember having when they were children were the beginning of the coming-out process. They may be better understood, however, as early sexual awakenings that they have interpreted in their personal narratives as their first gay sexual experience. It may therefore be more accurate to describe these experiences as markers that they have retrospectively selected as starting points in the story that they tell of their coming out rather than as evidence that they actually did come out when they were children.

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The greatest difficulty the majority of men from the young cohort faced when coming out was having to tell their parents. In the main, their friends expressed surprise that they had waited so long to tell them. A handful of men said coming out was an event of no great significance, but they were distinctly in the minority.

Fear of rejection caused young gay men the greatest anxiety as they approached the task of coming out to their parents. In the stories they told of how they arranged to reveal their homosexuality to their parents—on Mother’s Day in the case of one 24-year-old—the emotions they recalled were at best tentativeness, at worst, cold fear. Commentators are agreed that the chief obstacle to overcome in the process of coming out is what Ken Plummer calls the ‘heterosexual assumption’, which has also been called the ‘presumption of heterosexuality’ and ‘heterosexual ethnocentricity’. The assumption that
people are born heterosexual and grow up heterosexual is, I would argue, the dominant public narrative in the West and many other human societies. It is expected, says Plummer, ‘that every adolescent will find a partner of the opposite sex, settle down, get married, ultimately procreate and raise children’.

In the past, generations of gay men found they were under pressure to conform to the heterosexual assumption. They lived closeted lives and passed as heterosexual. Many got married. In middle age or later, they then faced a set of problems, which Plummer enumerates as ones of: ‘marital disharmony, of spouses who reproach themselves for the relationship, of divorce, of the custody of wanted and unwanted children and of gay parents’.

In the following extract from his life story, Garry Wotherspoon spells out the damaging effects for gay men of the heterosexual assumption.

I was in my late twenties when, once again, I fell in love, and this time it was requited. The relationship lasted for about three years and ended … in what I saw then as failure. Both he and I were utterly “untrained” for the situation we found ourselves in. We … had no collective past experience—relating to homosexual relationships—to fall back on … We tried to apply the only guidelines we had learned, those taught by the heterosexual culture, where the roles and categories at least had a relevance to reality. But nothing in all my past reading, or my previous emotional involvements, or my sexual encounters, was adequate preparation for that situation, for that relationship, for what it went through.

Wotherspoon was born in the early 1940s and so was in his late twenties at the beginning of the 1970s. He would consequently belong in the middle cohort and the gay period. Today the gay identity is less stigmatised, and there is more visible evidence of gay men’s capacity to form affective relationships that provide role models for others and to develop stable life paths.

The importance to the young men of their father’s acceptance was a strong theme in their coming-out stories. Moreover, because of the father’s position in the nuclear family and the associated struggle between fathers and sons, other members of the family often mediated the news of the son’s homosexuality. In the stories, it was common to hear that a mother or sibling had offered to be a go-between and to tell the father on the son’s behalf, or advised the son not to tell his father about his gayness, or to delay telling him. Fathers’ responses varied from acceptance through denial and rejection. What the stories often revealed, therefore, were long-standing and pre-existing structures of power within families that were not sufficiently flexible to incorporate a gay son.

A small number of coming-out stories told of parents who were frightened by news of their son’s gayness, often because they feared he would contract HIV-AIDS. When one man who is in his thirties told his mother about his boy friend, her first question was, ‘Has he got AIDS?’ For the men in their twenties, the reaction was similar if more dramatic. The mother of a 24-year-old man told her son, ‘You will get HIV and die’, while a man in his early twenties was told that he could do whatever he wanted to
do, but he had to wear a condom and he must never catch AIDS. The latter is Jack and his reflective response to his mother’s concerns deserves longer consideration. He lives in a capital city and grew up in a large provincial town. He almost completed a university degree and now works in politics. He is 22 and single.

Fears about HIV dominated my mother’s thinking about my sexuality. Her attitude is, “I don’t care what you are; I love you; just don’t get AIDS. You have to wear a condom”. The thought never enters people’s minds that sex between men does not necessarily involve anal sex or condoms and therefore I might not be at the risk that they think I am. I have a rule about safe sex and I have kept to it fairly strictly but it is a scary proposition as well. I have never been tested [for HIV] and that concerns my friends who say I am an idiot. I have been making commitments for over a year to do it but it is a big psychological thing. I don’t think that I have put myself or anyone else at risk of anything being transmitted.

It is clear that his mother’s concern for his well being is important to him and that he interprets it as a sign of love. He is well informed about transmission of HIV and safe sex, and he is unlikely to be putting himself or his sexual partners at risk. But Jack is frightened. Like people who fear the prospect of having a colonoscopy, mammogram or pap smear, Jack is afraid of the possibility the medical procedure may reveal a fatal disease. His mother’s fear is mirrored in his own response.

Among the remaining examples of parental responses are two that concern credulity. Robert is in his late thirties. He came out when he was 27. When he told his family, his mother refused to believe him and would not listen to what he had to say until the girl friend he had at the time spoke to her and convinced her that he was indeed gay. The other interviewee, Ian, is ten years younger than Robert. His parents accepted his word when he told them that he was homosexual but asked him why he thought they needed to know and then wanted his assurance that he was not a trans-sexual.

In the small group of men whose parents accepted the news of their son’s gayness unconditionally and in a positive spirit are a man in his mid-thirties and one in his early twenties. The parents of the man in his thirties are divorced. When he told his mother about his homosexuality, he also told her that his sister was not ‘handling the news well’. His mother replied that his sister would learn to accept his homosexuality or she would have to leave home. The other man, Troy (aged 24), arranged to meet his father in a city restaurant for a father-and-son conversation. As Troy tells the story, his father, whom he describes as a ‘powerful, domineering man’, stood up when Troy told him that he was gay. Troy continued: ‘I thought that he was going to hit me or walk out but he held out his hand and said that he thought I was more of a man to tell him than to keep it a secret’. Troy was overwhelmed by his father’s response and even more so when he learned that his father broke down in private and cried. Now, his parents want to know whom he is going out with and are more interested in ‘what is happening in my life’.
The significant minority of men who had to leave their family home or home town in order to come out comprises five men in their thirties and three in their twenties. Those who left country towns seem more worried about peers than parents. They are represented here by Robert, Vincent and Daniel who are in their thirties, and Ian who is twenty-eight. In almost all cases, the men left town also to go to university or TAFE or in search of work. Often they had grown up in regions of rural Australia where anti-homosexual prejudice is not a thing of the past. Gilbert Herdt argues the existence of homophobia in the United States continues to make coming out a struggle for some people, and there is no reason to believe that Australia is different in this respect:

American society and western cultures in general have changed in the direction of a more positive regard for gays. This does not mean, however, that the hatred and homophobia of the past are gone or that secrecy and fear of passing have faded away. People still fear, and rightly so, the effects of coming out on their lives and safety, their well-being and jobs, their social standing and community prestige.

Moving away from their family and home town provided them with an occasion to develop, as Ian says, ‘a circle of friends who were more likely to be accepting’, which is code for ‘friends who are less homophobic’. When Vincent left his home town, he began drinking because of what he describes as the ‘heart-ache of having to live a double life’. Once he came out he stopped drinking. Most of his family have accepted his homosexuality. The ‘red-neck cousins’ who do not accept it and who, he now suspects, were the reason he wanted to leave home when he was a teenager no longer bother him.

Daniel also left his home town because he knew it would be safer to be a gay man elsewhere. He returned to the country town where he grew up when he had a partner and chose, as he says, ‘in the full flight of love’, to come out to his family. Their response was mixed. Some of his relatives had suspected and were not surprised; others were happy for him. One group of relatives, however, told him that his ‘life-style’ disgusted them and, says Daniel, ‘I still have difficulty with a couple of family members who have not come to terms with that part of my life’. He describes the region where his family lives as ‘a safe place to grow up’ and as ‘politically and socially conservative because of the influence of fundamentalist Christian beliefs’. Daniel remembers anti-homosexual marches in the neighbouring town when he was in school.

Unsettling as is Daniel’s account, it is an isolated experience of the men in the young cohort. The general pattern is that coming out is a life-course event that they may expect to negotiate without fearing ostracism or social opprobrium. Nevertheless, it is worth underlining that a significant minority of the young men did wait until they had moved away from family and their home town to come out. There are a number of possible explanations for this.
On the one hand, it could be argued that there is nothing special about their decision because the
time they left home—for further education or work—is a standard stage in the life course of young adults
in Western society, a time when they begin to assert their independence. It is understandable that young
gay men would take this opportunity to come out. On the other hand, it could be argued that these men
purposely waited until they moved away because they knew any public declaration of homosexuality
would attract less negative attention or censure if they came out somewhere other than where they grew up
and their family lived. Coming out would be safer if they waited until they had settled in a new town or
city and, as one interviewee said, had had time to make friends with people more likely to accept them.

* * *

Conclusion.

The general pattern to emerge from the young men’s experience of coming out is that, while it is a life-
course event that causes some anxiety, they were generally able to accomplish it without the risk of being
ostracised or having to sever relations with family and friends. This was not always the case in the past.
In this regard, their experience corresponds with that of young gay men elsewhere.iii ‘The hardest thing’,
said an interviewee in his late thirties, ‘was telling my parents’. These men have benefited from the
gradual reduction in anti-homosexual prejudice over the last 20 years. Instead of the social opprobrium of
the past, the greatest anxiety these men faced was that their parents might reject them because of their
sexuality. And, yet, the fact that a notable minority of men chose to leave home before they came out
shows that homophobia persists in parts of Australia.

It is difficult to be definitive about the effect of HIV-AIDS on the coming out of this generation.
While slightly more than one third of the cohort (twelve men) came of age during the 1980s—when the
epidemic was at its worst in Australia—half of these waited between three and twelve years to come out.
And while this may suggest that the stigma of AIDS caused them to delay the decision, none says so in his
interview. HIV-AIDS nonetheless dominated the context of their coming out. Some interviewees
reported knowledge of heterosexuals conflating AIDS and homosexuality, others spoke of their parents’
fears they would contract the virus.

The men related a variety of responses from parents, ranging from full and unconditional
acceptance to incredulity. One notable finding is the importance of the father’s acceptance and the
strategy a number of men adopted to tell one member of the family—often the person they felt closest
to—and then tell the others by stages or let the information seep out via their confidant. Finally, there is a
handful of men for whom coming out was an event of no great significance, a relatively matter-of-fact
experience. One man, for instance, let his family know via a telephone call. Meanwhile, another man
made a casual announcement at his 21st birthday when, at the end of the night, he said, ‘Thank you all for coming and, by the way, I am gay’.

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2 Randy Shilts 1987 *And the band played on: politics, people, and the AIDS epidemic*, New York: St Martin’s Press, p. 342. According to Shilts, on 8 July 1983 a forty-three-year-old man died in Prince Henry’s Hospital, Melbourne. The hospital was demolished in the 1990s and has been replaced by a block of luxury flats.

3 National Centre in HIV Epidemiology and Clinical Research *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2005*, National Centre in HIV Epidemiology and Clinical Research (NCHECR), The University of New South Wales, Sydney; Australian Institute of Health and Welfare, Canberra, pp. 5 & 7. By 2004, the cumulative number of HIV diagnoses in Australia was in excess of 21,000, see NCHECR *Annual Surveillance Report 2005*, p. 7.


8 Foster *Take Me to Paris, Johnny*, p. 194.


10 The men were asked ‘What effect has HIV-AIDS had on your sense of self?’ See Appendix 1. Interview schedule, question 8. The men who referred to connection between HIV-AIDS and gay identity are Tony (33), Ian (28), Mark (25), Myles (24) and Adam (24).


13 For discussion of change in sexual practices among gay men as a response to HIV-AIDS, see Dowsett *Practicing Desire*, pp. 77–87.


16 Sendziuk *Learning to trust*, p. 88.

More recently, however, rates of HIV infection have been increasing, rising from 656 cases in 2000 to approximately 800 in 2004. For the majority of these cases, transmission was through sexual contact between men. See National Centre in HIV Epidemiology and Clinical Research Annual Surveillance Report 2005, pp. 5-9.


For discussion of gay communities’ response to HIV-AIDS and their relationship with state and federal governments’ health and research strategies in Australia, see Dowsett Practicing Desire, ch. 3.


McLaren Twentieth Century, p. 199.

Robert Reynolds 2002 From Camp to Queer: re-making the Australian homosexual, Melbourne: Melbourne University Press, p. 158.


Reynolds Camp to Queer, p. 162.

Dennis Altman 1982 The Homosexualization of America, the Americanization of the Homosexual, New York: St Martin’s Press, p. 22.

Plummer Sexual Stories, p. 96.


Plummer Sexual Stories, p. 52.

In a heteronormative society gay men and lesbians are forced to declare their difference—to come out—in order to assert their identity and existence as ‘non-heterosexuals’. See, for example, Lisa Duggan 1998 ‘Queering the state’ in Peter M. Nardi & Beth E. Schneider (Eds.) Social Perspectives in Lesbian and Gay Studies: a reader, London: Routledge, pp. 565–72. In her article, Lisa Duggan acknowledges Michael Warner as author of the term ‘heteronormative’ in his Fear of a Queer Planet (Minneapolis: University of Minnesota Press, 1993.)


Chapter Four. The coming-out stories of the young cohort.
Herdt and Boxer interviewed 202 young males and females between the ages of 14 and 20. The average age of the sample was 18. The young people were members of Horizons Community Services in Chicago, a ‘drop-in’ centre for young gays and lesbians. See Herdt *Same sex*, p. 127. For details of the Chicago research, see Gilbert Herdt & Andrew Boxer 1993 *Children of Horizons: how gay and lesbian teens are leading a new way out of the closet*, Boston: Beacon Press.

Herdt *Same sex*, p. 127.

McLaren *Twentieth Century*, p. 220.

The average age of the men in the young cohort is 33. Interviewed in 2002, they were born in 1969. On average, they came out at 21. Their coming-out year was 1990 and they were in the final year of secondary school in 1986 or 1987.


A report prepared in 2003 for the Attorney General’s department of New South Wales on homophobic violence found that gay men and lesbians in New South Wales ‘continue to experience high levels of homophobic abuse, harassment or violence’. New South Wales Government 2003 ‘You shouldn’t have to hide to be safe’: *a report on homophobic hostilities and violence against gay men and lesbians in New South Wales*, Sydney: Attorney General’s department, p. 8.
